ICD CONDITION	PROVIDER SPECIALTY	REASON DESCRIPTION	APPROVALS	DENIALS	NO RESPONSE	TOTAL	% APPROVALS	% DENIALS	% NO RESPONSE
		This PA is Auto Closed	0	0	1565	1565	0.00%	0.00%	100.00%
Acne vulgaris	DERMATOLOGY	Met Plan Criteria	982	0	0	982	100.00%	0.00%	0.00%
Acne vulgaris	UNSPECIFIED SPECIALTY	Met Plan Criteria	628	0	0	628	100.00%	0.00%	0.00%
Acne vulgaris	DERMATOLOGY	This PA is Auto Closed	0	0	499	499	0.00%	0.00%	100.00%
Acne vulgaris	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	310	310	0.00%	0.00%	100.00%
Gastro-esophageal reflux disease without esophagitis	GASTROENTEROLOGY	Met Plan Criteria	272	0	0	272	100.00%	0.00%	0.00%
Obesity, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	223	0	223	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	FAMILY PRACTICE	Met Plan Criteria	192	0	0	192	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	NEUROLOGY	Met Plan Criteria	188	0	0	188	100.00%	0.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Met Plan Criteria	184	0	0	184	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	INTERNAL MEDICINE	Met Plan Criteria	171	0	0	171	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	***Does not meet criteria.	0	167	0	167	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Met Plan Criteria	166	0	0	166	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	FAMILY PRACTICE	Met Plan Criteria	158	0	0	158	100.00%	0.00%	0.00%
Female infertility, unspecified		Technician reviewed- meets guidelines	157	0	0	157	100.00%	0.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	OPHTHALMOLOGY	Met Plan Criteria	156	0	0	156	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	FAMILY PRACTICE	***Does not meet criteria.	0	155	0	155	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	Met Plan Criteria	153	0	0	153	100.00%	0.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	This PA is Auto Closed	0	0	150	150	0.00%	0.00%	100.00%
Acne vulgaris	FAMILY PRACTICE	Met Plan Criteria	147	0	0	147	100.00%	0.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	NEUROLOGY	Met Plan Criteria	143	0	0	143	100.00%	0.00%	0.00%
Obesity, unspecified	INTERNAL MEDICINE	***Does not meet criteria.	0	136	0	136	0.00%	100.00%	0.00%
Acne vulgaris		Met Plan Criteria	120	0	0	120	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Met Plan Criteria	115	0	0	115	100.00%	0.00%	0.00%
Irritable bowel syndrome with diarrhea	GASTROENTEROLOGY	Met Plan Criteria	111	0	0	111	100.00%	0.00%	0.00%
Rosacea, unspecified	DERMATOLOGY	Met Plan Criteria	109	0	0	109	100.00%	0.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGY	Met Plan Criteria	105	0	0	105	100.00%	0.00%	0.00%
Other rosacea	DERMATOLOGY	Met Plan Criteria	105	0	0	105	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	UNSPECIFIED SPECIALTY	Met Plan Criteria	103	0	0	103	100.00%	0.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	UNSPECIFIED SPECIALTY	Met Plan Criteria	99	0	0	99	100.00%	0.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	This PA is Auto Closed	0	0	99	99	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	98	0	0	98	100.00%	0.00%	0.00%

Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	OPHTHALMOLOGY	Met Plan Criteria	95	0	0	95	100.00%	0.00%	0.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	Met Plan Criteria	95	0	0	95	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	94	0	94	0.00%	100.00%	0.00%
Psoriasis vulgaris		Technician reviewed- meets guidelines	88	0	0	88	100.00%	0.00%	0.00%
Prediabetes	FAMILY PRACTICE	***Does not meet criteria.	0	86	0	86	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications		***Does not meet criteria.	0	84	0	84	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	83	0	83	0.00%	100.00%	0.00%
Atopic Dermatitis	UNSPECIFIED SPECIALTY	Met Plan Criteria	83	0	0	83	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis		Met Plan Criteria	83	0	0	83	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	FAMILY PRACTICE	Met Plan Criteria	83	0	0	83	100.00%	0.00%	0.00%
unavailable		This PA is Auto Closed	0	0	83	83	0.00%	0.00%	100.00%
Prediabetes	INTERNAL MEDICINE	***Does not meet criteria.	0	80	0	80	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	FAMILY PRACTICE	***Does not meet criteria.	0	79	0	79	0.00%	100.00%	0.00%
Multiple sclerosis		Technician reviewed- meets guidelines	79	0	0	79	100.00%	0.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Technician reviewed- meets guidelines	78	0	0	78	100.00%	0.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Met Plan Criteria	77	0	0	77	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	This PA is Auto Closed	0	0	76	76	0.00%	0.00%	100.00%
Type 2 diabetes mellitus without complications		Met Plan Criteria	75	0	0	75	100.00%	0.00%	0.00%
unavailable	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	74	74	0.00%	0.00%	100.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	This PA is Auto Closed	0	0	73	73	0.00%	0.00%	100.00%
Major depressive disorder, recurrent, moderate	PSYCHIATRY	Met Plan Criteria	73	0	0	73	100.00%	0.00%	0.00%
Obesity, unspecified	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	72	0	72	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Clinician reviewed - meets guidelines	72	0	0	72	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	Met Plan Criteria	71	0	0	71	100.00%	0.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	Met Plan Criteria	69	0	0	69	100.00%	0.00%	0.00%
Multiple sclerosis	NEUROLOGY	Technician reviewed- meets guidelines	69	0	0	69	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	FAMILY PRACTICE	***Does not meet criteria.	0	69	0	69	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	INTERNAL MEDICINE	***Does not meet criteria.	0	68	0	68	0.00%	100.00%	0.00%
Other rosacea	UNSPECIFIED SPECIALTY	Met Plan Criteria	68	0	0	68	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	FAMILY PRACTICE	This PA is Auto Closed	0	0	68	68	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	***Does not meet criteria.	0	67	0	67	0.00%	100.00%	0.00%

Other atopic dermatitis		Technician reviewed- meets guidelines	65	0	0	65	100.00%	0.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	63	0	0	63	100.00%	0.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	62	62	0.00%	0.00%	100.00%
Insomnia, unspecified	INTERNAL MEDICINE	Met Plan Criteria	61	0	0	61	100.00%	0.00%	0.00%
Obesity, unspecified		***Does not meet criteria.	0	59	0	59	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	59	0	0	59	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PSYCHIATRY	This PA is Auto Closed	0	0	58	58	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	58	58	0.00%	0.00%	100.00%
Atopic Dermatitis	DERMATOLOGY	This PA is Auto Closed	0	0	57	57	0.00%	0.00%	100.00%
Attention-deficit hyperactivity disorder, combined type	PSYCHIATRY	Met Plan Criteria	57	0	0	57	100.00%	0.00%	0.00%
Atopic Dermatitis		Technician reviewed- meets guidelines	56	0	0	56	100.00%	0.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	56	56	0.00%	0.00%	100.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	UNSPECIFIED SPECIALTY	Met Plan Criteria	56	0	0	56	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	FAMILY PRACTICE	Met Plan Criteria	56	0	0	56	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	56	0	0	56	100.00%	0.00%	0.00%
Acne vulgaris		This PA is Auto Closed	0	0	55	55	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, w/o status migrainosus	FAMILY PRACTICE	Met Plan Criteria	55	0	0	55	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	UNSPECIFIED SPECIALTY	Met Plan Criteria	55	0	0	55	100.00%	0.00%	0.00%
Acne vulgaris	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	54	0	54	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Technician reviewed- meets guidelines	53	0	0	53	100.00%	0.00%	0.00%
Other seborrheic dermatitis	DERMATOLOGY	This PA is Auto Closed	0	0	53	53	0.00%	0.00%	100.00%
Rosacea, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	53	0	0	53	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	53	0	53	0.00%	100.00%	0.00%
Perioral dermatitis	DERMATOLOGY	Met Plan Criteria	52	0	0	52	100.00%	0.00%	0.00%
unavailable	INTERNAL MEDICINE	This PA is Auto Closed	0	0	52	52	0.00%	0.00%	100.00%
Migraine, unspecified, not intractable, without status migrainosus.	UNSPECIFIED SPECIALTY	Met Plan Criteria	50	0	0	50	100.00%	0.00%	0.00%
Psoriasis vulgaris		Clinician reviewed - meets guidelines	49	0	0	49	100.00%	0.00%	0.00%
Seborrheic dermatitis, unspecified	DERMATOLOGY	This PA is Auto Closed	0	0	47	47	0.00%	0.00%	100.00%
Acne vulgaris	DERMATOLOGY	***Does not meet criteria.	0	46	0	46	0.00%	100.00%	0.00%
Acne vulgaris	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	46	0	46	0.00%	100.00%	0.00%

Type 2 diabetes mellitus with hyperglycemia		***Does not meet criteria.	0	46	0	46	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	46	0	46	0.00%	100.00%	0.00%
Perioral dermatitis	UNSPECIFIED SPECIALTY	Met Plan Criteria	45	0	0	45	100.00%	0.00%	0.00%
Acne vulgaris	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	44	0	44	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr	NEUROLOGY	Met Plan Criteria	44	0	0	44	100.00%	0.00%	0.00%
Atopic Dermatitis		Clinician reviewed - meets guidelines	43	0	0	43	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type		Met Plan Criteria	43	0	0	43	100.00%	0.00%	0.00%
Insomnia, unspecified	FAMILY PRACTICE	Met Plan Criteria	43	0	0	43	100.00%	0.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Clinician reviewed - meets guidelines	43	0	0	43	100.00%	0.00%	0.00%
Vitiligo	DERMATOLOGY	Met Plan Criteria	43	0	0	43	100.00%	0.00%	0.00%
Seborrheic dermatitis, unspecified	DERMATOLOGY	Met Plan Criteria	42	0	0	42	100.00%	0.00%	0.00%
Acne vulgaris	INTERNAL MEDICINE	Met Plan Criteria	41	0	0	41	100.00%	0.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Technician reviewed- meets guidelines	41	0	0	41	100.00%	0.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	NEUROLOGY	Met Plan Criteria	41	0	0	41	100.00%	0.00%	0.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	41	41	0.00%	0.00%	100.00%
Other seborrheic dermatitis	UNSPECIFIED SPECIALTY	Met Plan Criteria	41	0	0	41	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia		Met Plan Criteria	41	0	0	41	100.00%	0.00%	0.00%
unavailable	FAMILY PRACTICE	This PA is Auto Closed	0	0	41	41	0.00%	0.00%	100.00%
Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	This PA is Auto Closed	0	0	40	40	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with hyperglycemia	FAMILY PRACTICE	This PA is Auto Closed	0	0	40	40	0.00%	0.00%	100.00%
unavailable	PSYCHIATRY	This PA is Auto Closed	0	0	40	40	0.00%	0.00%	100.00%
Acne vulgaris	FAMILY PRACTICE	This PA is Auto Closed	0	0	39	39	0.00%	0.00%	100.00%
Chronic migraine without aura, not intractable, without status migrainosus	FAMILY PRACTICE	Met Plan Criteria	39	0	0	39	100.00%	0.00%	0.00%
Other obesity due to excess calories	FAMILY PRACTICE	***Does not meet criteria.	0	39	0	39	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	FAMILY PRACTICE	Met Plan Criteria	38	0	0	38	100.00%	0.00%	0.00%
Other psoriatic arthropathy		Technician reviewed- meets guidelines	38	0	0	38	100.00%	0.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	38	0	38	0.00%	100.00%	0.00%
Gender identity disorder, unspecified	FAMILY PRACTICE	Met Plan Criteria	36	0	0	36	100.00%	0.00%	0.00%
Other seborrheic dermatitis	DERMATOLOGY	Met Plan Criteria	36	0	0	36	100.00%	0.00%	0.00%
Rosacea, unspecified	DERMATOLOGY	This PA is Auto Closed	0	0	36	36	0.00%	0.00%	100.00%
Obesity, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	35	0	35	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, PEDIATRIC	Met Plan Criteria	35	0	0	35	100.00%	0.00%	0.00%
Dermatitis, unspecified	DERMATOLOGY	Met Plan Criteria	34	0	0	34	100.00%	0.00%	0.00%

Overweight	INTERNAL MEDICINE	***Does not meet criteria.	0	34	0	34	0.00%	100.00%	0.00%
Prediabetes	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	34	0	34	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	GASTROENTEROLOGY	Met Plan Criteria	33	0	0	33	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.		Met Plan Criteria	33	0	0	33	100.00%	0.00%	0.00%
unavailable	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	33	33	0.00%	0.00%	100.00%
unavailable	OTOLARYNGOLOGY	This PA is Auto Closed	0	0	33	33	0.00%	0.00%	100.00%
Attention-deficit hyperactivity disorder, combined type		Met Plan Criteria	32	0	0	32	100.00%	0.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	32	0	0	32	100.00%	0.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus	NEUROLOGY	Met Plan Criteria	31	0	0	31	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	NEUROLOGY	This PA is Auto Closed	0	0	31	31	0.00%	0.00%	100.00%
Primary insomnia	PSYCHIATRY	Met Plan Criteria	31	0	0	31	100.00%	0.00%	0.00%
unavailable	UNSPECIFIED SPECIALTY	Met Plan Criteria	31	0	0	31	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type		Met Plan Criteria	30	0	0	30	100.00%	0.00%	0.00%
Insomnia, unspecified	PSYCHIATRY	Met Plan Criteria	30	0	0	30	100.00%	0.00%	0.00%
Irritable bowel syndrome with diarrhea	GASTROENTEROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	30	0	30	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	FAMILY PRACTICE	Met Plan Criteria	30	0	0	30	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	INTERNAL MEDICINE	Met Plan Criteria	30	0	0	30	100.00%	0.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	Met Plan Criteria	30	0	0	30	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PSYCHIATRY	Met Plan Criteria	29	0	0	29	100.00%	0.00%	0.00%
Exposure to HIV virus	FAMILY PRACTICE	Does not meet guidelines.	0	29	0	29	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories		***Does not meet criteria.	0	29	0	29	0.00%	100.00%	0.00%
Other atopic dermatitis		Clinician reviewed - meets guidelines	29	0	0	29	100.00%	0.00%	0.00%
Other seborrheic dermatitis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	29	29	0.00%	0.00%	100.00%
Overweight	FAMILY PRACTICE	***Does not meet criteria.	0	29	0	29	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	29	0	0	29	100.00%	0.00%	0.00%
Vitiligo	DERMATOLOGY	This PA is Auto Closed	0	0	29	29	0.00%	0.00%	100.00%
Chronic migraine without aura, not intractable, without status migrainosus	NEUROLOGY	This PA is Auto Closed	0	0	28	28	0.00%	0.00%	100.00%
Eosinophilic Esophagitis	GASTROENTEROLOGY	Met Plan Criteria	28	0	0	28	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	UNSPECIFIED SPECIALTY	Met Plan Criteria	28	0	0	28	100.00%	0.00%	0.00%
Acne vulgaris	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	27	0	27	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Clinician reviewed - meets guidelines	27	0	0	27	100.00%	0.00%	0.00%

Attention-deficit hyperactivity disorder, unspecified type	FAMILY PRACTICE	This PA is Auto Closed	0	0	27	27	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGY	This PA is Auto Closed	0	0	27	27	0.00%	0.00%	100.00%
Morbid (severe) obesity due to excess calories	FAMILY PRACTICE	This PA is Auto Closed	0	0	27	27	0.00%	0.00%	100.00%
Morbid (severe) obesity due to excess calories	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	27	0	27	0.00%	100.00%	0.00%
Prediabetes		***Does not meet criteria.	0	27	0	27	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	This PA is Auto Closed	0	0	27	27	0.00%	0.00%	100.00%
Atopic Dermatitis		Met Plan Criteria	26	0	0	26	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	FAMILY PRACTICE	Met Plan Criteria	26	0	0	26	100.00%	0.00%	0.00%
Blepharitis	OPHTHALMOLOGY	Met Plan Criteria	26	0	0	26	100.00%	0.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	OPHTHALMOLOGY	This PA is Auto Closed	0	0	26	26	0.00%	0.00%	100.00%
Exposure to HIV virus	EMERGENCY MEDICINE	Does not meet guidelines.	0	26	0	26	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus		Met Plan Criteria	26	0	0	26	100.00%	0.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	Met Plan Criteria	26	0	0	26	100.00%	0.00%	0.00%
Other obesity due to excess calories	INTERNAL MEDICINE	***Does not meet criteria.	0	26	0	26	0.00%	100.00%	0.00%
Psoriasis vulgaris		This PA is Auto Closed	0	0	26	26	0.00%	0.00%	100.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ		Technician reviewed- meets guidelines	26	0	0	26	100.00%	0.00%	0.00%
Acne vulgaris		Non-formulary/non-preferred - Product 998-A ID3970	0	25	0	25	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified		Technician reviewed- meets guidelines	25	0	0	25	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PSYCHIATRY	This PA is Auto Closed	0	0	25	25	0.00%	0.00%	100.00%
Gender identity disorder, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	25	0	0	25	100.00%	0.00%	0.00%
Menopausal and female climacteric states	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	25	0	0	25	100.00%	0.00%	0.00%
Psoriasis, unspecified	DERMATOLOGY	This PA is Auto Closed	0	0	25	25	0.00%	0.00%	100.00%
Testicular hypofunction	INTERNAL MEDICINE	Met Plan Criteria	25	0	0	25	100.00%	0.00%	0.00%
Acne vulgaris	DERMATOLOGY	Diagnosis 4915-A ID2138	0	24	0	24	0.00%	100.00%	0.00%
Acne, unspecified	FAMILY PRACTICE	Met Plan Criteria	24	0	0	24	100.00%	0.00%	0.00%
Dermatitis, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	24	0	0	24	100.00%	0.00%	0.00%
Enlarged prostate with lower urinary tract symptoms	INTERNAL MEDICINE	Met Plan Criteria	24	0	0	24	100.00%	0.00%	0.00%
Exposure to HIV virus	FAMILY PRACTICE	Technician reviewed- meets guidelines	24	0	0	24	100.00%	0.00%	0.00%
Female infertility, unspecified	ENDOCRINOLOGY, REPRODUCTIVE	This PA is Auto Closed	0	0	24	24	0.00%	0.00%	100.00%
Irritable bowel syndrome with diarrhea	GASTROENTEROLOGY	This PA is Auto Closed	0	0	24	24	0.00%	0.00%	100.00%
Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	Clinician reviewed - meets guidelines	24	0	0	24	100.00%	0.00%	0.00%
Morbid (severe) obesity due to excess calories	INTERNAL MEDICINE	This PA is Auto Closed	0	0	24	24	0.00%	0.00%	100.00%
Obesity, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	24	24	0.00%	0.00%	100.00%
Other acne	DERMATOLOGY	Met Plan Criteria	24	0	0	24	100.00%	0.00%	0.00%

Rosacea, unspecified		Met Plan Criteria	24	0	0	24	100.00%	0.00%	0.00%
Severe persistent asthma, uncomplicated		Technician reviewed- meets guidelines	24	0	0	24	100.00%	0.00%	0.00%
Testicular hypofunction	UROLOGY	Met Plan Criteria	24	0	0	24	100.00%	0.00%	0.00%
Chronic pain syndrome	ANESTHESIOLOGY	Met Plan Criteria	23	0	0	23	100.00%	0.00%	0.00%
Enlarged prostate with lower urinary tract symptoms	UROLOGY	Met Plan Criteria	23	0	0	23	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, moderate	PSYCHIATRY	This PA is Auto Closed	0	0	23	23	0.00%	0.00%	100.00%
Migraine with aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	Met Plan Criteria	23	0	0	23	100.00%	0.00%	0.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	23	0	0	23	100.00%	0.00%	0.00%
Type 1 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	23	23	0.00%	0.00%	100.00%
Arthropathic psoriasis, unspecified	RHEUMATOLOGY	Technician reviewed- meets guidelines	22	0	0	22	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	UNSPECIFIED SPECIALTY	Met Plan Criteria	22	0	0	22	100.00%	0.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands		Met Plan Criteria	22	0	0	22	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	OTOLARYNGOLOGY	Met Plan Criteria	22	0	0	22	100.00%	0.00%	0.00%
Irritable bowel syndrome with diarrhea	INTERNAL MEDICINE	Met Plan Criteria	22	0	0	22	100.00%	0.00%	0.00%
Irritable bowel syndrome with diarrhea	UNSPECIFIED SPECIALTY	Met Plan Criteria	22	0	0	22	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	NEUROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	22	0	22	0.00%	100.00%	0.00%
Other rosacea	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	22	22	0.00%	0.00%	100.00%
Tinea unguium	UNSPECIFIED SPECIALTY	Met Plan Criteria	22	0	0	22	100.00%	0.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	22	22	0.00%	0.00%	100.00%
Type 2 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	22	22	0.00%	0.00%	100.00%
Acne, unspecified	DERMATOLOGY	Met Plan Criteria	21	0	0	21	100.00%	0.00%	0.00%
Atopic Dermatitis	FAMILY PRACTICE	Met Plan Criteria	21	0	0	21	100.00%	0.00%	0.00%
Chronic idiopathic constipation	GASTROENTEROLOGY	Met Plan Criteria	21	0	0	21	100.00%	0.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus		Met Plan Criteria	21	0	0	21	100.00%	0.00%	0.00%
Chronic pain syndrome	FAMILY PRACTICE	***Does not meet criteria.	0	21	0	21	0.00%	100.00%	0.00%
Exposure to HIV virus	INTERNAL MEDICINE	Does not meet guidelines.	0	21	0	21	0.00%	100.00%	0.00%
Generalized anxiety disorder	PSYCHIATRY	Met Plan Criteria	21	0	0	21	100.00%	0.00%	0.00%
Irritable bowel syndrome with diarrhea		Met Plan Criteria	21	0	0	21	100.00%	0.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	21	21	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, with status migrainosus	FAMILY PRACTICE	Met Plan Criteria	21	0	0	21	100.00%	0.00%	0.00%
Other acne	DERMATOLOGY	This PA is Auto Closed	0	0	21	21	0.00%	0.00%	100.00%
Other acne	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	21	21	0.00%	0.00%	100.00%

Insomnia, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	20	0	0	20	100.00%	0.00%	0.00%
Prediabetes	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	20	0	20	0.00%	100.00%	0.00%
Prediabetes	FAMILY PRACTICE	This PA is Auto Closed	0	0	20	20	0.00%	0.00%	100.00%
unavailable	DERMATOLOGY	Met Plan Criteria	20	0	0	20	100.00%	0.00%	0.00%
Encounter for screening for malignant neoplasm of colon	GASTROENTEROLOGY	Age-Bowel prep	0	19	0	19	0.00%	100.00%	0.00%
Female infertility, unspecified		Does not meet guidelines.	0	19	0	19	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	INTERNAL MEDICINE	Met Plan Criteria	19	0	0	19	100.00%	0.00%	0.00%
Irritable bowel syndrome with constipation	GASTROENTEROLOGY	This PA is Auto Closed	0	0	19	19	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, w/o status migrainosus	FAMILY PRACTICE	This PA is Auto Closed	0	0	19	19	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, w/o status migrainosus	INTERNAL MEDICINE	Met Plan Criteria	19	0	0	19	100.00%	0.00%	0.00%
Migraine with aura, intractable, without status migrainosus	NEUROLOGY	Met Plan Criteria	19	0	0	19	100.00%	0.00%	0.00%
Other psoriasis	DERMATOLOGY	This PA is Auto Closed	0	0	19	19	0.00%	0.00%	100.00%
Other psoriatic arthropathy	RHEUMATOLOGY	Technician reviewed- meets guidelines	19	0	0	19	100.00%	0.00%	0.00%
Other rosacea	DERMATOLOGY	This PA is Auto Closed	0	0	19	19	0.00%	0.00%	100.00%
Tinea unguium	DERMATOLOGY	Met Plan Criteria	19	0	0	19	100.00%	0.00%	0.00%
Type 1 diabetes mellitus without complications		Met Plan Criteria	19	0	0	19	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications		This PA is Auto Closed	0	0	19	19	0.00%	0.00%	100.00%
unavailable	FAMILY PRACTICE	***Does not meet criteria.	0	19	0	19	0.00%	100.00%	0.00%
unavailable	NEUROLOGY	This PA is Auto Closed	0	0	19	19	0.00%	0.00%	100.00%
Atopic Dermatitis		This PA is Auto Closed	0	0	18	18	0.00%	0.00%	100.00%
Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	Met Plan Criteria	18	0	0	18	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	INTERNAL MEDICINE	Met Plan Criteria	18	0	0	18	100.00%	0.00%	0.00%
Blepharitis	UNSPECIFIED SPECIALTY	Met Plan Criteria	18	0	0	18	100.00%	0.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	UNSPECIFIED SPECIALTY	Met Plan Criteria	18	0	0	18	100.00%	0.00%	0.00%
Dermatitis, unspecified	DERMATOLOGY	This PA is Auto Closed	0	0	18	18	0.00%	0.00%	100.00%
Encounter for HIV pre-exposure prophylaxis	INTERNAL MEDICINE	Technician reviewed- meets guidelines	18	0	0	18	100.00%	0.00%	0.00%
Menopausal and female climacteric states	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	18	18	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	18	18	0.00%	0.00%	100.00%
Migraine, unspecified, not intractable, without status migrainosus.	FAMILY PRACTICE	This PA is Auto Closed	0	0	18	18	0.00%	0.00%	100.00%
Migraine, unspecified, not intractable, without status migrainosus.	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	18	18	0.00%	0.00%	100.00%
Mild persistent asthma, uncomplicated		Met Plan Criteria	18	0	0	18	100.00%	0.00%	0.00%
Mild persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	18	18	0.00%	0.00%	100.00%

Other acariasis	UNSPECIFIED SPECIALTY	Met Plan Criteria	18	0	0	18	100.00%	0.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	18	0	18	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	18	0	18	0.00%	100.00%	0.00%
Testicular hypofunction	FAMILY PRACTICE	Met Plan Criteria	18	0	0	18	100.00%	0.00%	0.00%
Transsexualism	FAMILY PRACTICE	Met Plan Criteria	18	0	0	18	100.00%	0.00%	0.00%
		This PA is Auto Closed	0	0	17	17	0.00%	0.00%	100.00%
Acne vulgaris	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	17	0	17	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	17	0	17	0.00%	100.00%	0.00%
Chronic pain syndrome		Met Plan Criteria	17	0	0	17	100.00%	0.00%	0.00%
Crohns disease, unspecified, without complications	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	17	0	0	17	100.00%	0.00%	0.00%
Dermatitis NOS	DERMATOLOGY	Met Plan Criteria	17	0	0	17	100.00%	0.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	OPHTHALMOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	17	0	17	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	GASTROENTEROLOGY	This PA is Auto Closed	0	0	17	17	0.00%	0.00%	100.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	OPHTHALMOLOGY	This PA is Auto Closed	0	0	17	17	0.00%	0.00%	100.00%
Multiple sclerosis	NEUROLOGY	This PA is Auto Closed	0	0	17	17	0.00%	0.00%	100.00%
Obstructive sleep apnea (adult) (pediatric)	NEUROLOGY	Met Plan Criteria	17	0	0	17	100.00%	0.00%	0.00%
Other atopic dermatitis		This PA is Auto Closed	0	0	17	17	0.00%	0.00%	100.00%
Other obesity	FAMILY PRACTICE	***Does not meet criteria.	0	17	0	17	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	17	0	17	0.00%	100.00%	0.00%
Rosacea, unspecified	FAMILY PRACTICE	Met Plan Criteria	17	0	0	17	100.00%	0.00%	0.00%
Sicca syndrome with keratoconjunctivitis	OPHTHALMOLOGY	Met Plan Criteria	17	0	0	17	100.00%	0.00%	0.00%
Testicular hypofunction	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	17	17	0.00%	0.00%	100.00%
Tinea unguium	GENERAL SURGERY	Met Plan Criteria	17	0	0	17	100.00%	0.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia		Met Plan Criteria	17	0	0	17	100.00%	0.00%	0.00%
unavailable		***Does not meet criteria.	0	17	0	17	0.00%	100.00%	0.00%
unavailable	FAMILY PRACTICE	Met Plan Criteria	17	0	0	17	100.00%	0.00%	0.00%
Acne vulgaris	UNSPECIFIED SPECIALTY	Diagnosis 4915-A ID2138	0	16	0	16	0.00%	100.00%	0.00%
Atopic Dermatitis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	16	16	0.00%	0.00%	100.00%
Attention-deficit hyperactivity disorder, combined type	PSYCHIATRY	***Does not meet criteria.	0	16	0	16	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	FAMILY PRACTICE	Met Plan Criteria	16	0	0	16	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	FAMILY PRACTICE	This PA is Auto Closed	0	0	16	16	0.00%	0.00%	100.00%

Hypopituitarism	ENDOCRINOLOGY, PEDIATRIC	Clinician reviewed - meets guidelines	16	0	0	16	100.00%	0.00%	0.00%
Insomnia, unspecified		Met Plan Criteria	16	0	0	16	100.00%	0.00%	0.00%
Intrinsic (allergic) eczema	DERMATOLOGY	This PA is Auto Closed	0	0	16	16	0.00%	0.00%	100.00%
Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	Technician reviewed- meets guidelines	16	0	0	16	100.00%	0.00%	0.00%
Moderate persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	16	16	0.00%	0.00%	100.00%
Nasal polyp, unspecified	OTOLARYNGOLOGY	This PA is Auto Closed	0	0	16	16	0.00%	0.00%	100.00%
Other acariasis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	16	16	0.00%	0.00%	100.00%
Other acne	UNSPECIFIED SPECIALTY	Met Plan Criteria	16	0	0	16	100.00%	0.00%	0.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	16	0	0	16	100.00%	0.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	RHEUMATOLOGY	Technician reviewed- meets guidelines	16	0	0	16	100.00%	0.00%	0.00%
Testicular hypofunction	INTERNAL MEDICINE	This PA is Auto Closed	0	0	16	16	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with hyperglycemia		This PA is Auto Closed	0	0	16	16	0.00%	0.00%	100.00%
unavailable		Met Plan Criteria	16	0	0	16	100.00%	0.00%	0.00%
unavailable	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	16	16	0.00%	0.00%	100.00%
unavailable	DERMATOLOGY	This PA is Auto Closed	0	0	16	16	0.00%	0.00%	100.00%
Unspecified asthma, uncomplicated	FAMILY PRACTICE	This PA is Auto Closed	0	0	16	16	0.00%	0.00%	100.00%
Acne vulgaris	DERMATOLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	15	0	15	0.00%	100.00%	0.00%
Atopic Dermatitis	ALLERGY & IMMUNOLOGY	Met Plan Criteria	15	0	0	15	100.00%	0.00%	0.00%
Atopic Dermatitis	INTERNAL MEDICINE	Met Plan Criteria	15	0	0	15	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	UNSPECIFIED SPECIALTY	Met Plan Criteria	15	0	0	15	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	INTERNAL MEDICINE	Met Plan Criteria	15	0	0	15	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	***Does not meet criteria.	0	15	0	15	0.00%	100.00%	0.00%
Bacterial intestinal infection, unspecified	GASTROENTEROLOGY	Met Plan Criteria	15	0	0	15	100.00%	0.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr		Met Plan Criteria	15	0	0	15	100.00%	0.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr	UNSPECIFIED SPECIALTY	Met Plan Criteria	15	0	0	15	100.00%	0.00%	0.00%
Exposure to HIV virus	INTERNAL MEDICINE	Technician reviewed- meets guidelines	15	0	0	15	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease with esophagitis	GASTROENTEROLOGY	Met Plan Criteria	15	0	0	15	100.00%	0.00%	0.00%
Gender identity disorder, unspecified	INTERNAL MEDICINE	Met Plan Criteria	15	0	0	15	100.00%	0.00%	0.00%
Irritable bowel syndrome with constipation	GASTROENTEROLOGY	Met Plan Criteria	15	0	0	15	100.00%	0.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features		Clinician reviewed - meets guidelines	15	0	0	15	100.00%	0.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	NEUROLOGY	Met Plan Criteria	15	0	0	15	100.00%	0.00%	0.00%
Multiple myeloma not having achieved remission	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	15	0	0	15	100.00%	0.00%	0.00%
Obesity, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	15	15	0.00%	0.00%	100.00%

Other seborrheic dermatitis	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	15	0	15	0.00%	100.00%	0.00%
Small intestinal bacterial overgrowth, unspecified	GASTROENTEROLOGY	Met Plan Criteria	15	0	0	15	100.00%	0.00%	0.00%
Testicular hypofunction	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	15	0	0	15	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	15	0	15	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	15	15	0.00%	0.00%	100.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris		Technician reviewed- meets guidelines	14	0	0	14	100.00%	0.00%	0.00%
Atopic Dermatitis	ALLERGY & IMMUNOLOGY	Clinician reviewed - meets guidelines	14	0	0	14	100.00%	0.00%	0.00%
Atopic Dermatitis	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	14	0	0	14	100.00%	0.00%	0.00%
Atopic Dermatitis	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	14	0	0	14	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	FAMILY PRACTICE	This PA is Auto Closed	0	0	14	14	0.00%	0.00%	100.00%
Attention-deficit hyperactivity disorder, unspecified type	INTERNAL MEDICINE	This PA is Auto Closed	0	0	14	14	0.00%	0.00%	100.00%
Crohns disease, unspecified, without complications	GASTROENTEROLOGY	Technician reviewed- meets guidelines	14	0	0	14	100.00%	0.00%	0.00%
Exocrine pancreatic insufficiency	GASTROENTEROLOGY	Met Plan Criteria	14	0	0	14	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	INTERNAL MEDICINE	This PA is Auto Closed	0	0	14	14	0.00%	0.00%	100.00%
Major depressive disorder, recurrent severe without psychotic features		Met Plan Criteria	14	0	0	14	100.00%	0.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features		Technician reviewed- meets guidelines	14	0	0	14	100.00%	0.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	14	0	14	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, unspecified	PSYCHIATRY	Met Plan Criteria	14	0	0	14	100.00%	0.00%	0.00%
Male erectile dysfunction, unspecified	INTERNAL MEDICINE	Met Plan Criteria	14	0	0	14	100.00%	0.00%	0.00%
Metabolic syndrome	FAMILY PRACTICE	***Does not meet criteria.	0	14	0	14	0.00%	100.00%	0.00%
Obesity, unspecified	FAMILY PRACTICE	Met Plan Criteria	14	0	0	14	100.00%	0.00%	0.00%
Obesity, unspecified	FAMILY PRACTICE	Does not meet criteria.	0	14	0	14	0.00%	100.00%	0.00%
Other atopic dermatitis	Dermatology	Lack of Information	0	14	0	14	0.00%	100.00%	0.00%
Other skin changes due to chronic exposure to nonionizing radiation	DERMATOLOGY	Diagnosis 237-A ID2289	0	14	0	14	0.00%	100.00%	0.00%
Rheumatoid arthritis, unspecified		Technician reviewed- meets guidelines	14	0	0	14	100.00%	0.00%	0.00%
Seborrheic dermatitis, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	14	0	0	14	100.00%	0.00%	0.00%
Acne vulgaris	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	13	0	0	13	100.00%	0.00%	0.00%
Acne, unspecified	INTERNAL MEDICINE	Met Plan Criteria	13	0	0	13	100.00%	0.00%	0.00%
Actinic keratosis	DERMATOLOGY	This PA is Auto Closed	0	0	13	13	0.00%	0.00%	100.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY	Technician reviewed- meets guidelines	13	0	0	13	100.00%	0.00%	0.00%
Chronic pain syndrome	UNSPECIFIED SPECIALTY	Met Plan Criteria	13	0	0	13	100.00%	0.00%	0.00%

Crohns disease, unspecified, without complications		Clinician reviewed - meets guidelines	13	0	0	13	100.00%	0.00%	0.00%
Encounter for screening for malignant neoplasm of colon	GASTROENTEROLOGY	Met Plan Criteria	13	0	0	13	100.00%	0.00%	0.00%
Exposure to HIV virus	FAMILY PRACTICE	Lack of Information	0	13	0	13	0.00%	100.00%	0.00%
Generalized anxiety disorder	PSYCHIATRY	This PA is Auto Closed	0	0	13	13	0.00%	0.00%	100.00%
Hidradenitis suppurativa	DERMATOLOGY	Clinician reviewed - meets guidelines	13	0	0	13	100.00%	0.00%	0.00%
Intrinsic (allergic) eczema	DERMATOLOGY	Met Plan Criteria	13	0	0	13	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, mild	PSYCHIATRY	Met Plan Criteria	13	0	0	13	100.00%	0.00%	0.00%
Male erectile dysfunction, unspecified	FAMILY PRACTICE	Met Plan Criteria	13	0	0	13	100.00%	0.00%	0.00%
Multiple sclerosis	NEUROLOGY	Meets guidelines.	13	0	0	13	100.00%	0.00%	0.00%
Obesity, unspecified		This PA is Auto Closed	0	0	13	13	0.00%	0.00%	100.00%
Other psoriatic arthropathy	RHEUMATOLOGY	Clinician reviewed - meets guidelines	13	0	0	13	100.00%	0.00%	0.00%
Perioral dermatitis	FAMILY PRACTICE	Met Plan Criteria	13	0	0	13	100.00%	0.00%	0.00%
Primary insomnia	INTERNAL MEDICINE	Met Plan Criteria	13	0	0	13	100.00%	0.00%	0.00%
Type 1 diabetes mellitus without complications	ENDOCRINOLOGY, PEDIATRIC	Met Plan Criteria	13	0	0	13	100.00%	0.00%	0.00%
Vitiligo		Met Plan Criteria	13	0	0	13	100.00%	0.00%	0.00%
Vitiligo	UNSPECIFIED SPECIALTY	Met Plan Criteria	13	0	0	13	100.00%	0.00%	0.00%
Allergic contact dermatitis, unspecified cause	DERMATOLOGY	Met Plan Criteria	12	0	0	12	100.00%	0.00%	0.00%
Arthropathic psoriasis, unspecified	RHEUMATOLOGY	Clinician reviewed - meets guidelines	12	0	0	12	100.00%	0.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY	Met Plan Criteria	12	0	0	12	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, combined type		This PA is Auto Closed	0	0	12	12	0.00%	0.00%	100.00%
Attention-deficit hyperactivity disorder, unspecified type	FAMILY PRACTICE	***Does not meet criteria.	0	12	0	12	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	FAMILY PRACTICE	Met Plan Criteria	12	0	0	12	100.00%	0.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr	NEUROLOGY	This PA is Auto Closed	0	0	12	12	0.00%	0.00%	100.00%
Chronic pain syndrome	ANESTHESIOLOGY	This PA is Auto Closed	0	0	12	12	0.00%	0.00%	100.00%
Crohns disease of both small and lg int w/o complications	GASTROENTEROLOGY	Technician reviewed- meets guidelines	12	0	0	12	100.00%	0.00%	0.00%
Cystic fibrosis, unspecified		Technician reviewed- meets guidelines	12	0	0	12	100.00%	0.00%	0.00%
Encounter for HIV pre-exposure prophylaxis	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	12	0	0	12	100.00%	0.00%	0.00%
Enlarged prostate with lower urinary tract symptoms	FAMILY PRACTICE	Met Plan Criteria	12	0	0	12	100.00%	0.00%	0.00%
Gender identity disorder, unspecified		Met Plan Criteria	12	0	0	12	100.00%	0.00%	0.00%
High risk homosexual behavior	FAMILY PRACTICE	Does not meet guidelines.	0	12	0	12	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified		Technician reviewed- meets guidelines	12	0	0	12	100.00%	0.00%	0.00%
Hyperlipidemia, unspecified	CARDIOLOGY	Clinician reviewed - meets guidelines	12	0	0	12	100.00%	0.00%	0.00%
Hypopituitarism	ENDOCRINOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	12	12	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, w/o status migrainosus		This PA is Auto Closed	0	0	12	12	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, w/o status migrainosus	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	12	0	12	0.00%	100.00%	0.00%

Migraine w/o aura, not intractable, with status migrainosus	UNSPECIFIED SPECIALTY	Met Plan Criteria	12	0	0	12	100.00%	0.00%	0.00%
Migraine with aura, not intractable, with status migrainosus	NEUROLOGY	Met Plan Criteria	12	0	0	12	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	12	0	12	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	PSYCHIATRY	Met Plan Criteria	12	0	0	12	100.00%	0.00%	0.00%
Mild persistent asthma, uncomplicated	FAMILY PRACTICE	This PA is Auto Closed	0	0	12	12	0.00%	0.00%	100.00%
Other atopic dermatitis		Met Plan Criteria	12	0	0	12	100.00%	0.00%	0.00%
Other skin changes due to chronic exposure to nonionizing radiation	DERMATOLOGY	This PA is Auto Closed	0	0	12	12	0.00%	0.00%	100.00%
Primary insomnia	UNSPECIFIED SPECIALTY	Met Plan Criteria	12	0	0	12	100.00%	0.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	***Does not meet criteria.	0	12	0	12	0.00%	100.00%	0.00%
Psoriasis, unspecified	DERMATOLOGY	Met Plan Criteria	12	0	0	12	100.00%	0.00%	0.00%
Severe persistent asthma, uncomplicated		Clinician reviewed - meets guidelines	12	0	0	12	100.00%	0.00%	0.00%
Testicular hypofunction	FAMILY PRACTICE	Exclusion, age-related hypogonadism	0	12	0	12	0.00%	100.00%	0.00%
Testicular hypofunction	FAMILY PRACTICE	Non-approvable diagnosis 1210-A ID1157	0	12	0	12	0.00%	100.00%	0.00%
Testicular hypofunction	FAMILY PRACTICE	This PA is Auto Closed	0	0	12	12	0.00%	0.00%	100.00%
Testicular hypofunction	UNSPECIFIED SPECIALTY	Met Plan Criteria	12	0	0	12	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	12	12	0.00%	0.00%	100.00%
Type 2 diabetes mellitus without complications	NURSE PRACTITIONER, ADULT HEALTH	***Does not meet criteria.	0	12	0	12	0.00%	100.00%	0.00%
unavailable	INTERNAL MEDICINE	Met Plan Criteria	12	0	0	12	100.00%	0.00%	0.00%
Unspecified asthma, uncomplicated	INTERNAL MEDICINE	This PA is Auto Closed	0	0	12	12	0.00%	0.00%	100.00%
Acne vulgaris		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	11	0	11	0.00%	100.00%	0.00%
Acne vulgaris	PEDIATRICS	Met Plan Criteria	11	0	0	11	100.00%	0.00%	0.00%
Acne vulgaris	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	11	0	11	0.00%	100.00%	0.00%
Acne vulgaris	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Dosage form not approvable	0	11	0	11	0.00%	100.00%	0.00%
Acne, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	11	11	0.00%	0.00%	100.00%
Ankylosing spondylitis of multiple sites in spine		Technician reviewed- meets guidelines	11	0	0	11	100.00%	0.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Lack of Information	0	11	0	11	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	This PA is Auto Closed	0	0	11	11	0.00%	0.00%	100.00%
Attention-deficit hyperactivity disorder, combined type	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	11	0	11	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	UNSPECIFIED SPECIALTY	Met Plan Criteria	11	0	0	11	100.00%	0.00%	0.00%
Bipolar II disorder	PSYCHIATRY	Met Plan Criteria	11	0	0	11	100.00%	0.00%	0.00%
Body mass index (BMI) 33.0-33.9, adult	FAMILY PRACTICE	***Does not meet criteria.	0	11	0	11	0.00%	100.00%	0.00%
Body mass index (BMI) 40.0-44.9, adult	FAMILY PRACTICE	***Does not meet criteria.	0	11	0	11	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w status migrainosus	NEUROLOGY	Met Plan Criteria	11	0	0	11	100.00%	0.00%	0.00%

Chronic migraine w/o aura, intractable, w status migrainosus	UNSPECIFIED SPECIALTY	Met Plan Criteria	11	0	0	11	100.00%	0.00%	0.00%
Chronic migraine with aura, not intractable, without status migrainosu	NEUROLOGY	Met Plan Criteria	11	0	0	11	100.00%	0.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	Neurology	Non-formulary/non-preferred - Product 998-A ID3970	0	11	0	11	0.00%	100.00%	0.00%
Crohns disease, unspecified, without complications	GASTROENTEROLOGY	Frequency 2010-A ID2136	0	11	0	11	0.00%	100.00%	0.00%
Encounter for assisted reprodctv fertility procedure cycle		Technician reviewed- meets guidelines	11	0	0	11	100.00%	0.00%	0.00%
Encounter for HIV pre-exposure prophylaxis	FAMILY PRACTICE	Technician reviewed- meets guidelines	11	0	0	11	100.00%	0.00%	0.00%
Encounter for screening for malignant neoplasm of colon		Non-formulary/non-preferred - Product 998-A ID3970	0	11	0	11	0.00%	100.00%	0.00%
Enlarged prostate without lower urinary tract symptoms	INTERNAL MEDICINE	Met Plan Criteria	11	0	0	11	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	UNSPECIFIED SPECIALTY	Met Plan Criteria	11	0	0	11	100.00%	0.00%	0.00%
High risk homosexual behavior	FAMILY PRACTICE	Technician reviewed- meets guidelines	11	0	0	11	100.00%	0.00%	0.00%
Hyperlipidemia, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	11	0	11	0.00%	100.00%	0.00%
Hypopituitarism		Clinician reviewed - meets guidelines	11	0	0	11	100.00%	0.00%	0.00%
Irritable bowel syndrome with diarrhea	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	11	0	11	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	GASTROENTEROLOGY	Exceeds maximum duration of therapy	0	11	0	11	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate	UNSPECIFIED SPECIALTY	Met Plan Criteria	11	0	0	11	100.00%	0.00%	0.00%
Male erectile dysfunction, unspecified	FAMILY PRACTICE	Diagnosis 865-C ID1508	0	11	0	11	0.00%	100.00%	0.00%
Malignant neoplasm of prostate	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	11	0	0	11	100.00%	0.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus	NEUROLOGY	This PA is Auto Closed	0	0	11	11	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	11	0	11	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	INTERNAL MEDICINE	Met Plan Criteria	11	0	0	11	100.00%	0.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus		Met Plan Criteria	11	0	0	11	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.		This PA is Auto Closed	0	0	11	11	0.00%	0.00%	100.00%
Mild intermittent asthma, uncomplicated	FAMILY PRACTICE	This PA is Auto Closed	0	0	11	11	0.00%	0.00%	100.00%
Oth disrd of the skin and subcutaneous tissue	DERMATOLOGY	Diagnosis 237-A ID2289	0	11	0	11	0.00%	100.00%	0.00%
Other abnormal glucose	FAMILY PRACTICE	***Does not meet criteria.	0	11	0	11	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	11	0	11	0.00%	100.00%	0.00%
Perioral dermatitis	UNSPECIFIED SPECIALTY	Diagnosis 76-D ID1404	0	11	0	11	0.00%	100.00%	0.00%
Primary insomnia	FAMILY PRACTICE	Met Plan Criteria	11	0	0	11	100.00%	0.00%	0.00%
Psoriasis, unspecified		Technician reviewed- meets guidelines	11	0	0	11	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with other specified complication	INTERNAL MEDICINE	Met Plan Criteria	11	0	0	11	100.00%	0.00%	0.00%
unavailable	INTERNAL MEDICINE	***Does not meet criteria.	0	11	0	11	0.00%	100.00%	0.00%

Acne vulgaris	SURGERY, DERMATOLOGIC	Met Plan Criteria	10	0	0	10	100.00%	0.00%	0.00%
Acne vulgaris	SURGERY, DERMATOLOGIC	This PA is Auto Closed	0	0	10	10	0.00%	0.00%	100.00%
Atopic Dermatitis	ALLERGY & IMMUNOLOGY	Technician reviewed- meets guidelines	10	0	0	10	100.00%	0.00%	0.00%
Atopic Dermatitis	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	10	10	0.00%	0.00%	100.00%
Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	***Does not meet criteria.	0	10	0	10	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type		Non-formulary/non-preferred - Product 998-A ID3970	0	10	0	10	0.00%	100.00%	0.00%
Bipolar disorder, unspecified	PSYCHIATRY	Met Plan Criteria	10	0	0	10	100.00%	0.00%	0.00%
Blepharitis	OPHTHALMOLOGY	This PA is Auto Closed	0	0	10	10	0.00%	0.00%	100.00%
Blepharitis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	10	10	0.00%	0.00%	100.00%
Chronic idiopathic constipation	FAMILY PRACTICE	Met Plan Criteria	10	0	0	10	100.00%	0.00%	0.00%
Crohns disease of small intestine without complications	GASTROENTEROLOGY	This PA is Auto Closed	0	0	10	10	0.00%	0.00%	100.00%
Exposure to HIV virus	FAMILY PRACTICE	Clinician reviewed - meets guidelines	10	0	0	10	100.00%	0.00%	0.00%
Exposure to HIV virus	FAMILY PRACTICE	This PA is Auto Closed	0	0	10	10	0.00%	0.00%	100.00%
Exposure to HIV virus	UNSPECIFIED SPECIALTY	Does not meet guidelines.	0	10	0	10	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	10	10	0.00%	0.00%	100.00%
Hidradenitis suppurativa		Clinician reviewed - meets guidelines	10	0	0	10	100.00%	0.00%	0.00%
Hidradenitis suppurativa	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	10	0	0	10	100.00%	0.00%	0.00%
High risk homosexual behavior	INTERNAL MEDICINE	Does not meet guidelines.	0	10	0	10	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	CARDIOLOGY	This PA is Auto Closed	0	0	10	10	0.00%	0.00%	100.00%
Idiopathic urticaria		Clinician reviewed - meets guidelines	10	0	0	10	100.00%	0.00%	0.00%
Idiopathic urticaria		Technician reviewed- meets guidelines	10	0	0	10	100.00%	0.00%	0.00%
Insulin resistance, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	10	0	10	0.00%	100.00%	0.00%
Keratoconus, unstable, bilateral	OPHTHALMOLOGY	This PA is Auto Closed	0	0	10	10	0.00%	0.00%	100.00%
Major depressive disorder, recurrent, moderate		Met Plan Criteria	10	0	0	10	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, moderate	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	10	0	10	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	FAMILY PRACTICE	Diagnosis 865-C ID5024	0	10	0	10	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	10	10	0.00%	0.00%	100.00%
Male erectile dysfunction, unspecified	INTERNAL MEDICINE	Diagnosis 865-C ID1508	0	10	0	10	0.00%	100.00%	0.00%
Menopausal and female climacteric states	FAMILY PRACTICE	This PA is Auto Closed	0	0	10	10	0.00%	0.00%	100.00%
Metabolic syndrome	INTERNAL MEDICINE	***Does not meet criteria.	0	10	0	10	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	INTERNAL MEDICINE	Met Plan Criteria	10	0	0	10	100.00%	0.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	NEUROLOGY	This PA is Auto Closed	0	0	10	10	0.00%	0.00%	100.00%
Migraine, unspecified, not intractable, without status migrainosus.		Non-formulary/non-preferred - Product 998-A ID3970	0	10	0	10	0.00%	100.00%	0.00%

Migraine, unspecified, not intractable, without status migrainosus.	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	10	0	10	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	10	0	10	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	PEDIATRICS	This PA is Auto Closed	0	0	10	10	0.00%	0.00%	100.00%
Mixed hyperlipidemia	INTERNAL MEDICINE	Met Plan Criteria	10	0	0	10	100.00%	0.00%	0.00%
Moderate persistent asthma, uncomplicated		Met Plan Criteria	10	0	0	10	100.00%	0.00%	0.00%
Moderate persistent asthma, uncomplicated	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	10	10	0.00%	0.00%	100.00%
Morbid (severe) obesity due to excess calories	FAMILY PRACTICE	Met Plan Criteria	10	0	0	10	100.00%	0.00%	0.00%
Other atopic dermatitis		Lack of Information	0	10	0	10	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Age 1254-F ID1413	0	10	0	10	0.00%	100.00%	0.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	10	0	10	0.00%	100.00%	0.00%
Other primary ovarian failure		Technician reviewed- meets guidelines	10	0	0	10	100.00%	0.00%	0.00%
Other psoriatic arthropathy		Clinician reviewed - meets guidelines	10	0	0	10	100.00%	0.00%	0.00%
Overweight	FAMILY PRACTICE	This PA is Auto Closed	0	0	10	10	0.00%	0.00%	100.00%
Prediabetes	INTERNAL MEDICINE	This PA is Auto Closed	0	0	10	10	0.00%	0.00%	100.00%
Primary focal hyperhidrosis, axilla	DERMATOLOGY	This PA is Auto Closed	0	0	10	10	0.00%	0.00%	100.00%
Psoriasis vulgaris	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	10	0	10	0.00%	100.00%	0.00%
Psoriasis, unspecified	DERMATOLOGY	Clinician reviewed - meets guidelines	10	0	0	10	100.00%	0.00%	0.00%
Psoriasis, unspecified	DERMATOLOGY	Technician reviewed- meets guidelines	10	0	0	10	100.00%	0.00%	0.00%
Psoriasis, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	10	10	0.00%	0.00%	100.00%
Radiculopathy, lumbar region	ANESTHESIOLOGY	Met Plan Criteria	10	0	0	10	100.00%	0.00%	0.00%
Rash and other nonspecific skin eruption	DERMATOLOGY	Met Plan Criteria	10	0	0	10	100.00%	0.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, multiple sites	RHEUMATOLOGY	Technician reviewed- meets guidelines	10	0	0	10	100.00%	0.00%	0.00%
Rheumatoid arthritis, unspecified		Clinician reviewed - meets guidelines	10	0	0	10	100.00%	0.00%	0.00%
Rheumatoid arthritis, unspecified	RHEUMATOLOGY	Clinician reviewed - meets guidelines	10	0	0	10	100.00%	0.00%	0.00%
Rosacea, unspecified	INTERNAL MEDICINE	Met Plan Criteria	10	0	0	10	100.00%	0.00%	0.00%
Rosacea, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	10	10	0.00%	0.00%	100.00%
Testicular hypofunction	UROLOGY	This PA is Auto Closed	0	0	10	10	0.00%	0.00%	100.00%
Tinea unguium	DERMATOLOGY	Lab/test 1160-C ID2578	0	10	0	10	0.00%	100.00%	0.00%
Tinea unguium	DERMATOLOGY	This PA is Auto Closed	0	0	10	10	0.00%	0.00%	100.00%
Type 1 diabetes mellitus with hyperglycemia	FAMILY PRACTICE	Met Plan Criteria	10	0	0	10	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with diabetic chronic kidney disease	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	10	0	0	10	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	INTERNAL MEDICINE	***Does not meet criteria.	0	10	0	10	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with other specified complication	FAMILY PRACTICE	Met Plan Criteria	10	0	0	10	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	CARDIOLOGY	***Does not meet criteria.	0	10	0	10	0.00%	100.00%	0.00%

Acne vulgaris	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Dermatology, Acne SCF CMK STD 09-2023 2F	0	9	0	9	0.00%	100.00%	0.00%
Acne, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	9	0	0	9	100.00%	0.00%	0.00%
Alopecia areata, unspecified	DERMATOLOGY	This PA is Auto Closed	0	0	9	9	0.00%	0.00%	100.00%
Atopic Dermatitis	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	9	0	9	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	FAMILY PRACTICE	Met Plan Criteria	9	0	0	9	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	This PA is Auto Closed	0	0	9	9	0.00%	0.00%	100.00%
Attn-defct hyperactivity disorder, predom inattentive type	PEDIATRICS	***Does not meet criteria.	0	9	0	9	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	9	0	9	0.00%	100.00%	0.00%
Barretts esophagus without dysplasia	FAMILY PRACTICE	Met Plan Criteria	9	0	0	9	100.00%	0.00%	0.00%
Barretts esophagus without dysplasia	GASTROENTEROLOGY	Met Plan Criteria	9	0	0	9	100.00%	0.00%	0.00%
Bipolar II disorder	PSYCHIATRY	This PA is Auto Closed	0	0	9	9	0.00%	0.00%	100.00%
Chronic idiopathic constipation		Met Plan Criteria	9	0	0	9	100.00%	0.00%	0.00%
Chronic idiopathic constipation	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	9	9	0.00%	0.00%	100.00%
Chronic migraine w/o aura, intractable, w/o stat migr	FAMILY PRACTICE	Met Plan Criteria	9	0	0	9	100.00%	0.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	FAMILY PRACTICE	This PA is Auto Closed	0	0	9	9	0.00%	0.00%	100.00%
Chronic sinusitis, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	9	0	0	9	100.00%	0.00%	0.00%
Crohn's disease of small intestine		Clinician reviewed - meets guidelines	9	0	0	9	100.00%	0.00%	0.00%
Crohns disease of small intestine without complications		Clinician reviewed - meets guidelines	9	0	0	9	100.00%	0.00%	0.00%
Crohns disease, unspecified, without complications		Technician reviewed- meets guidelines	9	0	0	9	100.00%	0.00%	0.00%
Encounter for HIV pre-exposure prophylaxis	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	9	0	0	9	100.00%	0.00%	0.00%
Encounter for HIV pre-exposure prophylaxis	UNSPECIFIED SPECIALTY	Does not meet guidelines.	0	9	0	9	0.00%	100.00%	0.00%
Exposure to HIV virus	EMERGENCY MEDICINE	Technician reviewed- meets guidelines	9	0	0	9	100.00%	0.00%	0.00%
Exposure to HIV virus	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	9	0	0	9	100.00%	0.00%	0.00%
Hidradenitis suppurativa	DERMATOLOGY	This PA is Auto Closed	0	0	9	9	0.00%	0.00%	100.00%
Hypopituitarism		Technician reviewed- meets guidelines	9	0	0	9	100.00%	0.00%	0.00%
Hypothyroidism, unspecified	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	9	0	9	0.00%	100.00%	0.00%
Impaired fasting glucose	INTERNAL MEDICINE	***Does not meet criteria.	0	9	0	9	0.00%	100.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral		Met Plan Criteria	9	0	0	9	100.00%	0.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	9	0	9	0.00%	100.00%	0.00%

Major depressive disorder, recurrent, in partial remission	PSYCHIATRY	Met Plan Criteria	9	0	0	9	100.00%	0.00%	0.00%
Menopausal and female climacteric states		Met Plan Criteria	9	0	0	9	100.00%	0.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus		Met Plan Criteria	9	0	0	9	100.00%	0.00%	0.00%
Mild persistent asthma, uncomplicated	PEDIATRICS	Met Plan Criteria	9	0	0	9	100.00%	0.00%	0.00%
Multiple sclerosis	NEUROLOGY	Met Plan Criteria	9	0	0	9	100.00%	0.00%	0.00%
Obesity, class 1	INTERNAL MEDICINE	***Does not meet criteria.	0	9	0	9	0.00%	100.00%	0.00%
Obesity, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	9	9	0.00%	0.00%	100.00%
Obstructive sleep apnea (adult) (pediatric)	INTERNAL MEDICINE	Met Plan Criteria	9	0	0	9	100.00%	0.00%	0.00%
Other acariasis	OPHTHALMOLOGY	Met Plan Criteria	9	0	0	9	100.00%	0.00%	0.00%
Other obesity	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	9	9	0.00%	0.00%	100.00%
Other obesity due to excess calories		***Does not meet criteria.	0	9	0	9	0.00%	100.00%	0.00%
Other obesity due to excess calories	FAMILY PRACTICE	This PA is Auto Closed	0	0	9	9	0.00%	0.00%	100.00%
Other ovarian dysfunction		Technician reviewed- meets guidelines	9	0	0	9	100.00%	0.00%	0.00%
Other psoriatic arthropathy	RHEUMATOLOGY	This PA is Auto Closed	0	0	9	9	0.00%	0.00%	100.00%
Other skin changes due to chronic exposure to nonionizing radiation	UNSPECIFIED SPECIALTY	Diagnosis 237-A ID2289	0	9	0	9	0.00%	100.00%	0.00%
Parkinsons disease with dyskinesia, with fluctuations	NEUROLOGY	Met Plan Criteria	9	0	0	9	100.00%	0.00%	0.00%
Polydipsia	INTERNAL MEDICINE	This PA is Auto Closed	0	0	9	9	0.00%	0.00%	100.00%
Postinflammatory Hyperpigmentation	DERMATOLOGY	This PA is Auto Closed	0	0	9	9	0.00%	0.00%	100.00%
Prediabetes		This PA is Auto Closed	0	0	9	9	0.00%	0.00%	100.00%
Psoriasis vulgaris	DERMATOLOGY	Lack of Information	0	9	0	9	0.00%	100.00%	0.00%
Psoriasis, unspecified		This PA is Auto Closed	0	0	9	9	0.00%	0.00%	100.00%
Pure hyperglyceridemia	CARDIOLOGY	Met Plan Criteria	9	0	0	9	100.00%	0.00%	0.00%
Pure hyperglyceridemia	FAMILY PRACTICE	Met Plan Criteria	9	0	0	9	100.00%	0.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	RHEUMATOLOGY	Clinician reviewed - meets guidelines	9	0	0	9	100.00%	0.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	RHEUMATOLOGY	This PA is Auto Closed	0	0	9	9	0.00%	0.00%	100.00%
Severe persistent asthma, uncomplicated	PULMONARY DISEASES	Technician reviewed- meets guidelines	9	0	0	9	100.00%	0.00%	0.00%
Testicular hypofunction	INTERNAL MEDICINE	Non-approvable diagnosis 1210-A ID1157	0	9	0	9	0.00%	100.00%	0.00%
Tinea unguium	UNSPECIFIED SPECIALTY	Lab/test 1160-C ID2578	0	9	0	9	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	PEDIATRICS	Met Plan Criteria	9	0	0	9	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	FAMILY PRACTICE	***Does not meet criteria.	0	9	0	9	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with unspecified complications	FAMILY PRACTICE	***Does not meet criteria.	0	9	0	9	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	Does not meet criteria.	0	9	0	9	0.00%	100.00%	0.00%
Abnormal weight gain	INTERNAL MEDICINE	***Does not meet criteria.	0	8	0	8	0.00%	100.00%	0.00%
Acne conglobata	DERMATOLOGY	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Acne vulgaris	DERMATOLOGY	Diagnosis 118-A ID2113	0	8	0	8	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	Diagnosis 4915-A ID4919	0	8	0	8	0.00%	100.00%	0.00%

Acne vulgaris	UNSPECIFIED SPECIALTY	Patient is able to take alternative dosage form 998-A ID1062	0	8	0	8	0.00%	100.00%	0.00%
Adult body mass index 30-30.9 obesity - Adult obesity with BMI between...	FAMILY PRACTICE	***Does not meet criteria.	0	8	0	8	0.00%	100.00%	0.00%
Adult body mass index 30-30.9 obesity - Adult obesity with BMI between...	INTERNAL MEDICINE	***Does not meet criteria.	0	8	0	8	0.00%	100.00%	0.00%
Allergic contact dermatitis, unspecified cause	UNSPECIFIED SPECIALTY	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Anxiety disorder, unspecified	PSYCHIATRY	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Arthropathic psoriasis, unspecified	RHEUMATOLOGY	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Atopic Dermatitis	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	8	0	8	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	INTERNAL MEDICINE	***Does not meet criteria.	0	8	0	8	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PSYCHIATRY	***Does not meet criteria.	0	8	0	8	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	8	0	8	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type		This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Attn-defct hyperactivity disorder, predom inattentive type	FAMILY PRACTICE	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Attn-defct hyperactivity disorder, predom inattentive type	PEDIATRICS	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Non-formulary/non-preferred – Dosage form not approvable	0	8	0	8	0.00%	100.00%	0.00%
Bipolar disorder, current episode depressed, severe, without psychotic feat	PSYCHIATRY	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Body mass index (BMI) 38.0-38.9, adult	INTERNAL MEDICINE	***Does not meet criteria.	0	8	0	8	0.00%	100.00%	0.00%
Body mass index (BMI) 40.0-44.9, adult	INTERNAL MEDICINE	***Does not meet criteria.	0	8	0	8	0.00%	100.00%	0.00%
Body mass index (BMI) 40.0-44.9, adult	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	8	0	8	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus		This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Chronic migraine without aura, not intractable, without status migrainosus	NEUROLOGY	***Does not meet criteria.	0	8	0	8	0.00%	100.00%	0.00%
Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	8	0	0	8	100.00%	0.00%	0.00%
Chronic pain syndrome	INTERNAL MEDICINE	***Does not meet criteria.	0	8	0	8	0.00%	100.00%	0.00%
Chronic rhinitis	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Chronic systolic (congestive) heart failure	CARDIOLOGY	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Crohns disease of small intestine without complications		Technician reviewed- meets guidelines	8	0	0	8	100.00%	0.00%	0.00%
Crohns disease of small intestine without complications	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	8	0	0	8	100.00%	0.00%	0.00%
Crohns disease of small intestine without complications	GASTROENTEROLOGY	Technician reviewed- meets guidelines	8	0	0	8	100.00%	0.00%	0.00%
Dyshidrosis [pompholyx]	DERMATOLOGY	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Encounter for HIV pre-exposure prophylaxis		Technician reviewed- meets guidelines	8	0	0	8	100.00%	0.00%	0.00%
Encounter for HIV pre-exposure prophylaxis	FAMILY PRACTICE	Does not meet guidelines.	0	8	0	8	0.00%	100.00%	0.00%

Encounter for HIV pre-exposure prophylaxis	INTERNAL MEDICINE	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Endometriosis, unspecified	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Enterocolitis due to Clostridium difficile, recurrent	GASTROENTEROLOGY	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Female infertility, unspecified	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Gastro-esophageal reflux disease with esophagitis	INTERNAL MEDICINE	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Hidradenitis suppurativa	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	8	0	0	8	100.00%	0.00%	0.00%
High risk homosexual behavior	INTERNAL MEDICINE	Technician reviewed- meets guidelines	8	0	0	8	100.00%	0.00%	0.00%
High risk homosexual behavior	INTERNAL MEDICINE	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Hyperchylomicronemia	FAMILY PRACTICE	***Does not meet criteria.	0	8	0	8	0.00%	100.00%	0.00%
Hyperglycemia, unspecified	INTERNAL MEDICINE	***Does not meet criteria.	0	8	0	8	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	CARDIOLOGY	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Hyperlipidemia, unspecified	INTERNAL MEDICINE	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Hypopituitarism	ENDOCRINOLOGY, PEDIATRIC	Technician reviewed- meets guidelines	8	0	0	8	100.00%	0.00%	0.00%
Hypothyroidism, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Hypothyroidism, unspecified	FAMILY PRACTICE	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Idiopathic urticaria	ALLERGY & IMMUNOLOGY	Clinician reviewed - meets guidelines	8	0	0	8	100.00%	0.00%	0.00%
Insomnia, unspecified	PSYCHIATRY	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Insulin resistance, unspecified	INTERNAL MEDICINE	***Does not meet criteria.	0	8	0	8	0.00%	100.00%	0.00%
Irritable bowel syndrome with constipation	FAMILY PRACTICE	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Irritable bowel syndrome with diarrhea	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	8	0	8	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Irritant contact dermatitis, unspecified cause	DERMATOLOGY	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	Confirmed Diagnosis by Standardized Rating Scale	0	8	0	8	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Major depressive disorder, recurrent, unspecified	PSYCHIATRY	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Male erectile dysfunction, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Menopausal and female climacteric states	OBSTETRICS & GYNECOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	8	0	8	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	8	0	8	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	INTERNAL MEDICINE	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%

Migraine, unspecified, not intractable, without status migrainosus.	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	8	0	8	0.00%	100.00%	0.00%
Moderate persistent asthma with acute exacerbation	PEDIATRICS	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Moderate persistent asthma, uncomplicated		This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Moderate persistent asthma, uncomplicated	INTERNAL MEDICINE	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Morbid (severe) obesity due to excess calories		This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Multiple sclerosis	NEUROLOGY	Clinician reviewed - meets guidelines	8	0	0	8	100.00%	0.00%	0.00%
Narcolepsy with cataplexy	UNSPECIFIED SPECIALTY	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Narcolepsy without cataplexy	NEUROLOGY	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Narcolepsy without cataplexy	PSYCHIATRY	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Nasal polyp, unspecified		Technician reviewed- meets guidelines	8	0	0	8	100.00%	0.00%	0.00%
Obesity, class 1	FAMILY PRACTICE	***Does not meet criteria.	0	8	0	8	0.00%	100.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)	PSYCHIATRY	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Other alopecia areata	DERMATOLOGY	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Other melanin hyperpigmentation	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Other obesity due to excess calories	INTERNAL MEDICINE	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Other rosacea	FAMILY PRACTICE	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Overweight	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	8	0	8	0.00%	100.00%	0.00%
Prediabetes	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	8	0	8	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	8	0	8	0.00%	100.00%	0.00%
Pure hyperglyceridemia	INTERNAL MEDICINE	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Radiculopathy, lumbar region		Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Radiculopathy, lumbar region	FAMILY PRACTICE	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Radiculopathy, lumbar region	UNSPECIFIED SPECIALTY	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ		Clinician reviewed - meets guidelines	8	0	0	8	100.00%	0.00%	0.00%
Rheumatoid arthritis, unspecified	RHEUMATOLOGY	Technician reviewed- meets guidelines	8	0	0	8	100.00%	0.00%	0.00%
Rheumatoid arthritis, unspecified	RHEUMATOLOGY	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Testicular hypofunction		Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Testicular hypofunction	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	8	0	8	0.00%	100.00%	0.00%
Testicular hypofunction	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
Transsexualism		Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Transsexualism	UNSPECIFIED SPECIALTY	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%

Type 1 diabetes mellitus without complications	UNSPECIFIED SPECIALTY	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with unspecified complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	CARDIOLOGY	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	GENERAL PRACTICE	Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	GENERAL PRACTICE	***Does not meet criteria.	0	8	0	8	0.00%	100.00%	0.00%
Ulcerative (chronic) pancolitis without complications		Clinician reviewed - meets guidelines	8	0	0	8	100.00%	0.00%	0.00%
unavailable		Non-formulary/non-preferred - Product 998-A ID3970	0	8	0	8	0.00%	100.00%	0.00%
unavailable	OPHTHALMOLOGY	This PA is Auto Closed	0	0	8	8	0.00%	0.00%	100.00%
unavailable	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	8	0	8	0.00%	100.00%	0.00%
Unspecified convulsions		Met Plan Criteria	8	0	0	8	100.00%	0.00%	0.00%
Abnormal weight gain	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	7	0	7	0.00%	100.00%	0.00%
Acne vulgaris		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	7	0	7	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	Efficacy	0	7	0	7	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	Patient is able to take alternative dosage form 998-A ID1062	0	7	0	7	0.00%	100.00%	0.00%
Acne vulgaris	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	7	0	7	0.00%	100.00%	0.00%
Aftercare following joint replacement surgery	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	7	0	7	0.00%	100.00%	0.00%
Ankylosing spondylitis of unspecified sites in spine	RHEUMATOLOGY	Technician reviewed- meets guidelines	7	0	0	7	100.00%	0.00%	0.00%
Anxiety disorder, unspecified	PSYCHIATRY	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Arthropathic psoriasis, unspecified	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	7	0	0	7	100.00%	0.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY	***Does not meet criteria.	0	7	0	7	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	7	0	0	7	100.00%	0.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Initial - Step therapy (topical corticosteroid and calcineurin inhibitor)	0	7	0	7	0.00%	100.00%	0.00%
Atopic neurodermatitis	DERMATOLOGY	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type		This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Attention-deficit hyperactivity disorder, unspecified type	FAMILY PRACTICE	Non-formulary/non-preferred – Generic on Formulary	0	7	0	7	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	7	0	7	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	7	0	7	0.00%	100.00%	0.00%

Attention-deficit hyperactivity disorder, unspecified type	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Attn-defct hyperactivity disorder, predom inattentive type	PEDIATRICS	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Chronic idiopathic constipation	GASTROENTEROLOGY	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Chronic lymphocytic leukemia of B-cell type not having achieved remission	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	7	0	0	7	100.00%	0.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	7	0	7	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	NEUROLOGY	Will be on concurrent/duplicate therapy 3481-E ID1707	0	7	0	7	0.00%	100.00%	0.00%
Chronic pain syndrome		***Does not meet criteria.	0	7	0	7	0.00%	100.00%	0.00%
Circadian rhythm sleep disorder, shift work type	PSYCHIATRY	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Crohns disease of both small and lg int w/o complications		Technician reviewed- meets guidelines	7	0	0	7	100.00%	0.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands		This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Dry eye syndrome of bilateral lacrimal glands	OPHTHALMOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	7	0	7	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	7	0	7	0.00%	100.00%	0.00%
Eczematous dermatitis of unspecific eye, unspecific eyelid	DERMATOLOGY	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Encounter for HIV pre-exposure prophylaxis	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	7	0	0	7	100.00%	0.00%	0.00%
Encounter for HIV pre-exposure prophylaxis	INTERNAL MEDICINE	Does not meet guidelines.	0	7	0	7	0.00%	100.00%	0.00%
Eosinophilic Esophagitis		Clinician reviewed - meets guidelines	7	0	0	7	100.00%	0.00%	0.00%
Essential (primary) hypertension	FAMILY PRACTICE	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Essential (primary) hypertension	INTERNAL MEDICINE	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Exocrine pancreatic insufficiency	INTERNAL MEDICINE	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Exposure to HIV virus	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	7	0	0	7	100.00%	0.00%	0.00%
Exposure to HIV virus	INTERNAL MEDICINE	Lack of Information	0	7	0	7	0.00%	100.00%	0.00%
Exposure to HIV virus	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	7	0	0	7	100.00%	0.00%	0.00%
Female infertility, unspecified		Lack of Information	0	7	0	7	0.00%	100.00%	0.00%
Fibromyalgia	INTERNAL MEDICINE	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding		Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Gastro-esophageal reflux disease without esophagitis		This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Gastro-esophageal reflux disease without esophagitis	GASTROENTEROLOGY	***Does not meet criteria.	0	7	0	7	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	GASTROENTEROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	7	0	7	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%

Generalized anxiety disorder	UNSPECIFIED SPECIALTY	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Hidradenitis suppurativa		Technician reviewed- meets guidelines	7	0	0	7	100.00%	0.00%	0.00%
Hidradenitis suppurativa	DERMATOLOGY	Technician reviewed- meets guidelines	7	0	0	7	100.00%	0.00%	0.00%
Hidradenitis suppurativa	Dermatology	Self-admin - HS/uveitis - Non-preferred (biosimilar) - No adverse event to active ingredient	0	7	0	7	0.00%	100.00%	0.00%
High risk homosexual behavior	FAMILY PRACTICE	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
High risk homosexual behavior	INTERNAL MEDICINE	Lack of Information	0	7	0	7	0.00%	100.00%	0.00%
Hypersomnolence disorder	NEUROLOGY	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Hypopituitarism	PEDIATRICS	Technician reviewed- meets guidelines	7	0	0	7	100.00%	0.00%	0.00%
Hypothyroidism, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Impaired fasting glucose	FAMILY PRACTICE	***Does not meet criteria.	0	7	0	7	0.00%	100.00%	0.00%
Impaired fasting glucose	FAMILY PRACTICE	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Irritable bowel syndrome with diarrhea		Non-formulary/non-preferred - Product 998-A ID3970	0	7	0	7	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	FAMILY PRACTICE	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Irritable bowel syndrome with diarrhea	GASTROENTEROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	7	0	7	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	GASTROENTEROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	7	0	7	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	INTERNAL MEDICINE	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Keratoconus, unstable, bilateral	OPHTHALMOLOGY	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Local-rel symptc epi w cmplx part seiz, ntrct, w/o stat epi	NEUROLOGY	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Male erectile dysfunction, unspecified	UROLOGY	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Male infertility, unspecified		Technician reviewed- meets guidelines	7	0	0	7	100.00%	0.00%	0.00%
Malignant neoplasm of prostate	RADIATION ONCOLOGY	Technician reviewed- meets guidelines	7	0	0	7	100.00%	0.00%	0.00%
Menopausal and female climacteric states	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	7	0	7	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus		Non-formulary/non-preferred - Product 998-A ID3970	0	7	0	7	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Migraine with aura, not intractable, w/o status migrainosus	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	7	0	7	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	FAMILY PRACTICE	Step therapy two triptan 5-HT1 receptor agonists	0	7	0	7	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated		Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Mild intermittent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Mild persistent asthma, uncomplicated	PULMONARY DISEASES	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Moderate persistent asthma with acute exacerbation	PEDIATRICS	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Multiple myeloma not having achieved remission		Technician reviewed- meets guidelines	7	0	0	7	100.00%	0.00%	0.00%
Multiple sclerosis	NEUROLOGY	Kesimpta - Non-formulary/non-preferred 3260-D ID2834	0	7	0	7	0.00%	100.00%	0.00%
Narcolepsy with cataplexy		Clinician reviewed - meets guidelines	7	0	0	7	100.00%	0.00%	0.00%

Narcolepsy without cataplexy	INTERNAL MEDICINE	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Nasal polyp, unspecified	OTOLARYNGOLOGY	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Obesity, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Obstructive sleep apnea (adult) (pediatric)	INTERNAL MEDICINE	***Does not meet criteria.	0	7	0	7	0.00%	100.00%	0.00%
Other atopic dermatitis	FAMILY PRACTICE	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Other obesity due to excess calories	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	7	0	7	0.00%	100.00%	0.00%
Other psoriasis	DERMATOLOGY	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Other psoriasis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Other rosacea	DERMATOLOGY	***Does not meet criteria.	0	7	0	7	0.00%	100.00%	0.00%
Other specified diseases of pancreas	GASTROENTEROLOGY	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Overweight		***Does not meet criteria.	0	7	0	7	0.00%	100.00%	0.00%
Overweight	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	7	0	7	0.00%	100.00%	0.00%
Parkinsons disease without dyskinesia, without mention of fluctuations		Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Perioral dermatitis	UNSPECIFIED SPECIALTY	Diagnosis 1254-F ID1413	0	7	0	7	0.00%	100.00%	0.00%
Perioral dermatitis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Polycystic ovarian syndrome	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	7	0	7	0.00%	100.00%	0.00%
Polyp of nasal cavity	INTERNAL MEDICINE	***Does not meet criteria.	0	7	0	7	0.00%	100.00%	0.00%
Presence of right artificial knee joint		Technician reviewed- meets guidelines	7	0	0	7	100.00%	0.00%	0.00%
Primary insomnia	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	7	0	7	0.00%	100.00%	0.00%
Primary open-angle glaucoma, bilateral, moderate stage.		Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Psoriasis vulgaris	OPHTHALMOLOGY	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Psoriasis vulgaris		Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Psoriasis vulgaris		Non-formulary/non-preferred - Product 998-A ID3970	0	7	0	7	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	7	0	7	0.00%	100.00%	0.00%
Psoriasis vulgaris	Dermatology	Patient is able to take alternative dosage form 998-A ID1062	0	7	0	7	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID4403	0	7	0	7	0.00%	100.00%	0.00%
Psoriasis vulgaris	SURGERY, DERMATOLOGIC	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Psoriasis, unspecified	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	7	0	7	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified		This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Small intestinal bacterial overgrowth, unspecified	FAMILY PRACTICE	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Testicular hypofunction	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	7	0	7	0.00%	100.00%	0.00%

Tinea unguium		Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Tinea unguium	GENERAL SURGERY	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Tinea unguium	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Transsexualism	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	UNSPECIFIED SPECIALTY	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Type 1 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	7	0	7	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	FAMILY PRACTICE	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with diabetic chronic kidney disease	FAMILY PRACTICE	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with other specified complication	FAMILY PRACTICE	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with unspecified complications	FAMILY PRACTICE	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with unspecified complications	INTERNAL MEDICINE	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with unspecified complications	INTERNAL MEDICINE	***Does not meet criteria.	0	7	0	7	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	FAMILY PRACTICE	Non-formulary/non-preferred - Member can be treated with a preferred product	0	7	0	7	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
unavailable		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	7	0	7	0.00%	100.00%	0.00%
unavailable	ALLERGY	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
unavailable	ENDOCRINOLOGY, REPRODUCTIVE	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
unavailable	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Dosage form not approvable	0	7	0	7	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated		Met Plan Criteria	7	0	0	7	100.00%	0.00%	0.00%
Vitiligo	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	7	7	0.00%	0.00%	100.00%
Acne vulgaris	DERMATOLOGY	Duration, Exceeds Max Limit	0	6	0	6	0.00%	100.00%	0.00%
Acne vulgaris	INTERNAL MEDICINE	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Acne vulgaris	UNSPECIFIED SPECIALTY	No approvable diagnosis 4915-A ID418	0	6	0	6	0.00%	100.00%	0.00%
Acne, unspecified	PEDIATRICS	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Aftercare following joint replacement surgery	ORTHOPEDIC SURGERY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Allergy to other foods		Technician reviewed- meets guidelines	6	0	0	6	100.00%	0.00%	0.00%
Allergy to other foods	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Ankylosing spondylitis of unspecified sites in spine		Clinician reviewed - meets guidelines	6	0	0	6	100.00%	0.00%	0.00%
Arthropathic psoriasis, unspecified		Clinician reviewed - meets guidelines	6	0	0	6	100.00%	0.00%	0.00%
Arthropathic psoriasis, unspecified	INTERNAL MEDICINE	Technician reviewed- meets guidelines	6	0	0	6	100.00%	0.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY	Clinician reviewed - meets guidelines	6	0	0	6	100.00%	0.00%	0.00%

Atherosclerotic heart disease of native coronary artery wo angina pectoris	INTERNAL MEDICINE	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Attention-deficit hyperactivity disorder, unspecified type	PEDIATRICS	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Attn-defct hyperactivity disorder, predom inattentive type		***Does not meet criteria.	0	6	0	6	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	6	0	6	0.00%	100.00%	0.00%
Bacterial intestinal infection, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Bipolar disorder, unspecified	PSYCHIATRY	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Body mass index (BMI) 33.0-33.9, adult	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	6	0	6	0.00%	100.00%	0.00%
Body Mass Index (BMI) 34.0-34.9, Adult	FAMILY PRACTICE	***Does not meet criteria.	0	6	0	6	0.00%	100.00%	0.00%
Body mass index (BMI) 38.0-38.9, adult	FAMILY PRACTICE	***Does not meet criteria.	0	6	0	6	0.00%	100.00%	0.00%
Body mass index [BMI] 31.0-31.9, adult	FAMILY PRACTICE	***Does not meet criteria.	0	6	0	6	0.00%	100.00%	0.00%
Chronic idiopathic constipation	GASTROENTEROLOGY	***Does not meet criteria.	0	6	0	6	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr	NEUROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	6	0	6	0.00%	100.00%	0.00%
Chronic migraine with aura, not intractable, without status migrainosu	NEUROLOGY	Will be on concurrent/duplicate therapy 3481-E ID1707	0	6	0	6	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	6	0	6	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Chronic pain syndrome	ANESTHESIOLOGY	***Does not meet criteria.	0	6	0	6	0.00%	100.00%	0.00%
Chronic pain syndrome	PAIN MEDICINE	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Chronic pain syndrome	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Chronic pain syndrome	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	6	0	6	0.00%	100.00%	0.00%
Chronic viral hepatitis B without delta-agent		Technician reviewed- meets guidelines	6	0	0	6	100.00%	0.00%	0.00%
Crohns disease of both small and lg int w/o complications	GASTROENTEROLOGY	Frequency 2010-A ID2136	0	6	0	6	0.00%	100.00%	0.00%
Crohns disease, unspecified, without complications		This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Deficiency of other specified B group vitamins	INTERNAL MEDICINE	***Does not meet criteria.	0	6	0	6	0.00%	100.00%	0.00%
Depression, unspecified	FAMILY PRACTICE	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Dermatitis, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands		Non-formulary/non-preferred - Product 998-A ID3970	0	6	0	6	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	6	0	6	0.00%	100.00%	0.00%
Encounter for assisted reprodctv fertility procedure cycle		Does not meet guidelines.	0	6	0	6	0.00%	100.00%	0.00%
Encounter for HIV pre-exposure prophylaxis	FAMILY PRACTICE	Clinician reviewed - meets guidelines	6	0	0	6	100.00%	0.00%	0.00%
Encounter for other orthopedic aftercare	ORTHOPEDIC SURGERY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%

Encounter for screening for malignant neoplasm of colon	GASTROENTEROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	6	0	6	0.00%	100.00%	0.00%
Encounter for surveillance of contraceptive pills	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Enlarged prostate without lower urinary tract symptoms	UNSPECIFIED SPECIALTY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Eosinophilic Esophagitis	UNSPECIFIED SPECIALTY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Essential (primary) hypertension	CARDIOLOGY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Essential (primary) hypertension	INTERNAL MEDICINE	***Does not meet criteria.	0	6	0	6	0.00%	100.00%	0.00%
Exposure to HIV virus		Clinician reviewed - meets guidelines	6	0	0	6	100.00%	0.00%	0.00%
Exposure to HIV virus		Technician reviewed- meets guidelines	6	0	0	6	100.00%	0.00%	0.00%
Female infertility, unspecified	ENDOCRINOLOGY, REPRODUCTIVE	Technician reviewed- meets guidelines	6	0	0	6	100.00%	0.00%	0.00%
Fibromyalgia		Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease with esophagitis	FAMILY PRACTICE	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	FAMILY PRACTICE	***Does not meet criteria.	0	6	0	6	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	INFECTIOUS DISEASES	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	PEDIATRICS	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Gender identity disorder, unspecified	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	6	0	6	0.00%	100.00%	0.00%
Gender identity disorder, unspecified	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Helicobacter pylori as the cause of diseases classd elswhr	GASTROENTEROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	6	0	6	0.00%	100.00%	0.00%
Hepatic encephalopathy	GASTROENTEROLOGY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Hidradenitis suppurativa		Self-admin - HS/uveitis - Non-preferred (biosimilar) - No adverse event to active ingredient	0	6	0	6	0.00%	100.00%	0.00%
High risk heterosexual behavior	FAMILY PRACTICE	Does not meet guidelines.	0	6	0	6	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	CARDIOLOGY	Technician reviewed- meets guidelines	6	0	0	6	100.00%	0.00%	0.00%
Hypersomnolence disorder	INTERNAL MEDICINE	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Hypothyroidism, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Hypothyroidism, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Hypothyroidism, unspecified	INTERNAL MEDICINE	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Insomnia, unspecified	INTERNAL MEDICINE	Quantity, No post limit quantity available	0	6	0	6	0.00%	100.00%	0.00%
Insomnia, unspecified	NEUROLOGY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Irritable bowel syndrome with diarrhea	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	6	0	6	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	6	0	6	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	6	0	6	0.00%	100.00%	0.00%

Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	6	0	6	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	UNSPECIFIED SPECIALTY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	6	0	0	6	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, mild	UNSPECIFIED SPECIALTY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, moderate	FAMILY PRACTICE	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, moderate	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	6	0	6	0.00%	100.00%	0.00%
Major depressive disorder, single episode, unspecified	PSYCHIATRY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Male erectile disorder	INTERNAL MEDICINE	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Male erectile dysfunction, unspecified	FAMILY PRACTICE	Diagnosis 1651-A ID1971	0	6	0	6	0.00%	100.00%	0.00%
Malignant neoplasm of prostate	UROLOGY	Technician reviewed- meets guidelines	6	0	0	6	100.00%	0.00%	0.00%
Malignant neoplasm of unsp site of unspecified female breast	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	6	0	0	6	100.00%	0.00%	0.00%
Menopausal and female climacteric states		Non-formulary/non-preferred - Product 998-A ID3970	0	6	0	6	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	PSYCHIATRY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	6	0	6	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus		Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus		This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, with status migrainosus	FAMILY PRACTICE	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, with status migrainosus	NEUROLOGY	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Migraine with aura, intractable, with status migrainosus	NEUROLOGY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	6	0	6	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	PEDIATRICS	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Mixed hyperlipidemia	FAMILY PRACTICE	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Mixed hyperlipidemia	FAMILY PRACTICE	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Mixed hyperlipidemia	INTERNAL MEDICINE	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Moderate persistent asthma, uncomplicated	PEDIATRICS	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Morbid (severe) obesity due to excess calories	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	6	0	6	0.00%	100.00%	0.00%
Narcolepsy without cataplexy	FAMILY PRACTICE	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Nasal polyp, unspecified	OTOLARYNGOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	6	0	6	0.00%	100.00%	0.00%
Obesity, class 3	FAMILY PRACTICE	***Does not meet criteria.	0	6	0	6	0.00%	100.00%	0.00%

Obesity, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)	PEDIATRICS	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)	UNSPECIFIED SPECIALTY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Other abnormal glucose	INTERNAL MEDICINE	***Does not meet criteria.	0	6	0	6	0.00%	100.00%	0.00%
Other atopic dermatitis	ALLERGY & IMMUNOLOGY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Disease severity, Atopic Dermatitis	0	6	0	6	0.00%	100.00%	0.00%
Other obesity due to excess calories	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Other psoriasis	UNSPECIFIED SPECIALTY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Other psoriatic arthropathy	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	6	0	0	6	100.00%	0.00%	0.00%
Other rosacea	FAMILY PRACTICE	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Other specified behavioral and emotional disorders with onset usually occur	FAMILY PRACTICE	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Overactive bladder	UROLOGY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Parkinsons disease with dyskinesia, with fluctuations	NEUROLOGY	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Perioral dermatitis		Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Perioral dermatitis	DERMATOLOGY	Diagnosis 76-D ID4113	0	6	0	6	0.00%	100.00%	0.00%
Perioral dermatitis	UNSPECIFIED SPECIALTY	Diagnosis 1254-F ID4124	0	6	0	6	0.00%	100.00%	0.00%
Perioral dermatitis	UNSPECIFIED SPECIALTY	Diagnosis 76-D ID4113	0	6	0	6	0.00%	100.00%	0.00%
Polycystic ovarian syndrome	FAMILY PRACTICE	***Does not meet criteria.	0	6	0	6	0.00%	100.00%	0.00%
Prediabetes	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	6	0	6	0.00%	100.00%	0.00%
Primary focal hyperhidrosis, axilla	UNSPECIFIED SPECIALTY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Primary open-angle glaucoma, bilateral, mild stage	OPHTHALMOLOGY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Psoriasis vulgaris	SURGERY, DERMATOLOGIC	Clinician reviewed - meets guidelines	6	0	0	6	100.00%	0.00%	0.00%
Radiculopathy, lumbar region	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	6	0	6	0.00%	100.00%	0.00%
Rash and other nonspecific skin eruption	UNSPECIFIED SPECIALTY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, multiple sites		Technician reviewed- meets guidelines	6	0	0	6	100.00%	0.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, multiple sites	RHEUMATOLOGY	Clinician reviewed - meets guidelines	6	0	0	6	100.00%	0.00%	0.00%
Rheumatoid arthritis, unspecified		Lack of Information	0	6	0	6	0.00%	100.00%	0.00%
Rheumatoid arthritis, unspecified		This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Rosacea, unspecified	DERMATOLOGY	Diagnosis 76-D ID1404	0	6	0	6	0.00%	100.00%	0.00%
Scar conditions and fibrosis of skin	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Seborrheic dermatitis, unspecified		Non-formulary/non-preferred - Product 998-A ID3970	0	6	0	6	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated		Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%

Severe persistent asthma, uncomplicated	PULMONARY DISEASES	Clinician reviewed - meets guidelines	6	0	0	6	100.00%	0.00%	0.00%
Sleep apnea, unspecified	PSYCHIATRY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Testicular hypofunction		Non-formulary/non-preferred - Product 998-A ID3970	0	6	0	6	0.00%	100.00%	0.00%
Testicular hypofunction	INTERNAL MEDICINE	Exclusion, age-related hypogonadism	0	6	0	6	0.00%	100.00%	0.00%
Testicular hypofunction	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	6	0	6	0.00%	100.00%	0.00%
Tinea unguium	DERMATOLOGY	Diagnosis 1160-C ID2578	0	6	0	6	0.00%	100.00%	0.00%
Tinea unguium	FAMILY PRACTICE	Lab/test 1160-C ID2578	0	6	0	6	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	6	0	6	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Quantity, Exceeds max limit, Partial denial – Omnipod 10 pods per month 3762-C ID4966	0	6	0	6	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	FAMILY PRACTICE	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with diabetic chronic kidney disease	INTERNAL MEDICINE	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	NURSE PRACTITIONER, ADULT HEALTH	***Does not meet criteria.	0	6	0	6	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	FAMILY PRACTICE	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with unspecified complications	INTERNAL MEDICINE	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Type 2 diabetes mellitus without complications		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	6	0	6	0.00%	100.00%	0.00%
Ulcerative (chronic) pancolitis without complications	GASTROENTEROLOGY	Technician reviewed- meets guidelines	6	0	0	6	100.00%	0.00%	0.00%
Ulcerative colitis, unspecified, without complications	GASTROENTEROLOGY	Technician reviewed- meets guidelines	6	0	0	6	100.00%	0.00%	0.00%
unavailable	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
unavailable	GASTROENTEROLOGY	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
unavailable	GENERAL PRACTICE	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
unavailable	OTOLARYNGOLOGY	No approvable diagnosis 4364-C ID3698	0	6	0	6	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	INTERNAL MEDICINE	***Does not meet criteria.	0	6	0	6	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	6	0	6	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	6	6	0.00%	0.00%	100.00%
Unspecified blepharitis, right upper lid	UNSPECIFIED SPECIALTY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Unspecified convulsions	NEUROLOGY	Met Plan Criteria	6	0	0	6	100.00%	0.00%	0.00%
Acne vulgaris	DERMATOLOGY	Non-formulary/non-preferred – Combo product	0	5	0	5	0.00%	100.00%	0.00%

Acne, unspecified		Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Acne, unspecified	DERMATOLOGY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Actinic keratosis	DERMATOLOGY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Actinic keratosis	DERMATOLOGY	Diagnosis 237-A ID2289	0	5	0	5	0.00%	100.00%	0.00%
Acute pain due to trauma	PAIN MEDICINE	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Age-related osteoporosis w/o current pathological fracture		Technician reviewed- meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Alcohol dependence, uncomplicated	PSYCHIATRY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Ankylosing spondylitis of multiple sites in spine		Clinician reviewed - meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Ankylosing spondylitis of multiple sites in spine	RHEUMATOLOGY	Clinician reviewed - meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Ankylosing spondylitis of unspecified sites in spine	RHEUMATOLOGY	Clinician reviewed - meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Ankylosing spondylitis sacral and sacrococcygeal region		Technician reviewed- meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Anxiety disorder, unspecified	FAMILY PRACTICE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Anxiety disorder, unspecified	INTERNAL MEDICINE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Arthropathic psoriasis, unspecified	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	Cardiology	Continuation - No documentation of LDL	0	5	0	5	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	INTERNAL MEDICINE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Atopic Dermatitis		Lack of Information	0	5	0	5	0.00%	100.00%	0.00%
Atopic Dermatitis	ALLERGY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Atopic Dermatitis	DERMATOLOGY	Continuation - Efficacy 1743-A ID5064	0	5	0	5	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	5	0	5	0.00%	100.00%	0.00%
Atopic Dermatitis	PEDIATRICS	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Atopic Dermatitis	UNSPECIFIED SPECIALTY	Lack of Information	0	5	0	5	0.00%	100.00%	0.00%
Atopic Dermatitis	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	5	0	5	0.00%	100.00%	0.00%
Atopic neurodermatitis	ALLERGY & IMMUNOLOGY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Atopic neurodermatitis	UNSPECIFIED SPECIALTY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	5	0	5	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PSYCHIATRY	Non-formulary/non-preferred – Dosage form not approvable	0	5	0	5	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	5	0	5	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PEDIATRICS	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%

Attention-deficit hyperactivity disorder, unspecified type	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Attention-deficit hyperactivity disorder, unspecified type	PSYCHIATRY	Diagnosis 178-C ID3427	0	5	0	5	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PSYCHIATRY	Non-formulary/non-preferred – Generic on Formulary	0	5	0	5	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Generic on Formulary	0	5	0	5	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	INTERNAL MEDICINE	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Attn-defct hyperactivity disorder, predom inattentive type	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Non-formulary/non-preferred – Generic on Formulary	0	5	0	5	0.00%	100.00%	0.00%
Autoimmune thyroiditis	FAMILY PRACTICE	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Bacterial intestinal infection, unspecified	FAMILY PRACTICE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Barretts esophagus without dysplasia		Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Bipolar disorder, current episode depressed, moderate	PSYCHIATRY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Body mass index (BMI) 28.0-28.9, adult	EMERGENCY MEDICINE	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
Body Mass Index (BMI) 32.0 - 32.9 . Adult	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
Body Mass Index (BMI) 37.0-37.9 adult	FAMILY PRACTICE	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
Body mass index (BMI) 45.0-49.9, adult	INTERNAL MEDICINE	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
Chronic kidney disease, stage 3a	INTERNAL MEDICINE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Chronic kidney disease, stage 3a	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Chronic migraine with aura, not intractable, without status migrainosu	FAMILY PRACTICE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	5	0	5	0.00%	100.00%	0.00%
Chronic pain syndrome	FAMILY PRACTICE	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Chronic pain syndrome	INTERNAL MEDICINE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Chronic pain syndrome	PHYSICAL MEDICINE & REHABILITATION	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
Chronic pain syndrome	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Chronic sinusitis, unspecified		This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Chronic sinusitis, unspecified	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Chronic sinusitis, unspecified	OTOLARYNGOLOGY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Crohn's disease [regional enteritis]		Clinician reviewed - meets guidelines	5	0	0	5	100.00%	0.00%	0.00%

Crohns disease of both small and lg int w/o complications	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Crohns disease of both small and lg int w/o complications	GASTROENTEROLOGY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Deficiency of other specified B group vitamins	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
Depression, unspecified		Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Dermatitis NOS	UNSPECIFIED SPECIALTY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Dermatitis, unspecified		Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Dermatitis, unspecified		This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Dermatitis, unspecified	ALLERGY & IMMUNOLOGY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Dermatitis, unspecified	FAMILY PRACTICE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	FAMILY PRACTICE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Miebo SCF, ACF CMK STD 03-2023 2F	0	5	0	5	0.00%	100.00%	0.00%
Dry eye syndrome of unspecified lacrimal gland	OPHTHALMOLOGY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Dry eye syndrome of unspecified lacrimal gland	UNSPECIFIED SPECIALTY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Encounter for contraceptive management, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Encounter for screening for malignant neoplasm of colon	GASTROENTEROLOGY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Enlarged prostate with lower urinary tract symptoms		Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Enlarged prostate without lower urinary tract symptoms		Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Enlarged prostate without lower urinary tract symptoms	UROLOGY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Epidermal cyst	DERMATOLOGY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Epidermal cyst	DERMATOLOGY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Epigastric pain	FAMILY PRACTICE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Epilepsy, unsp, not intractable, without status epilepticus	NEUROLOGY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Essential (primary) hypertension		Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Exposure to HIV virus	INFECTIOUS DISEASES	Technician reviewed- meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Exposure to HIV virus	INFECTIOUS DISEASES	Does not meet guidelines.	0	5	0	5	0.00%	100.00%	0.00%
Exposure to HIV virus	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Familial hypercholesterolemia	CARDIOLOGY	Technician reviewed- meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Female infertility, unspecified		This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Fibromyalgia	ANESTHESIOLOGY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease with esophagitis	UNSPECIFIED SPECIALTY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	GENERAL SURGERY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Gen idiopathic epilepsy, not intractable, w/o stat epi	NEUROLOGY, PEDIATRIC	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Gen idiopathic epilepsy, not intractable, w/o stat epi	NEUROLOGY, PEDIATRIC	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%

Generalized anxiety disorder	PSYCHIATRY	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
Gestational diabetes mellitus in pregnancy, insulin controlled	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
Headache, unspecified	NEUROLOGY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Heart failure, unspecified	CARDIOLOGY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Hidradenitis suppurativa	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
High risk heterosexual behavior	INTERNAL MEDICINE	Does not meet guidelines.	0	5	0	5	0.00%	100.00%	0.00%
High risk heterosexual behavior	INTERNAL MEDICINE	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
High risk homosexual behavior	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
High risk homosexual behavior	UNSPECIFIED SPECIALTY	Lack of Information	0	5	0	5	0.00%	100.00%	0.00%
Human immunodeficiency virus [HIV] disease	INFECTIOUS DISEASES	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Human immunodeficiency virus [HIV] disease	INTERNAL MEDICINE	Technician reviewed- meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Hyperlipidemia, unspecified		Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Hyperlipidemia, unspecified	FAMILY PRACTICE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Hypersomnolence disorder	FAMILY PRACTICE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Hypersomnolence disorder	PULMONARY DISEASES	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Hypopituitarism		This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Hypopituitarism	PEDIATRICS	Clinician reviewed - meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Hypothyroidism, unspecified	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	5	0	5	0.00%	100.00%	0.00%
Idiopathic urticaria		Continuation - Efficacy - Documentation required	0	5	0	5	0.00%	100.00%	0.00%
Impaired glucose tolerance (oral)	INTERNAL MEDICINE	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
Insomnia, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Insomnia, unspecified	PULMONARY DISEASES	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Intrinsic (allergic) eczema		Technician reviewed- meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Iron deficiency anemia, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Irregular menstruation, unspecified	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Irritable bowel syndrome with constipation		Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Irritable bowel syndrome with constipation	UNSPECIFIED SPECIALTY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Irritant contact dermatitis, unspecified cause	UNSPECIFIED SPECIALTY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Keratoconjunct sicca, not specified as Sjogrens, unsp eye	OPHTHALMOLOGY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	OPHTHALMOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	5	0	5	0.00%	100.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	OPHTHALMOLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	5	0	5	0.00%	100.00%	0.00%
Leiomyoma of uterus, unspecified	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Low back pain, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features		This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%

Major depressive disorder, recurrent severe without psychotic features	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	INTERNAL MEDICINE	Technician reviewed- meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, moderate	INTERNAL MEDICINE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Major depressive disorder, single episode, moderate	PSYCHIATRY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Male erectile dysfunction, unspecified		Diagnosis 865-C ID1508	0	5	0	5	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	INTERNAL MEDICINE	Diagnosis 1651-A ID1971	0	5	0	5	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	UNSPECIFIED SPECIALTY	Diagnosis 865-C ID1508	0	5	0	5	0.00%	100.00%	0.00%
Malignant neoplasm of unsp part of unsp bronchus or lung	MEDICAL ONCOLOGY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Menopausal and female climacteric states		This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Menopausal and female climacteric states	INTERNAL MEDICINE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	FAMILY PRACTICE	Step therapy two triptan 5-HT1 receptor agonists	0	5	0	5	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	5	0	5	0.00%	100.00%	0.00%
Migraine with aura, intractable, without status migrainosus	NEUROLOGY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Migraine with aura, not intractable, w/o status migrainosus	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	5	0	5	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	FAMILY PRACTICE	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Migraine with aura, not intractable, w/o status migrainosus	INTERNAL MEDICINE	Step therapy two triptan 5-HT1 receptor agonists	0	5	0	5	0.00%	100.00%	0.00%
Migraine, unspecified, intractable, without status migrainosus	NEUROLOGY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	5	0	5	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	PULMONOLOGY, PEDIATRIC	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Mild persistent asthma, uncomplicated	PULMONOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Mixed hyperlipidemia	FAMILY PRACTICE	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
Mixed hyperlipidemia	INTERNAL MEDICINE	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	FAMILY PRACTICE	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Morbid (severe) obesity due to excess calories	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Multiple sclerosis		Kesimpta - Non-formulary/non-preferred 3260-D ID2834	0	5	0	5	0.00%	100.00%	0.00%
Multiple sclerosis	NEUROLOGY	Lack of Information	0	5	0	5	0.00%	100.00%	0.00%
Narcolepsy with cataplexy		Technician reviewed- meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Narcolepsy with cataplexy	PULMONARY DISEASES	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Narcolepsy without cataplexy		Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Narcolepsy without cataplexy	NEUROLOGY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%

Narcolepsy without cataplexy	UNSPECIFIED SPECIALTY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Nasal polyp, unspecified	OTOLARYNGOLOGY	Clinician reviewed - meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Nausea with vomiting, unspecified	OBSTESTRICS & GYNECOLOGY	Quantity, Post limit criteria not met 16-J ID3407	0	5	0	5	0.00%	100.00%	0.00%
Neuralgia and neuritis, unspecified	INTERNAL MEDICINE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Neuralgia and neuritis, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Newborn small for gestational age, unspecified weight	ENDOCRINOLOGY, PEDIATRIC	Clinician reviewed - meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Obesity, class 3	INTERNAL MEDICINE	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
Obesity, unspecified	CARDIOLOGY	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
Obesity, unspecified	INTERNAL MEDICINE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)	FAMILY PRACTICE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Oth disrd of the skin and subcutaneous tissue	DERMATOLOGY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Other acariasis		Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Other acne		This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Other acne	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	5	0	5	0.00%	100.00%	0.00%
Other atopic dermatitis		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	5	0	5	0.00%	100.00%	0.00%
Other atopic dermatitis	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Other atopic dermatitis	DERMATOLOGY	Continuation - Efficacy 1743-A ID4039	0	5	0	5	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Initial - No high potency to super-high potency topical corticosteroid]	0	5	0	5	0.00%	100.00%	0.00%
Other atopic dermatitis	Dermatology	Initial - Step therapy (topical corticosteroid and calcineurin inhibitor)	0	5	0	5	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	5	0	5	0.00%	100.00%	0.00%
Other atopic dermatitis	PEDIATRICS	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Other atopic dermatitis	SURGERY, DERMATOLOGIC	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	Lack of Information	0	5	0	5	0.00%	100.00%	0.00%
Other chronic pain	INTERNAL MEDICINE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Other chronic pain	PAIN MEDICINE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Other chronic pancreatitis	GASTROENTEROLOGY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Other insomnia	FAMILY PRACTICE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Other obesity	FAMILY PRACTICE	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Other psoriasis	DERMATOLOGY	Clinician reviewed - meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Other psoriatic arthropathy		This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Other seborrheic dermatitis		Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Other seborrheic dermatitis	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	5	0	5	0.00%	100.00%	0.00%
Other seborrheic dermatitis	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	5	0	5	0.00%	100.00%	0.00%

Other skin changes due to chronic exposure to nonionizing radiation	UNSPECIFIED SPECIALTY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Other specified follicular disorders	DERMATOLOGY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Other specified mononeuropathies of right lower limb	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Overactive bladder	FAMILY PRACTICE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Overweight		This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Overweight	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Perioral dermatitis	DERMATOLOGY	Diagnosis 1254-F ID4124	0	5	0	5	0.00%	100.00%	0.00%
Polycystic ovarian syndrome	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
Postinflammatory Hyperpigmentation	DERMATOLOGY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Postmenopausal atrophic vaginitis	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Postprocedural hypothyroidism	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Prediabetes	NURSE PRACTITIONER, ADULT HEALTH	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
Presence of Left Artificial knee joint	ORTHOPEDIC SURGERY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Primary insomnia	PSYCHIATRY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Primary open-angle glaucoma, bilateral, mild stage	OPHTHALMOLOGY	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
Psoriasis vulgaris		Lack of Information	0	5	0	5	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Continuation - Efficacy 3047-A ID5108	0	5	0	5	0.00%	100.00%	0.00%
Psoriasis vulgaris	FAMILY PRACTICE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Psoriasis, unspecified		Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Radiculopathy, lumbar region	FAMILY PRACTICE	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ		Lack of Information	0	5	0	5	0.00%	100.00%	0.00%
Rheumatoid arthritis with rheumatoid factor, unspecified		Technician reviewed- meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Rheumatoid arthritis with rheumatoid factor, unspecified	RHEUMATOLOGY	Clinician reviewed - meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Rheumatoid arthritis with rheumatoid factor, unspecified	RHEUMATOLOGY	Technician reviewed- meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, multiple sites	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Rosacea, unspecified	DERMATOLOGY	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified	FAMILY PRACTICE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Severe persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Clinician reviewed - meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Sicca syndrome with keratoconjunctivitis		Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Testicular hypofunction	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred - Product 998-A ID3970	0	5	0	5	0.00%	100.00%	0.00%
Tinea unguium	FAMILY PRACTICE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Tinea unguium	INTERNAL MEDICINE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Tinea unguium	UNSPECIFIED SPECIALTY	Diagnosis 1160-C ID2578	0	5	0	5	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia		This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%

Type 1 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Type 1 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Type 1 diabetes mellitus without complications		Non-formulary/non-preferred - Product 998-A ID3970	0	5	0	5	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	ENDOCRINOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Type 1 diabetes mellitus without complications	INTERNAL MEDICINE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Type 2 diabetes mellitus w oth diabetic kidney complication	INTERNAL MEDICINE	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic polyneuropathy	FAMILY PRACTICE	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia		Non-formulary/non-preferred - Product 4510-A ID2757	0	5	0	5	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with other specified complication		Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with other specified complication	INTERNAL MEDICINE	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with other specified complication	UNSPECIFIED SPECIALTY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with unspecified complications	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	CARDIOLOGY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Type 2 diabetes mellitus without complications	GENERAL SURGERY	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	5	0	5	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	5	0	5	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified, without complications		Technician reviewed- meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
Ulcerative colitis, unspecified, without complications	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	5	0	0	5	100.00%	0.00%	0.00%
unavailable	CARDIOLOGY	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
unavailable	NATUROPATH	This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
unavailable	Neurology* actively licensed in DC, MD, or VA	Diagnosis 125-C ID2509	0	5	0	5	0.00%	100.00%	0.00%
unavailable	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	5	0	0	5	100.00%	0.00%	0.00%
unavailable	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
unavailable	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	5	0	5	0.00%	100.00%	0.00%
Unilateral primary osteoarthritis, right hip	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	5	0	5	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated		This PA is Auto Closed	0	0	5	5	0.00%	0.00%	100.00%
Unspecified asthma, uncomplicated	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	5	0	5	0.00%	100.00%	0.00%
Abdominal distension (gaseous)	GASTROENTEROLOGY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%

Abnormal weight gain	FAMILY PRACTICE	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Acne conglobata	DERMATOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Acne vulgaris	DERMATOLOGY	Formulary Medical Necessity Dermatology, Acne SCF CMK STD 09-2023 2F	0	4	0	4	0.00%	100.00%	0.00%
Acne vulgaris	Dermatology	Formulary Medical Necessity Tetracyclines SCF CMK STD 02-2022 2F	0	4	0	4	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	No approvable diagnosis 4915-A ID418	0	4	0	4	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	Non-formulary/non-preferred – Generic on Formulary	0	4	0	4	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	Step Therapy 118-A ID2113	0	4	0	4	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY, PEDIATRIC	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Acne vulgaris	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Acne vulgaris	UNSPECIFIED SPECIALTY	Diagnosis 4915-A ID4919	0	4	0	4	0.00%	100.00%	0.00%
Acne, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Acute gastritis without bleeding	GASTROENTEROLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Age-related osteoporosis w/o current pathological fracture		This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Age-related osteoporosis w/o current pathological fracture	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Age-related osteoporosis w/o current pathological fracture	INTERNAL MEDICINE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Allergy to other foods	PEDIATRICS	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Allergy to other foods	PEDIATRICS	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Anaphylactic reaction due to peanuts	Allergy & Immunology	Diagnosis 1656-A ID2727	0	4	0	4	0.00%	100.00%	0.00%
Anemia in chronic kidney disease	NEPHROLOGY / RENAL MEDICINE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Ankylosing spondylitis of multiple sites in spine	INTERNAL MEDICINE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Ankylosing spondylitis of multiple sites in spine	RHEUMATOLOGY	Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Anxiety disorder, unspecified		Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Anxiety disorder, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris		Lack of Information	0	4	0	4	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	cardiology	FH - Pretreatment LDL-C less than 160 mg/dl or unknown	0	4	0	4	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY	Lack of Information	0	4	0	4	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY	Step therapy - High/moderate intensity statins with ezetimibe	0	4	0	4	0.00%	100.00%	0.00%
Atopic Dermatitis		Concomitant biologic or targeted synthetic drug 1690-A ID3910	0	4	0	4	0.00%	100.00%	0.00%
Atopic Dermatitis		Continuation - Efficacy 1743-A ID4039	0	4	0	4	0.00%	100.00%	0.00%
Atopic Dermatitis	ALLERGY & IMMUNOLOGY	Lack of Information	0	4	0	4	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Initial - No topical calcineurin inhibitor 1743-A ID1682	0	4	0	4	0.00%	100.00%	0.00%
Atopic neurodermatitis		Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%

Attention-deficit hyperactivity disorder, combined type		Non-formulary/non-preferred - Product 998-A ID3970	0	4	0	4	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PSYCHIATRY	Non-formulary/non-preferred – Generic on Formulary	0	4	0	4	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	4	0	4	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PSYCHIATRY	Quantity, No post limit quantity available 1218-J ID4614	0	4	0	4	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type		***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	4	0	4	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PEDIATRICS	Non-formulary/non-preferred - Product 998-A ID3970	0	4	0	4	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PEDIATRICS	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	4	0	4	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom hyperactive type		Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom hyperactive type	PSYCHIATRY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Attn-defct hyperactivity disorder, predom inattentive type	FAMILY PRACTICE	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	4	0	4	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	INTERNAL MEDICINE	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Diagnosis 178-C ID3028	0	4	0	4	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	4	0	4	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Patient is able to take alternative dosage form 998-A ID1062	0	4	0	4	0.00%	100.00%	0.00%
Autoimmune thyroiditis	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Benign neoplasm of spinal cord		Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Body mass index (BMI) 28.0-28.9, adult	INTERNAL MEDICINE	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Body Mass Index (BMI) 32.0 - 32.9 . Adult	INTERNAL MEDICINE	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Body mass index (BMI) 33.0-33.9, adult	INTERNAL MEDICINE	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Body mass index (BMI) 39.0 -39.9, adult		***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Body mass index (BMI) 50-59.9 , adult	FAMILY PRACTICE	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
CEREBRAL ANEURYSM, NONRUPTURED		Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Chronic idiopathic constipation	GASTROENTEROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	4	0	4	0.00%	100.00%	0.00%
Chronic idiopathic constipation	GASTROENTEROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	4	0	4	0.00%	100.00%	0.00%
Chronic lymphocytic leukemia of B-cell type not having achieved remission	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%

Chronic migraine w/o aura, intractable, w/o stat migr	INTERNAL MEDICINE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	4	0	4	0.00%	100.00%	0.00%
Chronic migraine with aura, intractable, without status migrainosus	NEUROLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus		Non-formulary/non-preferred - Product 998-A ID3970	0	4	0	4	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	INTERNAL MEDICINE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Chronic pain syndrome	FAMILY PRACTICE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Chronic pain syndrome	PHYSICAL MEDICINE & REHABILITATION	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Chronic sinusitis, unspecified		Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Chronic sinusitis, unspecified		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	4	0	4	0.00%	100.00%	0.00%
Chronic sinusitis, unspecified	OTOLARYNGOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Chronic tonsillitis	OTOLARYNGOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Circadian rhythm sleep disorder, shift work type	FAMILY PRACTICE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Crohns disease of both small and lg int w/o complications		Clinician reviewed - meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Crohns disease of both small and lg int w/o complications	GASTROENTEROLOGY	Frequency - every two weeks, Exceeds max limit	0	4	0	4	0.00%	100.00%	0.00%
Crohns disease of large intestine without complications		Clinician reviewed - meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Crohns disease of large intestine without complications	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Crohns disease of large intestine without complications	gastroenterology	Dosing - CD/UC- Dosage	0	4	0	4	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications		This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Crohn's disease, unspecified		Clinician reviewed - meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Crohns disease, unspecified, without complications	GASTROENTEROLOGY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Cystic fibrosis, unspecified	INTERNAL MEDICINE	Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Decreased libido	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Defects in the complement system		Clinician reviewed - meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Deficiency of other specified B group vitamins	FAMILY PRACTICE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Deficiency of other specified B group vitamins	FAMILY PRACTICE	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Deficiency of other specified B group vitamins	FAMILY PRACTICE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Deficiency of other specified B group vitamins	INTERNAL MEDICINE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Depression, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Dermatitis, unspecified	INTERNAL MEDICINE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%

Dermatitis, unspecified	UNSPECIFIED SPECIALTY	Age 1254-F ID4124	0	4	0	4	0.00%	100.00%	0.00%
Diarrhea, unspecified	GASTROENTEROLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Diseases of lips	DERMATOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	INTERNAL MEDICINE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Dosage form not approvable	0	4	0	4	0.00%	100.00%	0.00%
Dyshidrosis [pompholyx]	UNSPECIFIED SPECIALTY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Encntr for proc for purpose oth than remedy hlth state, unsp	DERMATOLOGY	Diagnosis 237-A ID2289	0	4	0	4	0.00%	100.00%	0.00%
Encounter for cosmetic surgery	PLASTIC SURGERY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Encounter for initial prescription of contraceptive pills	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Encounter for oth general cnsl and advice on contraception	FAMILY PRACTICE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Encounter for surveillance of contraceptives, unspecified	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Enlarged prostate without lower urinary tract symptoms	FAMILY PRACTICE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Enterocolitis due to Clostridium difficile, not specified as recurrent	INTERNAL MEDICINE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Eosinophilic Esophagitis		Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Eosinophilic Esophagitis		Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Eosinophilic Esophagitis		EoE Continuation - Efficacy 1690-A ID4795	0	4	0	4	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Eosinophilic Esophagitis	PEDIATRICS	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Epidermal Cyst	DERMATOLOGY	Diagnosis 237-A ID2289	0	4	0	4	0.00%	100.00%	0.00%
Epidermal cyst	UNSPECIFIED SPECIALTY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Epigastric pain	GASTROENTEROLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Epilepsy, unsp, not intractable, without status epilepticus	NEUROLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Epilepsy, unsp, not intractable, without status epilepticus	NURSE PRACTITIONER, ACUTE CARE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Essential (primary) hypertension		***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Essential (primary) hypertension	FAMILY PRACTICE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Essential (primary) hypertension	INTERNAL MEDICINE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Excessive and frequent menstruation with irregular cycle	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Excessive and frequent menstruation with regular cycle	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Exposure to HIV virus		Lack of Information	0	4	0	4	0.00%	100.00%	0.00%
Exposure to HIV virus	EMERGENCY MEDICINE	Lack of Information	0	4	0	4	0.00%	100.00%	0.00%
Familial hypercholesterolemia	CARDIOLOGY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Female infertility of other origin		Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Fibromyalgia	INTERNAL MEDICINE	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis		Quantity, Post limit criteria not met 918-J ID1386	0	4	0	4	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	CARDIOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%

Gastro-esophageal reflux disease without esophagitis	FAMILY PRACTICE	Quantity, Post limit criteria not met 918-J ID4015	0	4	0	4	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	GENERAL PRACTICE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	4	0	4	0.00%	100.00%	0.00%
Gender identity disorder, unspecified	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	4	0	4	0.00%	100.00%	0.00%
Gender identity disorder, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Gender identity disorder, unspecified	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	4	0	4	0.00%	100.00%	0.00%
Gender identity disorder, unspecified	OBSTESTRICS & GYNECOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Gender identity disorder, unspecified	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	4	0	4	0.00%	100.00%	0.00%
Gender identity disorder, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Generalized anxiety disorder	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Heartburn	GASTROENTEROLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Helicobacter pylori as the cause of diseases classd elswhr	INTERNAL MEDICINE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Hepatic encephalopathy		Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Hidradenitis suppurativa		This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
High risk heterosexual behavior	UNSPECIFIED SPECIALTY	Does not meet guidelines.	0	4	0	4	0.00%	100.00%	0.00%
High risk heterosexual behavior	UNSPECIFIED SPECIALTY	Lack of Information	0	4	0	4	0.00%	100.00%	0.00%
High risk homosexual behavior	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
High risk homosexual behavior	UNSPECIFIED SPECIALTY	Does not meet guidelines.	0	4	0	4	0.00%	100.00%	0.00%
Hormone replacement therapy	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Human immunodeficiency virus [HIV] disease	INTERNAL MEDICINE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Hyperlipidemia, unspecified	CARDIOLOGY	Lack of Information	0	4	0	4	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	INTERNAL MEDICINE	Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Hyperlipidemia, unspecified	INTERNAL MEDICINE	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	INTERNAL MEDICINE	Lack of Information	0	4	0	4	0.00%	100.00%	0.00%
Hypopituitarism	PEDIATRICS	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Hypothyroidism, unspecified		Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Hypothyroidism, unspecified	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	4	0	4	0.00%	100.00%	0.00%
Idiopathic hypersomnia with long sleep time	Sleep Medicine	Quantity, Post limit criteria not met 683-J ID4615	0	4	0	4	0.00%	100.00%	0.00%
Idiopathic urticaria	ALLERGY & IMMUNOLOGY	Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Impaired fasting glucose	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%

Impaired glucose tolerance (oral)	FAMILY PRACTICE	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Insomnia due to a Mental Disorder	FAMILY PRACTICE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Insomnia due to a Mental Disorder	PSYCHIATRY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Insomnia, unspecified		Quantity, Post limit criteria not met 201-J ID3449	0	4	0	4	0.00%	100.00%	0.00%
Insomnia, unspecified	PSYCHIATRY	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Insomnia, unspecified	UNSPECIFIED SPECIALTY	Quantity, No post limit quantity available	0	4	0	4	0.00%	100.00%	0.00%
Insomnia, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Intramural leiomyoma of uterus	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Intrinsic (allergic) eczema	ALLERGY & IMMUNOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Intrinsic (allergic) eczema	DERMATOLOGY	Concomitant biologic or targeted synthetic drug 1690-A ID3910	0	4	0	4	0.00%	100.00%	0.00%
Iron deficiency	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Iron deficiency anemia, unspecified	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Irritant contact dermatitis, unspecified cause		Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Keratoconjunct sicca, not specified as Sjogrens, unsp eye	UNSPECIFIED SPECIALTY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogrens, bilateral	OPHTHALMOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	OPHTHALMOLOGY	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Left sided colitis without complications	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Left sided colitis without complications	GASTROENTEROLOGY	Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Leiomyoma of uterus, unspecified	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Local-rel symptc epi w simp prt seiz,not ntrct, w/o stat epi	NEUROLOGY, PEDIATRIC	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Low back pain, unspecified	FAMILY PRACTICE	Diagnosis 125-C ID2509	0	4	0	4	0.00%	100.00%	0.00%
Low back pain, unspecified	INTERNAL MEDICINE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Low back pain, unspecified	NEUROLOGY	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Low back pain, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	Over max quantity 1888-E ID1116	0	4	0	4	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, moderate	FAMILY PRACTICE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Major depressive disorder, recurrent, moderate	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	4	0	4	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Major depressive disorder, single episode, mild	PSYCHIATRY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%

Male erectile dysfunction, unspecified	INTERNAL MEDICINE	Diagnosis 1640-A ID1973	0	4	0	4	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Malignant neoplasm of prostate		Clinician reviewed - meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Malignant neoplasm of prostate		Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Malignant neoplasm of rectum	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Malignant neoplasm of unsp site of unspecified female breast	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Malignant neoplasm of unsp site of unspecified female breast	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Malignant neoplasm of unspecified site of right female breast	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Meibomian gland dysfunction right eye, upper and lower eyelids	UNSPECIFIED SPECIALTY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Melasma	DERMATOLOGY	Diagnosis 237-A ID2289	0	4	0	4	0.00%	100.00%	0.00%
Menopausal and female climacteric states	FAMILY PRACTICE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Menopausal and female climacteric states	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Menopausal and female climacteric states	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Metabolic syndrome		***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus		Non-formulary/non-preferred - Product 998-A ID3970	0	4	0	4	0.00%	100.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus	FAMILY PRACTICE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus	INTERNAL MEDICINE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus	Neurology	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	4	0	4	0.00%	100.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus	UNSPECIFIED SPECIALTY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	4	0	4	0.00%	100.00%	0.00%
Migraine with aura, intractable, with status migrainosus	NEPHROLOGY / RENAL MEDICINE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Migraine with aura, intractable, without status migrainosus	FAMILY PRACTICE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Migraine with aura, intractable, without status migrainosus	NEUROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	4	0	4	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	Neurology	Non-formulary/non-preferred - Product 998-A ID3970	0	4	0	4	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, with status migrainosus	NEUROLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.		Step therapy two triptan 5-HT1 receptor agonists	0	4	0	4	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	FAMILY PRACTICE	Quantity, Post limit criteria not met 1-J ID1783	0	4	0	4	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	NEUROLOGY	Step therapy two triptan 5-HT1 receptor agonists	0	4	0	4	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	UNSPECIFIED SPECIALTY	Quantity, Exceeds max limit, Partial denial, acute treatment	0	4	0	4	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	UNSPECIFIED SPECIALTY	Step therapy two triptan 5-HT1 receptor agonists	0	4	0	4	0.00%	100.00%	0.00%

Mild intermittent asthma, uncomplicated	FAMILY PRACTICE	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	INTERNAL MEDICINE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Mild intermittent asthma, uncomplicated	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Mild persistent asthma, uncomplicated	FAMILY PRACTICE	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Mixed hyperlipidemia		Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Moderate persistent asthma with acute exacerbation		Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Moderate persistent asthma with acute exacerbation	PULMONOLOGY, PEDIATRIC	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Moderate persistent asthma, uncomplicated	INTERNAL MEDICINE	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Molluscum contagiosum	PEDIATRICS	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Molluscum contagiosum	PEDIATRICS	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Molluscum contagiosum	UNSPECIFIED SPECIALTY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Morbid (severe) obesity due to excess calories	CARDIOLOGY	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	INTERNAL MEDICINE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Morbid (severe) obesity due to excess calories	INTERNAL MEDICINE	Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Multiple sclerosis		Clinician reviewed - meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Multiple sclerosis		This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Multiple sclerosis	FAMILY PRACTICE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Multiple sclerosis	Neurology	Mavenclad - Non-formulary/non-preferred 3260-D ID2834	0	4	0	4	0.00%	100.00%	0.00%
Multiple sclerosis	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Narcolepsy with cataplexy	NEUROLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Nasal polyp, unspecified		Continuation - Efficacy 1690-A ID1984	0	4	0	4	0.00%	100.00%	0.00%
Nasal polyp, unspecified		This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Nasal polyp, unspecified	ALLERGY	Clinician reviewed - meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Nasal polyp, unspecified	ALLERGY & IMMUNOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Nasal polyp, unspecified	OTOLARYNGOLOGY	Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Nasal polyp, unspecified	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	4	0	4	0.00%	100.00%	0.00%
Nausea	FAMILY PRACTICE	Antiemetic 5-HT3 Post Limit PA 16-J 01-2023 05_24_2023_15_51_03 2F	0	4	0	4	0.00%	100.00%	0.00%
Neuralgia and neuritis, unspecified	ANESTHESIOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Nonalcoholic steatohepatitis (NASH)	GASTROENTEROLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Nonalcoholic steatohepatitis (NASH)	GASTROENTEROLOGY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Obesity, unspecified		Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Obesity, unspecified	GENERAL PRACTICE	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Obesity, unspecified	INTERNAL MEDICINE	Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Obesity, unspecified	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Obesity, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%

Other acne	FAMILY PRACTICE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Other acne	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	4	0	4	0.00%	100.00%	0.00%
Other acute postprocedural pain		***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Other acute postprocedural pain	OTOLARYNGOLOGY	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Other atopic dermatitis		Concomitant biologic or targeted synthetic drug 1690-A ID3910	0	4	0	4	0.00%	100.00%	0.00%
Other atopic dermatitis		Initial - No topical calcineurin inhibitor 1743-A ID1682	0	4	0	4	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Continuation - Efficacy 1743-A ID5064	0	4	0	4	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Will be on concurrent therapy	0	4	0	4	0.00%	100.00%	0.00%
Other atopic dermatitis	FAMILY PRACTICE	Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	Initial - Step therapy (topical corticosteroid and calcineurin inhibitor)	0	4	0	4	0.00%	100.00%	0.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	4	0	4	0.00%	100.00%	0.00%
Other chronic pain		***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Other chronic pain	FAMILY PRACTICE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Other intervertebral disc displacement, lumbar region	UNSPECIFIED SPECIALTY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Other juvenile arthritis, unspecified site	RHEUMATOLOGY, PEDIATRIC	Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Other long term (current) drug therapy	INTERNAL MEDICINE	Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Other melanin hyperpigmentation	DERMATOLOGY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Other melanin hyperpigmentation	UNSPECIFIED SPECIALTY	Diagnosis 4915-A ID2138	0	4	0	4	0.00%	100.00%	0.00%
Other migraine, not intractable, without status migrainosus	FAMILY PRACTICE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Other obesity	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Other obesity due to excess calories		This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Other obesity due to excess calories	INTERNAL MEDICINE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Other psoriatic arthropathy	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Other rheumatoid arthritis with rheumatoid factor of multiple sites		Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Other rosacea		Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Other rosacea		This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Other rosacea	UNSPECIFIED SPECIALTY	Diagnosis 76-D ID1404	0	4	0	4	0.00%	100.00%	0.00%
Other seborrheic dermatitis	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	4	0	4	0.00%	100.00%	0.00%
Other seborrheic dermatitis	UNSPECIFIED SPECIALTY	Step Therapy - Ketoconazole, Ciclopirox or Less than 16	0	4	0	4	0.00%	100.00%	0.00%
Other specified abnormal findings of blood chemistry	INTERNAL MEDICINE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Other specified congenital malformations of skin	DERMATOLOGY	Diagnosis 1690-A ID3910	0	4	0	4	0.00%	100.00%	0.00%
Other specified diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%

Other specified diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Other specified hypothyroidism	FAMILY PRACTICE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Other ulcerative colitis without complications	GASTROENTEROLOGY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Overactive bladder	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Overweight	INTERNAL MEDICINE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Parkinsonism, unspecified	NEUROLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Parkinsons disease without dyskinesia, without mention of fluctuations		This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Parkinsons disease without dyskinesia, without mention of fluctuations	NEUROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	4	0	4	0.00%	100.00%	0.00%
Perioral dermatitis	DERMATOLOGY	Diagnosis 1254-F ID1413	0	4	0	4	0.00%	100.00%	0.00%
Perioral dermatitis	DERMATOLOGY	Diagnosis 76-D ID1404	0	4	0	4	0.00%	100.00%	0.00%
Persons encountering health services in other specified circumstances		***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Pityriasis versicolor	DERMATOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Polycystic kidney, adult type		Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Polyp of nasal cavity	OTOLARYNGOLOGY	Clinician reviewed - meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Postinflammatory Hyperpigmentation	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Postmenopausal atrophic vaginitis		Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Postmenopausal atrophic vaginitis	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Postmenopausal atrophic vaginitis	OBSTETRICS & GYNECOLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	4	0	4	0.00%	100.00%	0.00%
Presence of Left Artificial knee joint	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Presence of right artificial knee joint		***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Presence of right artificial knee joint	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Presence of right artificial knee joint	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Primary open-angle glaucoma, bilateral, moderate stage.		Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Primary open-angle glaucoma, bilateral, severe stage	OPHTHALMOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Prurigo nodularis		Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Psoriasis	DERMATOLOGY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Psoriasis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Psoriasis vulgaris		PsO continuation - Efficacy	0	4	0	4	0.00%	100.00%	0.00%
Psoriasis vulgaris	Dermatology	PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3874	0	4	0	4	0.00%	100.00%	0.00%
Psoriasis vulgaris	Dermatology	Self-admin - PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID3743	0	4	0	4	0.00%	100.00%	0.00%
Psoriasis vulgaris	FAMILY PRACTICE	Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%

Psoriasis vulgaris	SURGERY, DERMATOLOGIC	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Dosage form not approvable	0	4	0	4	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	PsO continuation - Efficacy	0	4	0	4	0.00%	100.00%	0.00%
Psoriasis, unspecified	RHEUMATOLOGY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Psoriatic arthritis mutilans		Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Pure hypercholesterolemia, unspecified	CARDIOLOGY	Clinician reviewed - meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Pure hypercholesterolemia, unspecified	CARDIOLOGY	Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Pure hyperglyceridemia	UNSPECIFIED SPECIALTY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Radiculopathy, cervical region	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Radiculopathy, lumbar region	PAIN MEDICINE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Radiculopathy, lumbar region	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Rash and other nonspecific skin eruption	DERMATOLOGY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Rash and other nonspecific skin eruption	FAMILY PRACTICE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	INTERNAL MEDICINE	Technician reviewed- meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	RHEUMATOLOGY	Lack of Information	0	4	0	4	0.00%	100.00%	0.00%
Rheumatoid arthritis with rheumatoid factor, unspecified	RHEUMATOLOGY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Rheumatoid arthritis, unspecified		Enhanced RA - MTX trial	0	4	0	4	0.00%	100.00%	0.00%
Rheumatoid arthritis, unspecified	RHEUMATOLOGY	Lack of Information	0	4	0	4	0.00%	100.00%	0.00%
Rosacea, unspecified		This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Seborrheic dermatitis, unspecified	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	4	0	4	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	4	0	4	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	4	0	4	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated		Lack of Information	0	4	0	4	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY, CLINICAL & LABORATORY	Clinician reviewed - meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Severe persistent asthma, uncomplicated	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Short stature (child)		Diagnosis 1742-A ID1453	0	4	0	4	0.00%	100.00%	0.00%
Short stature (child)		This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Short stature (child)	Pediatric Endocrinology	Diagnosis 1742-A ID5044	0	4	0	4	0.00%	100.00%	0.00%
Sicca syndrome with keratoconjunctivitis	LEGAL MEDICINE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Sicca syndrome with keratoconjunctivitis	UNSPECIFIED SPECIALTY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Sleep apnea, unspecified	FAMILY PRACTICE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Sleep disorder, unspecified	INTERNAL MEDICINE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%

Small intestinal bacterial overgrowth, unspecified	INTERNAL MEDICINE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Small intestinal bacterial overgrowth, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Spinal stenosis, lumbar region with neurogenic claudication	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Testicular hypofunction		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	4	0	4	0.00%	100.00%	0.00%
Testicular hypofunction	GENERAL PRACTICE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Testicular hypofunction	UNSPECIFIED SPECIALTY	Non-approvable diagnosis 1210-A ID1157	0	4	0	4	0.00%	100.00%	0.00%
Testicular hypofunction	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	4	0	4	0.00%	100.00%	0.00%
Testicular hypofunction	UROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	4	0	4	0.00%	100.00%	0.00%
Tinea unguium	UNSPECIFIED SPECIALTY	Step therapy 1160-C ID2578	0	4	0	4	0.00%	100.00%	0.00%
Transsexualism	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	4	0	4	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia		Disease category/stage/severity 3762-C ID3054	0	4	0	4	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred - Product 4510-A ID2757	0	4	0	4	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Quantity, Exceeds max limit, Partial denial – Omnipod 10 pods per month	0	4	0	4	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Quantity, Exceeds max limit, Partial denial – Omnipod 10 pods per month 3762-C ID4966	0	4	0	4	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	FAMILY PRACTICE	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hypoglycemia without coma	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Type 1 diabetes mellitus with other diabetic neurological complication	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Type 1 diabetes mellitus without complications		***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic chronic kidney disease	FAMILY PRACTICE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with diabetic chronic kidney disease	INTERNAL MEDICINE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with diabetic neuropathy, unspecified	INTERNAL MEDICINE	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred - Product 4510-A ID2757	0	4	0	4	0.00%	100.00%	0.00%

Type 2 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred - Product 998-A ID3970	0	4	0	4	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	INTERNAL MEDICINE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with other specified complication		***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	FAMILY PRACTICE	Non-formulary/non-preferred - Product 4510-A ID2757	0	4	0	4	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	GERIATRIC MEDICINE, FAMILY PRACTICE	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Internal Medicine (specialty match required)	***Does not meet criteria.	0	4	0	4	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Ulcerative (chronic) pancolitis without complications	INTERNAL MEDICINE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Ulcerative colitis, unspecified, without complications		Clinician reviewed - meets guidelines	4	0	0	4	100.00%	0.00%	0.00%
Ulcerative colitis, unspecified, without complications	GASTROENTEROLOGY	Frequency 2010-A ID2136	0	4	0	4	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified, without complications	GASTROENTEROLOGY	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
unavailable	NEUROLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
unavailable	NURSE MIDWIFE	This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
unavailable	OTOLARYNGOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	4	0	4	0.00%	100.00%	0.00%
unavailable	PSYCHIATRY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Unspecified asthma, uncomplicated		Non-formulary/non-preferred - Product 998-A ID3970	0	4	0	4	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	PEDIATRICS	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Unspecified blepharitis right eye, upper and lower eyelids	OPHTHALMOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Unspecified blepharitis right eye, upper and lower eyelids	UNSPECIFIED SPECIALTY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Unspecified hemorrhoids	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	4	0	4	0.00%	100.00%	0.00%
Unspecified open-angle glaucoma, stage unspecified		Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Urge incontinence	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Vitiligo		This PA is Auto Closed	0	0	4	4	0.00%	0.00%	100.00%
Vomiting of pregnancy, unspecified	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	4	0	0	4	100.00%	0.00%	0.00%
Xerosis cutis	DERMATOLOGY	Diagnosis 237-A ID2289	0	4	0	4	0.00%	100.00%	0.00%
Abnormal uterine and vaginal bleeding, unspecified	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Abnormal weight gain		***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Abnormal weight gain	NATUROPATH	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%

Abnormal weight gain	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Abnormal weight loss	FAMILY PRACTICE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Acne vulgaris		Efficacy	0	3	0	3	0.00%	100.00%	0.00%
Acne vulgaris	LEGAL MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Acne vulgaris	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Acne, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Acrodermatitis continua	UNSPECIFIED SPECIALTY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Actinic keratosis		Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Actinic keratosis	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Actinic keratosis	DERMATOLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	3	0	3	0.00%	100.00%	0.00%
Acute bronchospasm	PEDIATRICS	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Acute candidiasis of vulva and vagina	OBSTETRICS & GYNECOLOGY	Diagnosis 280-A ID3935	0	3	0	3	0.00%	100.00%	0.00%
Adult body mass index 30-30.9 obesity - Adult obesity with BMI between...	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Age-related osteoporosis w/o current pathological fracture	ENDOCRINOLOGY, DIABETES & METABOLISM	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Age-related osteoporosis w/o current pathological fracture	INTERNAL MEDICINE	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Alcohol dependence, uncomplicated	PSYCHIATRY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Alcoholic cirrhosis of liver without ascites	GASTROENTEROLOGY	Not on required concurrent therapy	0	3	0	3	0.00%	100.00%	0.00%
Allergic contact dermatitis, unspecified cause		Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Allergic contact dermatitis, unspecified cause	DERMATOLOGY	Diagnosis 1254-F ID4124	0	3	0	3	0.00%	100.00%	0.00%
Allergic rhinitis due to pollen	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Allergy to other foods		Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Allergy to other foods	ALLERGY & IMMUNOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Allergy to peanuts	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Allergy to peanuts	PEDIATRICS	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Alopecia areata, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Anemia in chronic kidney disease		Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Ankylosing spondylitis of lumbosacral region	RHEUMATOLOGY	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Ankylosing spondylitis of unspecified sites in spine		Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Ankylosing spondylitis of unspecified sites in spine		Frequency SC and IV - Q4 weeks - Exceeds max limit	0	3	0	3	0.00%	100.00%	0.00%
Ankylosing spondylitis of unspecified sites in spine		Lack of Information	0	3	0	3	0.00%	100.00%	0.00%
Ankylosing spondylitis of unspecified sites in spine	INTERNAL MEDICINE	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Anxiety disorder, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%

Arthropathic psoriasis, unspecified		Lack of Information	0	3	0	3	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified		This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Arthropathic psoriasis, unspecified	FAMILY PRACTICE	Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Arthropathic psoriasis, unspecified	INTERNAL MEDICINE	Will be on concurrent/duplicate therapy-same indication	0	3	0	3	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris		Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris		***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	cardiology	ASCVD - Lab/test - Current LDL-C less than 70 mg/dL	0	3	0	3	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY	Continuation - Lab/test - Treated LDL-C level	0	3	0	3	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY	No inadequate response, intolerance or contraindication to statins	0	3	0	3	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	FAMILY PRACTICE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	INTERNAL MEDICINE	High-intensity statin - Not in combination with ezetimibe	0	3	0	3	0.00%	100.00%	0.00%
Atherosclerotic hrt dis of native coronary artery w/ unspecified angina pec	CARDIOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Atopic Dermatitis		Continuation - Efficacy 1743-A ID5064	0	3	0	3	0.00%	100.00%	0.00%
Atopic Dermatitis	ALLERGY & IMMUNOLOGY	Age 1254-F ID1413	0	3	0	3	0.00%	100.00%	0.00%
Atopic Dermatitis	ALLERGY & IMMUNOLOGY	Initial - No high potency to super-high potency topical corticosteroid]	0	3	0	3	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Atopic Dermatitis	dermatology	Initial - No high potency to super-high potency topical corticosteroid]	0	3	0	3	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	3	0	3	0.00%	100.00%	0.00%
Atopic Dermatitis	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Atopic Dermatitis	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Atopic Dermatitis	SURGERY, DERMATOLOGIC	Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Atopic Dermatitis	SURGERY, DERMATOLOGIC	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Atopic Dermatitis	UNSPECIFIED SPECIALTY	Continuation - Efficacy 1743-A ID4039	0	3	0	3	0.00%	100.00%	0.00%
Atopic Dermatitis	UNSPECIFIED SPECIALTY	No sensitive areas/Age/No Trial	0	3	0	3	0.00%	100.00%	0.00%
Atopic Dermatitis	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Atopic neurodermatitis		Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Atopic neurodermatitis	DERMATOLOGY	Concomitant biologic or targeted synthetic drug 1690-A ID3910	0	3	0	3	0.00%	100.00%	0.00%
Atopic neurodermatitis	Dermatology	Dosing - Q2 weeks - Frequency - Exceeds max limit	0	3	0	3	0.00%	100.00%	0.00%

Attention-deficit hyperactivity disorder, combined type		***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type		Patient is able to take alternative dosage form 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	INTERNAL MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	Quantity, No post limit quantity available 1218-J ID4614	0	3	0	3	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Dosage form not approvable	0	3	0	3	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type		Patient is able to take alternative dosage form 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	NEUROLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PSYCHIATRY	Formulary Medical Necessity Methylphenidate ER, Xelstrym ACF CMK STD 3.13 03-2023 2F	0	3	0	3	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PSYCHIATRY	Patient is able to take alternative dosage form 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 683-J ID4615	0	3	0	3	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type		Non-formulary/non-preferred – Generic on Formulary	0	3	0	3	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	3	0	3	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	NEUROLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PEDIATRICS	Non-formulary/non-preferred – Generic on Formulary	0	3	0	3	0.00%	100.00%	0.00%
Autoimmune thyroiditis	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Autoimmune thyroiditis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Bilateral primary osteoarthritis of knee		This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Bipolar affective disorder, curnt episode severe depression w psychotic sym		Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Bipolar disorder, current episode hypomanic	PSYCHIATRY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Bipolar disorder, current episode mixed, severe without psychotic features		Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Bipolar disorder, current episode mixed, severe, with psychotic features	PSYCHIATRY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%

Bipolar disorder, unspecified		Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Bipolar II disorder	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Body mass index (BMI) 25.0-25.9 Adult	INTERNAL MEDICINE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Body mass index (BMI) 28.0-28.9, adult	FAMILY PRACTICE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Body mass index (BMI) 29.0-29.9, adult	FAMILY PRACTICE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Body mass index (BMI) 29.0-29.9, adult	INTERNAL MEDICINE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Body mass index (BMI) 36.0-36.9, adult		***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Body mass index (BMI) 36.0-36.9, adult	FAMILY PRACTICE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Body Mass Index (BMI) 37.0-37.9 adult	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Body mass index (BMI) 40.0-44.9, adult	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Body mass index (BMI) 45.0-49.9, adult	FAMILY PRACTICE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Body mass index (BMI) 45.0-49.9, adult	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Body mass index [BMI] 31.0-31.9, adult	INTERNAL MEDICINE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Bone marrow transplant status	NURSE PRACTITIONER, ACUTE CARE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Candidal stomatitis	UNSPECIFIED SPECIALTY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Cervicalgia		Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Cervicalgia	UNSPECIFIED SPECIALTY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Chronic idiopathic constipation	FAMILY PRACTICE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Chronic idiopathic constipation	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Chronic idiopathic constipation	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Chronic lymphocytic leukemia of B-cell type not having achieved remission		Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Chronic maxillary sinusitis	OTOLARYNGOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Chronic migraine w/o aura, intractable, w status migrainosus		Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr	FAMILY PRACTICE	Will be on concurrent/duplicate therapy 3481-E ID1707	0	3	0	3	0.00%	100.00%	0.00%
Chronic migraine w/o aura, not intractable, w stat migr	NEUROLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Chronic migraine w/o aura, not intractable, w stat migr	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Chronic migraine w/o aura, not intractable, w stat migr	UNSPECIFIED SPECIALTY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Chronic migraine with aura, not intractable, without status migrainosu	UNSPECIFIED SPECIALTY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus		***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%

Chronic migraine without aura, not intractable, without status migrainosus	NEUROLOGY	Formulary Medical Necessity Elyxyb, Migranow, Nerivio, Tosymra ACF CMK STD 09-2022 2F	0	3	0	3	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	NURSE PRACTITIONER, ACUTE CARE	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	UNSPECIFIED SPECIALTY	Will be on concurrent/duplicate therapy 3481-E ID1707	0	3	0	3	0.00%	100.00%	0.00%
Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission		Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Chronic pain syndrome		This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Chronic pain syndrome	ADDICTION MEDICINE	Diagnosis - Lyrica	0	3	0	3	0.00%	100.00%	0.00%
Chronic rhinitis	ALLERGY & IMMUNOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Chronic sinusitis, unspecified		Diagnosis 4364-C ID4225	0	3	0	3	0.00%	100.00%	0.00%
Chronic sinusitis, unspecified	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Chronic systolic (congestive) heart failure	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Chronic viral hepatitis B without delta-agent		Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Chronic viral hepatitis B without delta-agent	GASTROENTEROLOGY	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
COMPRESSION OF VEIN	ALLERGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Constipation, unspecified	GASTROENTEROLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Cough, unspecified	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
COVID-19, virus identified		Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Crohn's disease of both small and large intestine with other complication		Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Crohn's disease of both small and large intestine with other complication	GASTROENTEROLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Crohns disease of large intestine without complications		Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Crohns disease of large intestine without complications	FAMILY PRACTICE	Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Crohns disease of large intestine without complications	GASTROENTEROLOGY	Lack of Information	0	3	0	3	0.00%	100.00%	0.00%
Crohns disease of large intestine without complications	GASTROENTEROLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Crohn's disease of small intestine with intestinal obstruction	GASTROENTEROLOGY	Frequency 2010-A ID2136	0	3	0	3	0.00%	100.00%	0.00%
Crohn's disease of small intestine with unspecified complications		Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Crohns disease of small intestine without complications	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Crohns disease of small intestine without complications	Gastroenterology	Frequency 2010-A ID2136	0	3	0	3	0.00%	100.00%	0.00%
Crohns disease, unspecified, without complications		CD continuation - no response and not for dosing frequency increase	0	3	0	3	0.00%	100.00%	0.00%
Crohns disease, unspecified, without complications	FAMILY PRACTICE	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Crohns disease, unspecified, without complications	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Cystic fibrosis with pulmonary manifestations	PULMONOLOGY, PEDIATRIC	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%

Cystic fibrosis, unspecified	PEDIATRICS	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Cystic fibrosis, unspecified	PULMONARY DISEASES	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Depression, unspecified	INTERNAL MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Dermatitis, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Dermatitis, unspecified	PEDIATRICS	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Dermatitis, unspecified	UNSPECIFIED SPECIALTY	Diagnosis 1254-F ID1413	0	3	0	3	0.00%	100.00%	0.00%
Dermatitis, unspecified	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	3	0	3	0.00%	100.00%	0.00%
Dermatitis, unspecified	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	3	0	3	0.00%	100.00%	0.00%
Diarrhea, unspecified	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Diarrhea, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Disorder of pigmentation, unspecified	UNSPECIFIED SPECIALTY	Diagnosis 1254-F ID1413	0	3	0	3	0.00%	100.00%	0.00%
Dorsalgia, unspecified	INTERNAL MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Dorsalgia, unspecified	INTERNAL MEDICINE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Drug or chemical induced diabetes mellitus without complications		***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	OPHTHALMOLOGY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	optometry *Reviewer must be actively actively licensed in DC, MD, or VA	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Lacrisert, Cequa SCF CMK STD 02-2022 2F	0	3	0	3	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Miebo SCF, ACF CMK STD 02-2024 2F	0	3	0	3	0.00%	100.00%	0.00%
Dry eye syndrome of unspecified lacrimal gland	OPHTHALMOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Dry eye syndrome of unspecified lacrimal gland	OPHTHALMOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Dysmenorrhea, unspecified	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Dysphagia, unspecified	GASTROENTEROLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Eczematous dermatitis of right upper eyelid	DERMATOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Encounter for assisted reprodctv fertility procedure cycle	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Encounter for contraceptive management, unspecified	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Encounter for general adult medical examination without abnormal findings	INTERNAL MEDICINE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Encounter for gynecological examination without abnormal findings	OBSTESTRICS & GYNECOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Encounter for HIV pre-exposure prophylaxis	FAMILY PRACTICE	Lack of Information	0	3	0	3	0.00%	100.00%	0.00%
Encounter for HIV pre-exposure prophylaxis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Encounter for other orthopedic aftercare	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%

Encounter for procedure for purposes other than remedying	DERMATOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Encounter for procedure for purposes other than remedying	DERMATOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Encounter for screening for malignant neoplasm of colon		Age-Bowel prep	0	3	0	3	0.00%	100.00%	0.00%
Encounter for screening for malignant neoplasm of colon		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Encounter for screening for malignant neoplasm of colon		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	3	0	3	0.00%	100.00%	0.00%
Encounter for screening for malignant neoplasm of colon	FAMILY PRACTICE	Age-Bowel prep	0	3	0	3	0.00%	100.00%	0.00%
Encounter for screening for malignant neoplasm of colon	Gastroenterology	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
End stage renal disease	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Endocrine disorder, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Endometriosis, unspecified	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Enlarged prostate with lower urinary tract symptoms	UNSPECIFIED SPECIALTY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Enterocolitis due to Clostridium difficile, recurrent	gastroenterology	Exclusion: Treatment of CDI	0	3	0	3	0.00%	100.00%	0.00%
Enterocolitis due to Clostridium difficile, recurrent	INTERNAL MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Eosinophilic Esophagitis	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Eosinophilic Esophagitis	INTERNAL MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Epilepsy, unsp, not intractable, without status epilepticus		Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Episodic cluster headache, not intractable	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Essential (primary) hypertension	FAMILY PRACTICE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Exocrine pancreatic insufficiency	GASTROENTEROLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Exocrine pancreatic insufficiency	UNSPECIFIED SPECIALTY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Exposure to HIV virus		Does not meet guidelines.	0	3	0	3	0.00%	100.00%	0.00%
Exposure to HIV virus	EMERGENCY MEDICINE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Exposure to HIV virus	GENERAL PRACTICE	Does not meet guidelines.	0	3	0	3	0.00%	100.00%	0.00%
Familial hypercholesterolemia		Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Familial hypercholesterolemia		Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Familial hypercholesterolemia	CARDIOLOGY	Lack of Information	0	3	0	3	0.00%	100.00%	0.00%
Female infertility, unspecified	ENDOCRINOLOGY, REPRODUCTIVE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Fibromyalgia	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Fibromyalgia	INTERNAL MEDICINE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Fibromyalgia	RHEUMATOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Flu due to unidentified influenza virus w oth resp manifest	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Follicular disorder, unspecified	DERMATOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%

Gastric ulcer, unsp as acute or chronic, w/o hemor or perf	GASTROENTEROLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Gastro esophageal reflux disease		Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Gastro esophageal reflux disease	GASTROENTEROLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Gastro-esophageal reflux disease with esophagitis		Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis		***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis		Quantity, Post limit criteria not met 169-J ID4016	0	3	0	3	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	GASTROENTEROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	GASTROENTEROLOGY, PEDIATRIC	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	GERIATRIC MEDICINE, FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	INTERNAL MEDICINE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	INTERNAL MEDICINE	Quantity, Post limit criteria not met 918-J ID1386	0	3	0	3	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	PULMONARY DISEASES	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Gastrointestinal stromal tumor, unspecified site	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Gen idiopathic epilepsy, not intractable, w/o stat epi	NEUROLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Gender identity disorder, unspecified	ADOLESCENT MEDICINE, PEDIATRICS	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Gender identity disorder, unspecified	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Gender identity disorder, unspecified	NURSE MIDWIFE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Generalized anxiety disorder		Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Generalized anxiety disorder		Diagnosis - Lyrica	0	3	0	3	0.00%	100.00%	0.00%
Generalized anxiety disorder	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Generalized anxiety disorder	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Generalized hyperhidrosis	UNSPECIFIED SPECIALTY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Gout, unspecified	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Guttate psoriasis	DERMATOLOGY	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Heartburn	INTERNAL MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Helicobacter pylori as the cause of diseases classd elswhr	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Hepatic encephalopathy	GASTROENTEROLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Hereditary and idiopathic neuropathy, unspecified	INTERNAL MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Hidradenitis suppurativa		Lack of Information	0	3	0	3	0.00%	100.00%	0.00%
Hidradenitis suppurativa	DERMATOLOGY	HS - Step therapy - No antibiotic trial	0	3	0	3	0.00%	100.00%	0.00%

Hidradenitis suppurativa	DERMATOLOGY	Will be on concurrent/duplicate therapy-same indication	0	3	0	3	0.00%	100.00%	0.00%
Hidradenitis suppurativa	INTERNAL MEDICINE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Hidradenitis suppurativa	UNSPECIFIED SPECIALTY	Self-admin - HS/uveitis - Non-preferred (biosimilar) - No adverse event to active ingredient	0	3	0	3	0.00%	100.00%	0.00%
High risk heterosexual behavior	FAMILY PRACTICE	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Hormone replacement therapy	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Human immunodeficiency virus [HIV] disease	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Hyperkalemia		Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Hyperkalemia	INTERNAL MEDICINE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Hyperlipidemia, unspecified		Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Hyperlipidemia, unspecified		Non-formulary/non-preferred - No intolerable adverse event or contraindication to preferred product	0	3	0	3	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified		Primary hyperlipidemia - Lab/test - Untreated LDL-C less than 190 mg/dL	0	3	0	3	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	CARDIOLOGY	Continuation - Lab/test - Treated LDL-C level	0	3	0	3	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	cardiology	Primary hyperlipidemia - Lab/test - Untreated LDL-C less than 190 mg/dL	0	3	0	3	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	FAMILY PRACTICE	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Hyperlipidemia, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Hyperlipidemia, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Hyperlipidemia, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Hypoglycemia, unspecified		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Hypoglycemia, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Hypoglycemia, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Hypopituitarism		Pediatric GHD: Pretreatment 1-year height velocity not greater than 2 standard deviations	0	3	0	3	0.00%	100.00%	0.00%
Hypopituitarism	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Hypopituitarism	ENDOCRINOLOGY, PEDIATRIC	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Hypopituitarism	ENDOCRINOLOGY, PEDIATRIC	Non-formulary/non-preferred 4964-D ID2853	0	3	0	3	0.00%	100.00%	0.00%
Hypopituitarism	ENDOCRINOLOGY, PEDIATRIC	Non-formulary/non-preferred 4965-D ID3726	0	3	0	3	0.00%	100.00%	0.00%
Hypopituitarism	ENDOCRINOLOGY, PEDIATRIC	Pediatric disorders: Current treatment information not provided by prescriber	0	3	0	3	0.00%	100.00%	0.00%
Hypopituitarism	ENDOCRINOLOGY, PEDIATRIC	Pediatric GHD - Lab/test - Pretreatment 1-year height velocity not greater than 2 standard deviations 1742-A ID3752	0	3	0	3	0.00%	100.00%	0.00%
Hypothyroidism, unspecified		This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%

Hypothyroidism, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred – Dosage form not approvable	0	3	0	3	0.00%	100.00%	0.00%
Hypothyroidism, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Hypothyroidism, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Idiopathic hypersomnia with long sleep time	NEUROLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Idiopathic urticaria		This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Idiopathic urticaria	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Idiopathic urticaria	UNSPECIFIED SPECIALTY	Diagnosis 1254-F ID1413	0	3	0	3	0.00%	100.00%	0.00%
Impaired fasting glucose	INTERNAL MEDICINE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Impaired glucose tolerance (oral)	OBSTESTRICS & GYNECOLOGY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Impulsiveness	PSYCHIATRY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Infantile (acute) (chronic) eczema	DERMATOLOGY	Disease severity, Vitiligo 5018-C ID4123	0	3	0	3	0.00%	100.00%	0.00%
insomnia due to medical condition		Non-formulary/non-preferred 6178-D ID3722	0	3	0	3	0.00%	100.00%	0.00%
insomnia due to medical condition	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Insomnia, unspecified		This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Insomnia, unspecified	INTERNAL MEDICINE	Quantity, Post limit criteria not met 201-J ID3449	0	3	0	3	0.00%	100.00%	0.00%
Insulin resistance, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Intestinal malabsorption, unspecified	GASTROENTEROLOGY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Intrinsic (allergic) eczema		Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Intrinsic (allergic) eczema	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Intrinsic (allergic) eczema	DERMATOLOGY	Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Intrinsic (allergic) eczema	DERMATOLOGY	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Iron deficiency anemia, unspecified		Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Irritable bowel syndrome with diarrhea	FAMILY PRACTICE	Exceeds maximum duration of therapy	0	3	0	3	0.00%	100.00%	0.00%
Joint pain-shlder	FAMILY PRACTICE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Joint pain-shlder	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogrens, bilateral	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	OPHTHALMOLOGY	Formulary Medical Necessity Tyrvaya SCF, ACF CMK STD 09-2022 2F	0	3	0	3	0.00%	100.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Lichen simplex chronicus	DERMATOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Lipodystrophy, not elsewhere classified	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Localization-related (focal) (partial) idiopathic epilepsy and epileptic sy	NEUROLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Local-rel symptc epi w cmplx prt seiz,not ntrct,w/o stat epi	NEUROLOGY, PEDIATRIC	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Local-rel symptc epi w simp prt seiz,not ntrct, w/o stat epi	NEUROLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%

Local-rel symptc epi w simp prt seiz,not ntrct, w/o stat epi	NEUROLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Local-rel symptc epi w simp prt seiz,not ntrct, w/o stat epi	UNSPECIFIED SPECIALTY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Long term (current) use of insulin	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Long term (current) use of opiate analgesic	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Low back pain, unspecified	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Low back pain, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Major depressive disorder, recurrent severe without psychotic features	FAMILY PRACTICE	Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	Diagnosis confirmed by depression rating scale	0	3	0	3	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	No inadequate response, intolerance or contraindication to generic formulary alternatives	0	3	0	3	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, in partial remission	PSYCHIATRY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Major depressive disorder, recurrent, mild	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, mild	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, mild	PSYCHIATRY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Major depressive disorder, recurrent, moderate		This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Major depressive disorder, recurrent, moderate	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, moderate	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Major depressive disorder, recurrent, moderate	PSYCHIATRY	Dosing, Exceeds Max Limit 2970-HJ ID1805	0	3	0	3	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate	PSYCHIATRY	Formulary Medical Necessity Auvelity SCF, ACF CMK STD 02-2023 2F	0	3	0	3	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, severe with psychotic symptoms	PSYCHIATRY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Major depressive disorder, single episode, moderate	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Major depressive disorder, single episode, severe without psychotic feature	PSYCHIATRY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Major depressive disorder, single episode, severe without psychotic feature	PSYCHIATRY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Major depressive disorder, single episode, unspecified		Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Major depressive disorder, single episode, unspecified	PSYCHIATRY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%

Male erectile disorder	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Male erectile disorder	FAMILY PRACTICE	Diagnosis 1651-A ID1971	0	3	0	3	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified		Diagnosis 865-C ID5024	0	3	0	3	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	INTERNAL MEDICINE	Brand exception/Generics first criteria not met 1539-D ID4555	0	3	0	3	0.00%	100.00%	0.00%
Malignant neoplasm of endometrium	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Malignant neoplasm of prostate	UROLOGY	Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Malignant neoplasm of unsp part of unsp bronchus or lung	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Malignant neoplasm of unsp part of unsp bronchus or lung	UNSPECIFIED SPECIALTY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Malignant neoplasm of unsp site of unspecified female breast		This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Malignant neoplasm of unsp site of unspecified female breast	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Malignant neoplasm of unsp site of unspecified female breast	NURSE PRACTITIONER, ADULT HEALTH	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Malignant neoplasm of upper-inner quadrant of left female breast	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Malignant neoplasm of upper-inner quadrant of right female breast	MEDICAL ONCOLOGY	Breast cancer - Not recurrent, advanced or metastatic disease 1639-A ID3781	0	3	0	3	0.00%	100.00%	0.00%
Malignant neoplasm of upper-outer quadrant of right female breast	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Menopausal and female climacteric states	OBSTETRICS & GYNECOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	INTERNAL MEDICINE	Step therapy two triptan 5-HT1 receptor agonists	0	3	0	3	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	INTERNAL MEDICINE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGY	Quantity, Exceeds max limit, Partial denial, acute treatment	0	3	0	3	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGY	Will be on concurrent/duplicate therapy 3481-E ID1707	0	3	0	3	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGY, PEDIATRIC	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus		Efficacy	0	3	0	3	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus		Quantity, Exceeds max limit, Partial denial, acute treatment	0	3	0	3	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	INTERNAL MEDICINE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, with status migrainosus	NEUROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Migraine with aura, intractable, with status migrainosus	INTERNAL MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Migraine with aura, intractable, without status migrainosus	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%

Migraine with aura, not intractable, w/o status migrainosus		Step therapy two triptan 5-HT1 receptor agonists	0	3	0	3	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	INTERNAL MEDICINE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Migraine with aura, not intractable, w/o status migrainosus	PSYCHIATRY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Migraine with aura, not intractable, with status migrainosus	NEUROLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Migraine without aura, intractable, with status migrainosus	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Migraine, unspecified, intractable, without status migrainosus	INTERNAL MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	3	0	3	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	FAMILY PRACTICE	Quantity, Exceeds max limit, Partial denial, acute treatment	0	3	0	3	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	FAMILY PRACTICE	Quantity, Post limit criteria not met, Partial denial 1-J ID1783	0	3	0	3	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	FAMILY PRACTICE	Will be on concurrent/duplicate therapy 3481-E ID1707	0	3	0	3	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	INTERNAL MEDICINE	Quantity, Post limit criteria not met, Partial denial 1-J ID1783	0	3	0	3	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	UNSPECIFIED SPECIALTY	Will be on concurrent/duplicate therapy 2761-E ID1659	0	3	0	3	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated		This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Mild intermittent asthma, uncomplicated	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Mild intermittent asthma, uncomplicated	INTERNAL MEDICINE	Formulary Medical Necessity AirDuo Digihaler, Breyna, Budesonide-Formoterol Inh, Fluticasone-Vilanterol, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 03-2023 2F	0	3	0	3	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	INTERNAL MEDICINE	Non-formulary/non-preferred – Dosage form not approvable	0	3	0	3	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	PULMONOLOGY, PEDIATRIC	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Mild Persistent Asthma with acute exacerbation	PEDIATRICS	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Mild persistent asthma, uncomplicated		***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated		Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	3	0	3	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated		This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Mild persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	3	0	3	0.00%	100.00%	0.00%
Mixed hyperlipidemia		***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%

Mixed hyperlipidemia	CARDIOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Mixed hyperlipidemia	CARDIOLOGY	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Mixed hyperlipidemia	CARDIOLOGY	Continuation - No documentation of LDL	0	3	0	3	0.00%	100.00%	0.00%
Mixed hyperlipidemia	CARDIOLOGY	Lack of Information	0	3	0	3	0.00%	100.00%	0.00%
Mixed hyperlipidemia	FAMILY PRACTICE	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Moderate persistent asthma with acute exacerbation	PULMONOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Moderate persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Lack of Information	0	3	0	3	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	INTERNAL MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Moderate persistent asthma, uncomplicated	PULMONARY DISEASES	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Morbid (severe) obesity due to excess calories		Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Morbid (severe) obesity due to excess calories	ENDOCRINOLOGY, PEDIATRIC	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	FAMILY PRACTICE	BMI Documentation 1190-C ID3569	0	3	0	3	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Multiple sclerosis	INTERNAL MEDICINE	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Multiple sclerosis	NEUROLOGY	Copaxone 20 mg - Non-formulary/non-preferred - Same ingredient generic	0	3	0	3	0.00%	100.00%	0.00%
Multiple sclerosis	Neurology	Mayzent or Zeposia - Non-formulary/non-preferred 3260-D ID2834	0	3	0	3	0.00%	100.00%	0.00%
Narcolepsy without cataplexy		Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Narcolepsy without cataplexy	NEUROLOGY	Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Narcolepsy without cataplexy	PSYCHIATRY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Nasal polyp, unspecified		Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Nasal polyp, unspecified		Lack of Information	0	3	0	3	0.00%	100.00%	0.00%
Nasal polyp, unspecified	ALLERGY & IMMUNOLOGY	Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Nasal polyp, unspecified	ALLERGY & IMMUNOLOGY	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Nasal polyp, unspecified	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Nausea	INTERNAL MEDICINE	Antiemetic 5-HT3 Post Limit PA 16-J 01-2023 05_24_2023_15_51_03 2F	0	3	0	3	0.00%	100.00%	0.00%
Nausea with vomiting, unspecified	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Neoplasm related pain (acute) (chronic)	UNSPECIFIED SPECIALTY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
New daily persistent headache (NDPH)	NEUROLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Nummular dermatitis	DERMATOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Nummular dermatitis	DERMATOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Obesity, class 2	INTERNAL MEDICINE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Obesity, unspecified	PSYCHIATRY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Obstructive hypertrophic cardiomyopathy	CARDIOLOGY	Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%

Obstructive sleep apnea (adult) (pediatric)	PSYCHIATRY	Continuation: Not on required concurrent therapy with PAP	0	3	0	3	0.00%	100.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)	PSYCHIATRY	Prescriber specialty	0	3	0	3	0.00%	100.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)	SLEEP MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Osteoarthritis of hip, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Oth disrd of the skin and subcutaneous tissue	DERMATOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Oth disrd of the skin and subcutaneous tissue	FAMILY PRACTICE	Diagnosis 237-A ID2289	0	3	0	3	0.00%	100.00%	0.00%
Oth disrd of the skin and subcutaneous tissue	UNSPECIFIED SPECIALTY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Oth disrd of the skin and subcutaneous tissue	UNSPECIFIED SPECIALTY	Diagnosis 237-A ID2289	0	3	0	3	0.00%	100.00%	0.00%
Other abnormal glucose		***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Other acariasis	OPHTHALMOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Other acne	DERMATOLOGY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Other acne	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Other acne	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Other acne	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Other acne	UNSPECIFIED SPECIALTY	Diagnosis 4915-A ID2138	0	3	0	3	0.00%	100.00%	0.00%
Other acne	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Other acute postprocedural pain		This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Other acute postprocedural pain	INTERNAL MEDICINE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Other acute postprocedural pain	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Other acute postprocedural pain	OTOLARYNGOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Other allergic rhinitis	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Other atopic dermatitis		Continuation - Efficacy 1743-A ID5064	0	3	0	3	0.00%	100.00%	0.00%
Other atopic dermatitis		Continuation- No Response	0	3	0	3	0.00%	100.00%	0.00%
Other atopic dermatitis		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	3	0	3	0.00%	100.00%	0.00%
Other atopic dermatitis	ALLERGY & IMMUNOLOGY, CLINICAL & LABORATORY	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Initial - BSA less than 10% and no crucial body areas affected 1743-A ID5064	0	3	0	3	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	3	0	3	0.00%	100.00%	0.00%
Other atopic dermatitis	FAMILY PRACTICE	Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Other atopic dermatitis	FAMILY PRACTICE	Non-formulary/non-preferred - No inadequate response, intolerance, or contraindication to formulary alternative(s)	0	3	0	3	0.00%	100.00%	0.00%
Other atopic dermatitis	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	3	0	3	0.00%	100.00%	0.00%

Other atrophic disorders of skin	UNSPECIFIED SPECIALTY	Diagnosis 237-A ID2289	0	3	0	3	0.00%	100.00%	0.00%
Other chronic pain	ANESTHESIOLOGY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Other chronic sinusitis	OTOLARYNGOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Other disorders of intestinal carbohydrate absorption	INTERNAL MEDICINE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Other disorders of phosphorus metabolism	INTERNAL MEDICINE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Other disorders of phosphorus metabolism	NEPHROLOGY / RENAL MEDICINE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Other hyperlipidemia	CARDIOLOGY	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Other hyperlipidemia	CARDIOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Other hypersomnia	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Other hypoglycemia	FAMILY PRACTICE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Other intervertebral disc degeneration, lumbar region with discogenic	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Other lesions of oral mucosa		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Other long term (current) drug therapy	FAMILY PRACTICE	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Other melanin hyperpigmentation	DERMATOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Other melanin hyperpigmentation	DERMATOLOGY	Diagnosis 237-A ID2289	0	3	0	3	0.00%	100.00%	0.00%
Other migraine, not intractable, without status migrainosus	NEUROLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Other obesity	FAMILY PRACTICE	BMI Documentation 4774-C ID4438	0	3	0	3	0.00%	100.00%	0.00%
Other obesity due to excess calories	UNSPECIFIED SPECIALTY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Other organ or system involvement in systemic lupus erythematosus		Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Other pruritus	DERMATOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Other psoriasis	DERMATOLOGY	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Other psoriasis	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Other psoriasis	RHEUMATOLOGY	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Other psoriasis	RHEUMATOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Other psoriatic arthropathy		Frequency SC and IV - Q4 weeks - Exceeds max limit	0	3	0	3	0.00%	100.00%	0.00%
Other psoriatic arthropathy		Lack of Information	0	3	0	3	0.00%	100.00%	0.00%
Other rosacea	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Other rosacea	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Other rosacea	UNSPECIFIED SPECIALTY	Diagnosis 237-A ID2289	0	3	0	3	0.00%	100.00%	0.00%
Other rosacea	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Other seborrheic dermatitis		This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Other seborrheic dermatitis	DERMATOLOGY	Diagnosis - Plaque Psoriasis	0	3	0	3	0.00%	100.00%	0.00%
Other seborrheic dermatitis	DERMATOLOGY	Step Therapy - Ketoconazole, Ciclopirox or Less than 16	0	3	0	3	0.00%	100.00%	0.00%
Other skin changes	UNSPECIFIED SPECIALTY	Diagnosis 237-A ID2289	0	3	0	3	0.00%	100.00%	0.00%

Other skin changes due to chronic exposure to nonionizing radiation	DERMATOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Other specified behavioral and emotional disorders with onset usually occur		This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Other specified behavioral and emotional disorders with onset usually occur	INTERNAL MEDICINE	Non-formulary/non-preferred – Generic on Formulary	0	3	0	3	0.00%	100.00%	0.00%
Other specified behavioral and emotional disorders with onset usually occur	PSYCHIATRY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Other specified behavioral and emotional disorders with onset usually occur	UNSPECIFIED SPECIALTY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Other specified diseases of intestine	GASTROENTEROLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Other specified disorders of the male genital organs	DERMATOLOGY	Diagnosis 3199-E ID1302	0	3	0	3	0.00%	100.00%	0.00%
Other specified epidermal thickening	DERMATOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Other specified epidermal thickening	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Other specified follicular disorders	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
other specified health status	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Other specified hypothyroidism	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Other specified postprocedural states	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Other spondylosis with radiculopathy, cervical region	ENDOCRINOLOGY, DIABETES & METABOLISM	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	3	0	3	0.00%	100.00%	0.00%
Other urticaria		Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Other urticaria	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Overweight	FAMILY PRACTICE	Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Pain in right knee	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Pain in unspecified knee		Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Paranoid schizophrenia	PSYCHIATRY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Parkinson's disease		Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Parkinson's disease	NEUROLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Parkinsons disease with dyskinesia, with fluctuations	Neurology	Non-formulary/non-preferred – Dosage form not approvable	0	3	0	3	0.00%	100.00%	0.00%
Parkinsons disease without dyskinesia, without mention of fluctuations	NEUROLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Paroxysmal atrial fibrillation	CARDIAC ELECTROPHYSIOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Paroxysmal atrial fibrillation	CARDIOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Pelvic and perineal pain	ANESTHESIOLOGY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Perioral dermatitis	DERMATOLOGY	Diagnosis 4915-A ID2138	0	3	0	3	0.00%	100.00%	0.00%
Perioral dermatitis	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Perioral dermatitis	DERMATOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Persons encountering health services in other specified circumstances	FAMILY PRACTICE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Pityriasis alba	DERMATOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%

Polycystic ovarian syndrome		***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Polycystic ovarian syndrome		Non-formulary/non-preferred – Dosage form not approvable	0	3	0	3	0.00%	100.00%	0.00%
Polycystic ovarian syndrome	INTERNAL MEDICINE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Polycythemia vera	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Polyneuropathy, unspecified	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Polyp of nasal cavity	ALLERGY & IMMUNOLOGY	Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Polyp of nasal cavity	ALLERGY & IMMUNOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Polyp of nasal cavity	OTOLARYNGOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Polyp of nasal cavityuser	OTOLARYNGOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Polypoid sinus degeneration	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Postinflammatory Hyperpigmentation		This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Postlaminectomy syndrome, not elsewhere classified	ANESTHESIOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Postlaminectomy syndrome, not elsewhere classified	PAIN MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Postprocedural hypothyroidism	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Postprocedural hypothyroidism	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Prediabetes	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Prediabetes	GERIATRIC MEDICINE, FAMILY PRACTICE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Prediabetes	HEMATOLOGY & ONCOLOGY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Prediabetes	INTERNAL MEDICINE	Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Presence of right artificial knee joint	ORTHOPEDIC SURGERY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Primary centeral sleep apnea		Continuation: Not on required concurrent therapy with PAP	0	3	0	3	0.00%	100.00%	0.00%
Primary focal hyperhidrosis, axilla	DERMATOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Primary focal hyperhidrosis, unspecified	DERMATOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Primary insomnia	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Primary insomnia	NEUROLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Primary insomnia	NEUROLOGY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Primary open-angle glaucoma, right eye, severe stage	OPHTHALMOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Primary osteoarthritis, unspecified shoulder	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 2328-HJ ID3275	0	3	0	3	0.00%	100.00%	0.00%
Primary pulmonary hypertension		Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Proteinuria, unspecified	INTERNAL MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Proteinuria, unspecified	Nephrology	No proteinuria greater than equal to 1 g/day or urine protein-to-creatinine ratio (UPCR) greater than or equal to 0.8 g/g based on a 24-hour urine collection	0	3	0	3	0.00%	100.00%	0.00%

Prurigo nodularis		Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Psoriasis	DERMATOLOGY	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Psoriasis vulgaris		Continuation - Efficacy 3047-A ID5108	0	3	0	3	0.00%	100.00%	0.00%
Psoriasis vulgaris		PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3874	0	3	0	3	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3015	0	3	0	3	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	PsO continuation - Efficacy	0	3	0	3	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	PsO continuation - No response	0	3	0	3	0.00%	100.00%	0.00%
Psoriasis vulgaris	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Psoriasis vulgaris	INTERNAL MEDICINE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Psoriasis vulgaris	SURGERY, DERMATOLOGIC	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	Patient is able to take alternative dosage form 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3015	0	3	0	3	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	Self-admin - PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID5122	0	3	0	3	0.00%	100.00%	0.00%
Psoriasis, unspecified	DERMATOLOGY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Psoriasis, unspecified	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Psoriasis, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Psoriasis, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Psoriatic arthritis mutilans		Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Psoriatic arthritis mutilans	RHEUMATOLOGY	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Psychophysiologic insomnia	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Psychophysiologic insomnia	INTERNAL MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Pure hypercholesterolemia, unspecified		Primary hyperlipidemia - Lab/test - Untreated LDL-C less than 190 mg/dL	0	3	0	3	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified	INTERNAL MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Pure hyperglyceridemia	INTERNAL MEDICINE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Quadriplegia, C5-C7 incomplete	Family Medicine **Specialty Match Required**	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Radiculopathy, cervical region		***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Radiculopathy, cervical region	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Radiculopathy, cervical region	UNSPECIFIED SPECIALTY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Radiculopathy, lumbar region		This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Radiculopathy, lumbar region	ANESTHESIOLOGY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Radiculopathy, lumbar region	FAMILY PRACTICE	Diagnosis - Lyrica	0	3	0	3	0.00%	100.00%	0.00%

Radiculopathy, lumbar region	INTERNAL MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Radiculopathy, lumbar region	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Radiculopathy, lumbar region	PHYSICAL MEDICINE & REHABILITATION	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Radiculopathy, lumbar region	PHYSICAL MEDICINE & REHABILITATION	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Radiculopathy, lumbar region	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Radiculopathy, lumbosacral region	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Rash and other nonspecific skin eruption	DERMATOLOGY	Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	3	0	3	0.00%	100.00%	0.00%
Rash and other nonspecific skin eruption	INTERNAL MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ		This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	RHEUMATOLOGY	Enhanced RA – MTX other reason to avoid	0	3	0	3	0.00%	100.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	RHEUMATOLOGY	RA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID4403	0	3	0	3	0.00%	100.00%	0.00%
Rheumatoid arthritis with rheumatoid factor, unspecified		Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, multiple sites		Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, multiple sites	INTERNAL MEDICINE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Rheumatoid arthritis without rheumatoid factor, multiple sites	RHEUMATOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Rheumatoid arthritis without rheumatoid factor, unspecified site	RHEUMATOLOGY	Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, unspecified site	Rheumatology	Dosage 2014-A ID3736	0	3	0	3	0.00%	100.00%	0.00%
Rosacea	DERMATOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Rosacea, unspecified	DERMATOLOGY	Diagnosis 76-D ID4113	0	3	0	3	0.00%	100.00%	0.00%
Rosacea, unspecified	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Schizoaffective disorder, bipolar type	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Schizophrenia, unspecified	PSYCHIATRY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Seborrheic dermatitis, unspecified		Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Seborrheic dermatitis, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Severe persistent asthma, uncomplicated		Non-formulary/non-preferred - Nasal polyps or age less than 12	0	3	0	3	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated		This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Severe persistent asthma, uncomplicated	ALLERGY	Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Severe persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Severe persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Short stature (child)	PEDIATRICS	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Sicca syndrome with keratoconjunctivitis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%

Small intestinal bacterial overgrowth, unspecified	GASTROENTEROLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Spinal stenosis, lumbar region without neurogenic claudication	FAMILY PRACTICE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Spondylosis w/o myelopathy or radiculopathy, cervical region	ANESTHESIOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Squamous blepharitis right eye, unspecified eyelid	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Squamous blepharitis right upper eyelid	OPHTHALMOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Submucous leiomyoma of uterus	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Sucrase-isomaltase deficiency	GASTROENTEROLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Sympathetic uveitis, unspecified eye	INTERNAL MEDICINE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Systemic lupus erythematosus, unspecified		Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Testicular hypofunction		Non-approvable diagnosis 1210-A ID1157	0	3	0	3	0.00%	100.00%	0.00%
Testicular hypofunction		This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Testicular hypofunction	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Testicular hypofunction	ENDOCRINOLOGY, DIABETES & METABOLISM	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Testicular hypofunction	FAMILY PRACTICE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Testicular hypofunction	FAMILY PRACTICE	No approvable diagnosis (all drugs except generic Delatestryl and Testopel) 1210-A ID1157	0	3	0	3	0.00%	100.00%	0.00%
Testicular hypofunction	INTERNAL MEDICINE	No approvable diagnosis (all drugs except generic Delatestryl and Testopel) 1210-A ID1157	0	3	0	3	0.00%	100.00%	0.00%
Testicular hypofunction	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Tinea cruris	DERMATOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Tinea unguium		Lab/test 1160-C ID2578	0	3	0	3	0.00%	100.00%	0.00%
Transsexualism	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
Transsexualism	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Type 1 diabetes mellitus with hyperglycemia	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Type 1 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred - Product 4510-A ID2757	0	3	0	3	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Quantity, Exceeds max limit, Partial denial – Omnipod 10 pods per month	0	3	0	3	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	FAMILY PRACTICE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	PEDIATRICS	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Type 1 diabetes mellitus without complications	PEDIATRICS	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%

Type 2 diabetes mellitus	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic chronic kidney disease	CARDIOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with diabetic chronic kidney disease	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with diabetic chronic kidney disease	INTERNAL MEDICINE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic nephropathy	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with diabetic neuropathy, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with diabetic neuropathy, unspecified	INTERNAL MEDICINE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic polyneuropathy	FAMILY PRACTICE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	CARDIOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with hyperglycemia	EMERGENCY MEDICINE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred - Member can switch to a preferred product 4510-A ID2757	0	3	0	3	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce		This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with hypoglycemia without coma	GENERAL PRACTICE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with other circulatory complications	INTERNAL MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with other specified complication	FAMILY PRACTICE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with unspecified complications		Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	CARDIAC ELECTROPHYSIOLOGY	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	CARDIOLOGY, INTERVENTIONAL	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Type 2 diabetes mellitus without complications	DIABETES	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	EMERGENCY MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred - Member can switch to a preferred product 4510-A ID2757	0	3	0	3	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Family/Internal Medicine	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%

Type 2 diabetes mellitus without complications	INFECTIOUS DISEASES	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	INFECTIOUS DISEASES	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Type 2 diabetes mellitus without complications	PEDIATRICS	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Ulcer of esophagus without bleeding	GASTROENTEROLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Ulcerative (chronic) pancolitis without complications	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Ulcerative colitis, unspecified, without complications		This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Ulcerative colitis, unspecified, without complications	Gastroenterology	Frequency - every two weeks, Exceeds max limit	0	3	0	3	0.00%	100.00%	0.00%
unavailable	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
unavailable	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	3	0	3	0.00%	100.00%	0.00%
unavailable	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
unavailable	INFECTIOUS DISEASES	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
unavailable	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
unavailable	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
unavailable	OTOLARYNGOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
unavailable	OTOLARYNGOLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	3	0	3	0.00%	100.00%	0.00%
unavailable	PEDIATRICS	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
unavailable	RHEUMATOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
unavailable	UNSPECIFIED SPECIALTY	Patient is able to take alternative dosage form 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Unilateral primary osteoarthritis, left hip	FAMILY PRACTICE	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Unilateral primary osteoarthritis, right knee	ORTHOPEDIC SURGERY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Unilateral primary osteoarthritis, right knee	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Unspecified asthma, uncomplicated		Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	3	0	3	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Unspecified asthma, uncomplicated	FAMILY PRACTICE	Formulary Medical Necessity SABAs SCF CMK STD 09-2023 2F	0	3	0	3	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	3	0	3	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	INTERNAL MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Unspecified asthma, uncomplicated	INTERNAL MEDICINE	Non-formulary/non-preferred, over 7 years old 5842-A ID4040	0	3	0	3	0.00%	100.00%	0.00%
Unspecified blepharitis left eye, unspecified eyelid	OPHTHALMOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Unspecified blepharitis right eye, upper and lower eyelids	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Unspecified contact dermatitis, unspecified cause	FAMILY PRACTICE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%

Unspecified contact dermatitis, unspecified cause	UNSPECIFIED SPECIALTY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Unspecified convulsions	UNSPECIFIED SPECIALTY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Unspecified iridocyclitis		Clinician reviewed - meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Unspecified iridocyclitis	RHEUMATOLOGY	This PA is Auto Closed	0	0	3	3	0.00%	0.00%	100.00%
Urinary tract infection, site not specified	INTERNAL MEDICINE	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
Vitamin B12 deficiency anemia, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	3	0	3	0.00%	100.00%	0.00%
Xerosis cutis	DERMATOLOGY	Met Plan Criteria	3	0	0	3	100.00%	0.00%	0.00%
		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Elevated lipoprotein(a)	CARDIOLOGY, INTERVENTIONAL	Primary hyperlipidemia - Lab/test - Untreated LDL-C less than 190 mg/dL	0	2	0	2	0.00%	100.00%	0.00%
Abdominal distension (gaseous)	GASTROENTEROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Abnormal level of hormones in specimens from other organs, systems and tiss		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Abnormal weight gain	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Abnormal weight gain	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Abnormal weight gain	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Abnormal weight gain	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Acanthosis nigricans		Diagnosis 237-A ID2289	0	2	0	2	0.00%	100.00%	0.00%
Acne vulgaris		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Acne vulgaris		Diagnosis 4915-A ID2138	0	2	0	2	0.00%	100.00%	0.00%
Acne vulgaris		Step Therapy 118-A ID2113	0	2	0	2	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	Continuation: Efficacy	0	2	0	2	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	Diagnosis 237-A ID2289	0	2	0	2	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	Diagnosis 76-D ID1404	0	2	0	2	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	Patient did not have adverse reaction to the separate individual drugs caused by the inactive ingredient and/or documentation not provided	0	2	0	2	0.00%	100.00%	0.00%
Acne vulgaris	EMERGENCY MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Acne vulgaris	FAMILY PRACTICE	Diagnosis 4915-A ID2138	0	2	0	2	0.00%	100.00%	0.00%
Acne vulgaris	FAMILY PRACTICE	Formulary Medical Necessity Dermatology, Acne SCF CMK STD 09-2023 2F	0	2	0	2	0.00%	100.00%	0.00%
Acne vulgaris	FAMILY PRACTICE	Non-formulary/non-preferred – Dosage form not approvable	0	2	0	2	0.00%	100.00%	0.00%
Acne vulgaris	NURSE PRACTITIONER, ADULT HEALTH	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	2	0	2	0.00%	100.00%	0.00%
Acne vulgaris	SURGERY, DERMATOLOGIC	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Acne vulgaris	SURGERY, GENERAL	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Acne vulgaris	UNSPECIFIED SPECIALTY	Continuation: Efficacy	0	2	0	2	0.00%	100.00%	0.00%

Acne vulgaris	UNSPECIFIED SPECIALTY	Efficacy	0	2	0	2	0.00%	100.00%	0.00%
Acne vulgaris	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Isotretinoins SCF CMK STD 09-2023 1T	0	2	0	2	0.00%	100.00%	0.00%
Acne vulgaris	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Generic on Formulary	0	2	0	2	0.00%	100.00%	0.00%
Acne vulgaris	UNSPECIFIED SPECIALTY	Patient is able to take alternative dosage form 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Acne, unspecified		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Acne, unspecified	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Acne, unspecified	PEDIATRICS	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Acromegaly and pituitary gigantism	ENDOCRINOLOGY, DIABETES & METABOLISM	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Actinic keratosis	DERMATOLOGY	Diagnosis 1339-C ID4830	0	2	0	2	0.00%	100.00%	0.00%
Actinic keratosis	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Dosage form not approvable	0	2	0	2	0.00%	100.00%	0.00%
Actinic keratosis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Acute atopic conjunctivitis, bilateral	OPHTHALMOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Acute bronchitis, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Acute cough	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Acute cystitis without hematuria	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Acute gastritis without bleeding	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Acute myeloblastic leukemia, not having achieved remission		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Acute pain due to trauma	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Acute upper respiratory infection, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	Diagnosis 1930-A ID3205	0	2	0	2	0.00%	100.00%	0.00%
Acute vaginitis		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Acute vaginitis	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Adult body mass index 30-30.9 obesity - Adult obesity with BMI between...		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Adult body mass index 30-30.9 obesity - Adult obesity with BMI between...	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Aftercare following joint replacement surgery	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Age-related osteoporosis w/o current pathological fracture		Non-formulary/non-preferred 3284-D ID3507	0	2	0	2	0.00%	100.00%	0.00%
Age-related osteoporosis w/o current pathological fracture	ENDOCRINOLOGY, DIABETES & METABOLISM	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Age-related osteoporosis w/o current pathological fracture	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Age-related osteoporosis w/o current pathological fracture	RHEUMATOLOGY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%

Agranulocytosis secondary to cancer chemotherapy	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Agranulocytosis secondary to cancer chemotherapy	NURSE PRACTITIONER, ADULT HEALTH	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Allergic contact dermatitis due to metals	DERMATOLOGY	Continuation - Efficacy 1743-A ID5064	0	2	0	2	0.00%	100.00%	0.00%
Allergic contact dermatitis due to other agents		Diagnosis 1254-F ID4124	0	2	0	2	0.00%	100.00%	0.00%
Allergic contact dermatitis due to other chemical products	DERMATOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Allergic contact dermatitis, unspecified cause	DERMATOLOGY	Diagnosis 1254-F ID1413	0	2	0	2	0.00%	100.00%	0.00%
Allergic contact dermatitis, unspecified cause	DERMATOLOGY	Diagnosis 76-D ID1404	0	2	0	2	0.00%	100.00%	0.00%
Allergic Dermatitis for the unspecified eye, unspecified eyelid	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Allergic dermatitis of right eye, unspecified eyelid		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Allergic dermatitis of right upper eyelid	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Allergic dermatitis of right upper eyelid	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Allergic rhinitis due to pollen		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Allergic rhinitis due to pollen	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Allergic rhinitis due to pollen	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Allergic rhinitis, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Allergic rhinitis, unspecified	PEDIATRICS	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Allergic urticaria		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Allergic urticaria	ALLERGY & IMMUNOLOGY, CLINICAL & LABORATORY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Allergic urticaria	ALLERGY & IMMUNOLOGY, CLINICAL & LABORATORY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Allergy to eggs	ALLERGY & IMMUNOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Allergy to eggs	INTERNAL MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Allergy to eggs	PEDIATRICS	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Allergy to eggs	PEDIATRICS	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Allergy to milk product		IgE-mediated food allergy - Lab/test - Pre-treatment allergen-specific IgE level/Skin-prick test	0	2	0	2	0.00%	100.00%	0.00%
Allergy to other foods		Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Allergy to other foods		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Allergy to other foods	ALLERGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Allergy to other foods	FAMILY PRACTICE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Allergy to other foods	FAMILY PRACTICE	No need to have in multiple locations or replacement due to use	0	2	0	2	0.00%	100.00%	0.00%
Allergy to other foods	PEDIATRICS	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%

Allergy to other foods	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Allergy to peanuts		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Allergy to peanuts	ALLERGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Allergy to peanuts	ALLERGY & IMMUNOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Allergy to peanuts	ALLERGY & IMMUNOLOGY	Diagnosis 1656-A ID2727	0	2	0	2	0.00%	100.00%	0.00%
Allergy to peanuts	PEDIATRICS	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Allergy to peanuts	PEDIATRICS	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Allergy to seafood	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Alopecia areata, unspecified		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Alopecia areata, unspecified		Lab/test – No initial TB test	0	2	0	2	0.00%	100.00%	0.00%
Alopecia areata, unspecified	DERMATOLOGY	Alopecia areata - Not 50% hair loss 2597-A ID3563	0	2	0	2	0.00%	100.00%	0.00%
Alopecia areata, unspecified	Dermatology	Alopecia areata - Not 50% hair loss 6064-A ID3560	0	2	0	2	0.00%	100.00%	0.00%
Alopecia areata, unspecified	Dermatology	Diagnosis 2011-A ID2343	0	2	0	2	0.00%	100.00%	0.00%
Alopecia areata, unspecified	DERMATOLOGY	Diagnosis 5018-C ID3345	0	2	0	2	0.00%	100.00%	0.00%
Alopecia areata, unspecified	DERMATOLOGY	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Amyotrophic lateral sclerosis	FAMILY PRACTICE	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Anaphylactic reaction due to fruits and vegetables, subsequent encount	FAMILY PRACTICE	Formulary Medical Necessity Anaphylaxis Treatment SCF CMK STD 09-2023 1T v2	0	2	0	2	0.00%	100.00%	0.00%
Anaphylactic reaction due to peanuts	PEDIATRICS	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Anemia, unspecified		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Anemia, unspecified	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Anemia, unspecified	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Angioneurotic edema, subsequent encounter	ALLERGY	CSU - Initial - Step therapy - No second-generation H1 antihistamine trial	0	2	0	2	0.00%	100.00%	0.00%
Ankylosing spondylitis	rheumatology	Self-admin - AS - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID5122	0	2	0	2	0.00%	100.00%	0.00%
Ankylosing spondylitis lumbar region		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Ankylosing spondylitis of lumbosacral region		Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Ankylosing spondylitis of multiple sites in spine	RHEUMATOLOGY	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Ankylosing spondylitis of multiple sites in spine	RHEUMATOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Ankylosing spondylitis of unspecified sites in spine	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Ankylosing spondylitis of unspecified sites in spine	PHYSICAL MEDICINE & REHABILITATION	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Ankylosing spondylitis of unspecified sites in spine	Rheumatology	PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID4403	0	2	0	2	0.00%	100.00%	0.00%

Anogenital warts		Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Anxiety disorder, unspecified		Non-formulary/non-preferred – Generic on Formulary	0	2	0	2	0.00%	100.00%	0.00%
Anxiety disorder, unspecified		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Anxiety disorder, unspecified	INTERNAL MEDICINE	Non-formulary/non-preferred – Dosage form not approvable	0	2	0	2	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	INTERNAL MEDICINE	Step Therapy 384-D ID1926	0	2	0	2	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	Psychiatry	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Arthrodesis status		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Arthrodesis status	FAMILY PRACTICE	Diagnosis - Lyrica	0	2	0	2	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified		Will be on concurrent/duplicate therapy-same indication 2156-A ID4409	0	2	0	2	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	Dermatology	Concomitant biologic or targeted synthetic drug or potent immunosuppressant 3173-A ID3682	0	2	0	2	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	INTERNAL MEDICINE	PsA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID4403	0	2	0	2	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	RHEUMATOLOGY	PsA - Mild to moderate disease, no prior therapy and no enthesitis/axial disease 2003-A ID4503	0	2	0	2	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	RHEUMATOLOGY	PsA continuation - No response;; 2008-A ID5303	0	2	0	2	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Aspergillosis, unspecified	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Asymptomatic human immunodeficiency virus infection status		Non-formulary/non-preferred – Combo product	0	2	0	2	0.00%	100.00%	0.00%
Asymptomatic human immunodeficiency virus infection status	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Asymptomatic menopausal state		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Asymptomatic premature menopause	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Atherosclerosis of coronary artery bypass graft(s) without angina pectoris	CARDIOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris		Step therapy - High/moderate intensity statins with ezetimibe	0	2	0	2	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY	ASCVD - Current LDL-C less than 70 mg/dL or unknown 2494-A ID1298	0	2	0	2	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY	ASCVD - Other manifestations of ASCVD	0	2	0	2	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY	Non-formulary/non-preferred - No intolerable adverse event or contraindication to preferred product	0	2	0	2	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	Cardiology	Non-formulary/non-preferred-Praluent	0	2	0	2	0.00%	100.00%	0.00%

Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	cardiology	Primary hyperlipidemia - Lab/test - Untreated LDL-C less than 190 mg/dL	0	2	0	2	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY, INTERVENTIONAL	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY, INTERVENTIONAL	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	FAMILY PRACTICE	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	FAMILY PRACTICE	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	INTERNAL MEDICINE	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	INTERNAL MEDICINE	Continuation - No documentation of LDL	0	2	0	2	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	INTERNAL MEDICINE	Step therapy - High/moderate intensity statins with ezetimibe	0	2	0	2	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	UNSPECIFIED SPECIALTY	Continuation - Lab/test - Treated LDL-C level	0	2	0	2	0.00%	100.00%	0.00%
Atherosclerotic hrt dis of native coronary artery w/ unspecified angina pec	CARDIOLOGY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Atopic Dermatitis		Efficacy	0	2	0	2	0.00%	100.00%	0.00%
Atopic Dermatitis		Initial - No high potency to super-high potency topical corticosteroid]	0	2	0	2	0.00%	100.00%	0.00%
Atopic Dermatitis		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Atopic Dermatitis		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Atopic Dermatitis	ALLERGY	Initial - BSA less than 10% and no crucial body areas affected 1743-A ID5064	0	2	0	2	0.00%	100.00%	0.00%
Atopic Dermatitis	ALLERGY & IMMUNOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	AD Continuation - No response and request not for dosing regimen increase	0	2	0	2	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Age 1254-F ID1413	0	2	0	2	0.00%	100.00%	0.00%
Atopic Dermatitis	Dermatology	Concomitant biologic or targeted synthetic drug 1690-A ID3910	0	2	0	2	0.00%	100.00%	0.00%
Atopic dermatitis	DERMATOLOGY	Concomitant biologic or targeted synthetic drug 1743-A ID4039	0	2	0	2	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Diagnosis 1486-A ID4918	0	2	0	2	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	No sensitive areas/Age/No Trial 1254-F ID1413	0	2	0	2	0.00%	100.00%	0.00%
Atopic Dermatitis	Dermatology	Will be on concurrent/duplicate therapy 1690-A ID4795	0	2	0	2	0.00%	100.00%	0.00%
Atopic Dermatitis	FAMILY PRACTICE	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%

Atopic Dermatitis	FAMILY PRACTICE	Age 1254-F ID4124	0	2	0	2	0.00%	100.00%	0.00%
Atopic Dermatitis	PEDIATRICS	Diagnosis 1254-F ID4124	0	2	0	2	0.00%	100.00%	0.00%
Atopic Dermatitis	SURGERY, DERMATOLOGIC	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Atopic Dermatitis	SURGERY, DERMATOLOGIC	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Atopic Dermatitis	UNSPECIFIED SPECIALTY	Disease severity, Atopic Dermatitis	0	2	0	2	0.00%	100.00%	0.00%
Atopic neurodermatitis	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Atopic neurodermatitis	UNSPECIFIED SPECIALTY	Age 1254-F ID1413	0	2	0	2	0.00%	100.00%	0.00%
Atrophic disorder of skin, unspecified		Diagnosis 237-A ID2289	0	2	0	2	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type		Quantity, Post limit criteria not met 683-J ID4615	0	2	0	2	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	DEVELOPMENTAL-BEHAVIORAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	DEVELOPMENTAL-BEHAVIORAL MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Attention-deficit hyperactivity disorder, combined type	NEURODEVELOPMENTAL DISABILITIES, PEDIATRIC	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	NEUROLOGY, PEDIATRIC	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Non-formulary/non-preferred – Dosage form not approvable	0	2	0	2	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Patient is able to take alternative dosage form 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PSYCHIATRY	Formulary Medical Necessity ADHD Agents SCF CMK STD 09-2023 2F	0	2	0	2	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PSYCHIATRY	Quantity, Post limit criteria not met 683-J ID4615	0	2	0	2	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	Psychiatry - actively licensed in DC, MD, or VA - specialty match required	Non-formulary/non-preferred – Dosage form not approvable	0	2	0	2	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PSYCHIATRY, GERIATRIC	Patient is able to take alternative dosage form 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Attention-deficit hyperactivity disorder, unspecified type		Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	2	0	2	0.00%	100.00%	0.00%

Attention-deficit hyperactivity disorder, unspecified type	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	INTERNAL MEDICINE	Non-formulary/non-preferred – Generic on Formulary	0	2	0	2	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	NURSE PRACTITIONER, ADULT HEALTH	No improvement with continuation of therapy for ADHD	0	2	0	2	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PHYSICIAN, PSYCHIATRY & NEUROLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	2	0	2	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PSYCHIATRY	Formulary Medical Necessity ADHD Agents SCF CMK STD 02-2023 2F v2	0	2	0	2	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Dosage form not approvable	0	2	0	2	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom hyperactive type	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom hyperactive type	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom hyperactive type	PEDIATRICS	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom hyperactive type	PSYCHIATRY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom hyperactive type	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type		Diagnosis 178-C ID3028	0	2	0	2	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	DEVELOPMENTAL-BEHAVIORAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Attn-defct hyperactivity disorder, predom inattentive type	FAMILY PRACTICE	Non-formulary/non-preferred – Generic on Formulary	0	2	0	2	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	FAMILY PRACTICE	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	2	0	2	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	GERIATRIC PSYCHIATRY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	NEUROLOGY, PEDIATRIC	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	NEUROLOGY, PEDIATRIC	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Attn-defct hyperactivity disorder, predom inattentive type	OBSTETRICS & GYNECOLOGY	Non-formulary/non-preferred – Generic on Formulary	0	2	0	2	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Attn-defct hyperactivity disorder, predom inattentive type	PEDIATRICS	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PEDIATRICS	Non-formulary/non-preferred – Dosage form not approvable	0	2	0	2	0.00%	100.00%	0.00%

Attn-defct hyperactivity disorder, predom inattentive type	PEDIATRICS	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PHYSICIAN, PSYCHIATRY & NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Formulary Medical Necessity Methylphenidate ER, Xelstrym ACF CMK STD 3.13 03-2023 1T	0	2	0	2	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Over max quantity Adderall	0	2	0	2	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Patient is able to take alternative dosage form 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Quantity, Exceeds max limit, Partial denial - Adderall	0	2	0	2	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Quantity, Exceeds max limit, Partial denial - methylphenidate IR	0	2	0	2	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY, GERIATRIC	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	Specialty Match Required - Psychiatrist	Patient is able to take alternative dosage form 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Autistic disorder	PSYCHIATRY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Autoimmune thyroiditis		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Autoimmune thyroiditis		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Autoimmune thyroiditis	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Bacterial intestinal infection, unspecified		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Bacterial intestinal infection, unspecified	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Bacterial intestinal infection, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Barretts esophagus without dysplasia	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Behcets disease		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Behcets disease	RHEUMATOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Benign carcinoid tumor of the ileum	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Benign neoplasm of connective and other soft tissue, unsp	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Bilateral primary osteoarthritis of knee	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Bilateral primary osteoarthritis of knee	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Binge eating disorder	INFECTIOUS DISEASES	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Bipolar affective disorder, curnt episode severe depression w psychotic sym	PSYCHIATRY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Bipolar disord, crnt episode mixed, severe, w psych features		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%

Bipolar disorder, current episode depressed, mild	PSYCHIATRY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Bipolar disorder, current episode depressed, severe, without psychotic feat		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Bipolar disorder, current episode manic severe with psychotic features	PSYCHIATRY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Bipolar disorder, current episode manic without psychotic features		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Bipolar disorder, current episode manic without psychotic features, moderat	PSYCHIATRY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Bipolar disorder, current episode manic without psychotic features, severe	PSYCHIATRY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Bipolar disorder, current episode mixed, unspecified	PSYCHIATRY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Bipolar disorder, current episode mixed, unspecified	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Bipolar disorder, currently in remission, most recent episode unspecified	PSYCHIATRY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Bipolar disorder, in full remission, most recent episode hypomanic	Psychiatry	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Bipolar disorder, unspecified		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Bipolar disorder, unspecified	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Bipolar disorder, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Bipolar II disorder	PEDIATRICS	No approvable diagnosis 1888-E ID1116	0	2	0	2	0.00%	100.00%	0.00%
Bipolar II disorder	PSYCHIATRY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Body mass index (BMI) 27.0-27.9, adult		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Body mass index (BMI) 27.0-27.9, adult	FAMILY PRACTICE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Body mass index (BMI) 27.0-27.9, adult	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Body mass index (BMI) 28.0-28.9, adult	HOSPITALIST	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Body mass index (BMI) 28.0-28.9, adult	NURSE MIDWIFE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Body mass index (BMI) 28.0-28.9, adult	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Body mass index (BMI) 29.0-29.9, adult	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Body Mass Index (BMI) 32.0 - 32.9 . Adult	FAMILY PRACTICE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Body mass index (BMI) 33.0-33.9, adult		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Body mass index (BMI) 33.0-33.9, adult	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Body mass index (BMI) 33.0-33.9, adult	NATUROPATH	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Body Mass Index (BMI) 34.0-34.9, Adult	INTERNAL MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
BODY MASS INDEX (BMI) 35.0-35.9, ADULT		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
BODY MASS INDEX (BMI) 35.0-35.9, ADULT	FAMILY PRACTICE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
BODY MASS INDEX (BMI) 35.0-35.9, ADULT	INTERNAL MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
BODY MASS INDEX (BMI) 35.0-35.9, ADULT	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Body mass index (BMI) 36.0-36.9, adult	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%

Body Mass Index (BMI) 37.0-37.9 adult		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Body mass index (BMI) 38.0-38.9, adult	FAMILY PRACTICE	Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Body mass index (BMI) 39.0 -39.9, adult	FAMILY PRACTICE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Body mass index (BMI) 39.0 -39.9, adult	INTERNAL MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Body mass index (BMI) 40.0-44.9, adult		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Body mass index (BMI) 40.0-44.9, adult	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Body mass index (BMI) 40.0-44.9, adult	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Body mass index (BMI) 45.0-49.9, adult	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Body mass index (BMI) 50-59.9 , adult	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Body mass index (BMI) pediatric, >=l to 95th percentile for age	ENDOCRINOLOGY, PEDIATRIC	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Body mass index [BMI] 31.0-31.9, adult	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Bone marrow transplant status	PEDIATRICS	Age/No sensitive areas/ No trial	0	2	0	2	0.00%	100.00%	0.00%
Burn of mouth and pharynx, sequela	otolaryngology	Patient is able to take alternative dosage form 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Calcaneal spur, unspecified foot	ORTHOPEDIC SURGERY	Diagnosis 125-C ID2509	0	2	0	2	0.00%	100.00%	0.00%
Calculus of kidney		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Candidal stomatitis	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Candidal stomatitis	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Candidal stomatitis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Celiac disease	GASTROENTEROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Central centrifugal cicatricial alopecia	DERMATOLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	2	0	2	0.00%	100.00%	0.00%
CEREBRAL ANEURYSM, NONRUPTURED		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Cerebral palsy, unspecified	NEUROLOGY, PEDIATRIC	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Cervicalgia	ANESTHESIOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Cervicalgia	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Cervicalgia	INTERNAL MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Cervicalgia	INTERNAL MEDICINE	Diagnosis 125-C ID2509	0	2	0	2	0.00%	100.00%	0.00%
Cervicalgia	NEUROLOGY	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	2	0	2	0.00%	100.00%	0.00%
Cervicalgia	PHYSICAL MEDICINE & REHABILITATION	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Chest pain, unspecified	CARDIOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Chronic angle-closure glaucoma, bilateral, severe stage	OPHTHALMOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Chronic candidiasis of vulva and vagina		Diagnosis 241-A ID3457	0	2	0	2	0.00%	100.00%	0.00%
Chronic cough		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Chronic cough		Patient is able to take alternative dosage form 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Chronic cough	ALLERGY & IMMUNOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%

Chronic cough	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Chronic cough	PEDIATRICS	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Chronic cough	PEDIATRICS	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Chronic fatigue, unspecified	PSYCHIATRY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Chronic fatigue, unspecified	PSYCHIATRY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Chronic graft-versus-host disease		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Chronic idiopathic constipation		Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Chronic idiopathic constipation	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Chronic iridocyclitis, bilateral	RHEUMATOLOGY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Chronic kidney disease, stage 2 (mild)	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Chronic kidney disease, stage 2 (mild)	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Chronic kidney disease, stage 3 (moderate)	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Chronic kidney disease, stage 3 unspecified	NEPHROLOGY / RENAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Chronic kidney disease, stage 3 unspecified	UNSPECIFIED SPECIALTY	Lab/test - TSAT less than 20% or not receiving iron therapy	0	2	0	2	0.00%	100.00%	0.00%
Chronic kidney disease, stage 3a	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Chronic kidney disease, stage 3b	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Chronic kidney disease, stage 3b	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Chronic kidney disease, stage 3b	NEPHROLOGY / RENAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Chronic kidney disease, stage 3b	NEPHROLOGY / RENAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Chronic kidney disease, stage 4 (severe)		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Chronic kidney disease, unspecified	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Chronic migraine w/o aura, intractable, w status migrainosus	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Chronic migraine w/o aura, intractable, w status migrainosus	NEUROLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w status migrainosus	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w status migrainosus	NEUROLOGY	Will be on concurrent/duplicate therapy 3481-E ID1707	0	2	0	2	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w status migrainosus	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Chronic migraine w/o aura, intractable, w/o stat migr		Diagnosis 2219-M ID3403	0	2	0	2	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr		Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr		Step therapy two triptan 5-HT1 receptor agonists	0	2	0	2	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%

Chronic migraine w/o aura, intractable, w/o stat migr	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Chronic migraine w/o aura, intractable, w/o stat migr	NEUROLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr	NEUROLOGY	Formulary Medical Necessity Zavzpret ACF CMK STD 03-2023 2F	0	2	0	2	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Chronic migraine w/o aura, not intractable, w stat migr		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Chronic migraine with aura, intractable, with status migrainosus	NEUROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Chronic migraine with aura, not intractable, with status migrainosus	OTOLARYNGOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Chronic migraine with aura, not intractable, without status migrainosu	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrain		Will be on concurrent/duplicate therapy 3481-E ID1707	0	2	0	2	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus		Will be on concurrent/duplicate therapy 2761-E ID1659	0	2	0	2	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	NEUROLOGY, PEDIATRIC	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	UNSPECIFIED SPECIALTY	Will be on concurrent/duplicate therapy 2761-E ID1659	0	2	0	2	0.00%	100.00%	0.00%
Chronic myeloid leukemia, BCR/ABL-positive, in remission	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Chronic obstructive pulmonary disease, unspecified		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Chronic obstructive pulmonary disease, unspecified		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Chronic obstructive pulmonary disease, unspecified	PULMONARY DISEASES	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Chronic pain due to trauma	PHYSICAL MEDICINE & REHABILITATION	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Chronic pain syndrome	ADDICTION MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Chronic pain syndrome	FAMILY PRACTICE	*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	2	0	2	0.00%	100.00%	0.00%
Chronic pain syndrome	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Chronic pain syndrome	NEUROLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Chronic pain syndrome	ORTHOPEDIC SURGERY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Chronic pain syndrome	PAIN MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Chronic pain syndrome	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%

Chronic pansinusitis		Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Chronic rhinitis		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Chronic rhinitis	OTOLARYNGOLOGY	Quantity, Post limit criteria not met 918-J ID1386	0	2	0	2	0.00%	100.00%	0.00%
Chronic sinusitis, unspecified		Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Chronic sinusitis, unspecified		Non-formulary/non-preferred – Dosage form not approvable	0	2	0	2	0.00%	100.00%	0.00%
Chronic sinusitis, unspecified		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Chronic sinusitis, unspecified	ALLERGY & IMMUNOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Chronic sinusitis, unspecified	INTERNAL MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Chronic sinusitis, unspecified	OTOLARYNGOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Chronic sinusitis, unspecified	OTOLARYNGOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Chronic sinusitis, unspecified	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Combo product	0	2	0	2	0.00%	100.00%	0.00%
Chronic sinusitis, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Chronic superficial gastritis without bleeding	GASTROENTEROLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Chronic tension-type headache, not intractable	NEUROLOGY, PEDIATRIC	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Chronic tension-type headache, not intractable	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Chronic viral hepatitis B without delta-agent		Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Chronic viral hepatitis B without delta-agent	GASTROENTEROLOGY	Chronic HBV or coinfection with chronic HBV and HIV - Decompensated liver disease	0	2	0	2	0.00%	100.00%	0.00%
Chronic viral hepatitis B without delta-agent	INTERNAL MEDICINE	Chronic HBV or coinfection with chronic HBV and HIV - Decompensated liver disease 2901-A ID4949	0	2	0	2	0.00%	100.00%	0.00%
Chronic viral hepatitis B without delta-agent	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Chronic viral hepatitis C		Non-formulary/non-preferred - Mavyret for 18 years and older	0	2	0	2	0.00%	100.00%	0.00%
Chronic viral hepatitis C	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Circadian rhythm sleep disorder, jet lag type	INTERNAL MEDICINE	Quantity, Post limit criteria not met 201-J ID3452	0	2	0	2	0.00%	100.00%	0.00%
Circadian rhythm sleep disorder, shift work type	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Classical phenylketonuria		Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Congenital glaucoma	OPHTHALMOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Congenital non-neoplastic nevus	NEUROLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%

Constipation, unspecified		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Constipation, unspecified	GASTROENTEROLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Contact with and (suspected) exposure to STD infections	FAMILY PRACTICE	Does not meet guidelines.	0	2	0	2	0.00%	100.00%	0.00%
Contact with and (suspected) exposure to STD infections	INTERNAL MEDICINE	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Cough, unspecified	FAMILY PRACTICE	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	2	0	2	0.00%	100.00%	0.00%
Cough, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Cough, unspecified	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Cough, unspecified	INTERNAL MEDICINE	Formulary Medical Necessity SABAs SCF CMK STD 09-2021 1T	0	2	0	2	0.00%	100.00%	0.00%
Cough, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
COVID-19, virus identified	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
COVID-19, virus identified	INTERNAL MEDICINE	Quantity, Post limit criteria not met 4428-HJ ID3627	0	2	0	2	0.00%	100.00%	0.00%
Crohn's disease of both small and large intestine w/ intestinal obstruction	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Crohn's disease of both small and large intestine w/ intestinal obstruction	INTERNAL MEDICINE	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Crohn's disease of both small and large intestine w/ intestinal obstruction	INTERNAL MEDICINE	Frequency - every two weeks, Exceeds max limit	0	2	0	2	0.00%	100.00%	0.00%
Crohn's disease of both small and large intestine with fistula	GASTROENTEROLOGY	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Crohn's disease of both small and large intestine with other complication		Concomitant biologic or targeted synthetic drug use	0	2	0	2	0.00%	100.00%	0.00%
Crohn's disease of both small and large intestine with other complication		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Crohn's disease of both small and large intestine with other complication		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Crohn's disease of both small and large intestine with other complication	Gastroenterology	Frequency 2010-A ID2136	0	2	0	2	0.00%	100.00%	0.00%
Crohns disease of both small and lg int w/o complications		Frequency - every two weeks, Exceeds max limit	0	2	0	2	0.00%	100.00%	0.00%
Crohns disease of both small and lg int w/o complications	GASTROENTEROLOGY	CD continuation - No response	0	2	0	2	0.00%	100.00%	0.00%
Crohns disease of both small and lg int w/o complications	GASTROENTEROLOGY	CD continuation - no response and not for dosing frequency increase	0	2	0	2	0.00%	100.00%	0.00%
Crohns disease of both small and lg int w/o complications	GASTROENTEROLOGY	Dosing - CD/UC- Dosage	0	2	0	2	0.00%	100.00%	0.00%
Crohns disease of both small and lg int w/o complications	GASTROENTEROLOGY	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Crohn's disease of both small/large intestine w unspecified complications	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Crohn's disease of both small/large intestine w unspecified complications	GASTROENTEROLOGY, PEDIATRIC	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Crohn's disease of large intestine with unspecified complications	GASTROENTEROLOGY	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Crohns disease of large intestine without complications		CD continuation - No response	0	2	0	2	0.00%	100.00%	0.00%

Crohns disease of large intestine without complications		Dosing - CD/UC- Dosage	0	2	0	2	0.00%	100.00%	0.00%
Crohns disease of large intestine without complications		Frequency 2010-A ID2136	0	2	0	2	0.00%	100.00%	0.00%
Crohns disease of large intestine without complications	FAMILY PRACTICE	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Crohns disease of large intestine without complications	GASTROENTEROLOGY	CD continuation - No response;; 2008-A ID4564	0	2	0	2	0.00%	100.00%	0.00%
Crohn's disease of small intestine		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Crohn's disease of small intestine with intestinal obstruction		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Crohn's disease of small intestine with intestinal obstruction	GASTROENTEROLOGY	CD - Not mod-severely active;; 2008-A ID5303	0	2	0	2	0.00%	100.00%	0.00%
Crohn's disease of small intestine with intestinal obstruction	Gastroenterology	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Crohn's disease of small intestine with intestinal obstruction	GASTROENTEROLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Crohn's disease of small intestine with unspecified complications	Gastroenterology	Frequency 2010-A ID2136	0	2	0	2	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications		Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications	CLINICAL NURSE SPECIALIST, GERONTOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Crohns disease of small intestine without complications	GASTROENTEROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Crohns disease of small intestine without complications	GASTROENTEROLOGY	Frequency - every two weeks, Exceeds max limit	0	2	0	2	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications	GASTROENTEROLOGY	Self-admin - CD - Non-preferred (biosimilar) - No adverse event to active ingredient 4250-D ID5122	0	2	0	2	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications	GASTROENTEROLOGY, PEDIATRIC	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Crohns disease of small intestine without complications	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Crohn's disease, unspecified, with unspecified complications		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Crohn's disease, unspecified, with unspecified complications	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Crohn's disease, unspecified, with unspecified complications	GASTROENTEROLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Crohns disease, unspecified, without complications		Frequency 2010-A ID2136	0	2	0	2	0.00%	100.00%	0.00%
Crohns disease, unspecified, without complications	GASTROENTEROLOGY	CD continuation - No response;; 2008-A ID4564	0	2	0	2	0.00%	100.00%	0.00%
Crohns disease, unspecified, without complications	RHEUMATOLOGY	CD - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID4403	0	2	0	2	0.00%	100.00%	0.00%
Crohns disease, unspecified, without complications	UNSPECIFIED SPECIALTY	Dosing - CD/UC maintenance - disease not refractory, severe or extensive	0	2	0	2	0.00%	100.00%	0.00%
Cutaneous T-cell lymphoma, unspecified, unspecified site		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Cystic fibrosis with pulmonary manifestations		Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%

Cystic fibrosis, unspecified	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Cystic fibrosis, unspecified	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Cystic fibrosis, unspecified	PULMONARY DISEASES	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Cystic fibrosis, unspecified	PULMONOLOGY, PEDIATRIC	Meets guidelines.	2	0	0	2	100.00%	0.00%	0.00%
Cytomegaloviral disease, unspecified	INFECTIOUS DISEASES	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Decreased libido	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Defects in the complement system		Lab/test: Normal C1-INH diagnosis – No gene mutation or trial of high-dose antihistamine and angioedema family history	0	2	0	2	0.00%	100.00%	0.00%
Defects in the complement system		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Defects in the complement system	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Deficiency of other specified B group vitamins	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Deficiency of other specified B group vitamins	NATUROPATH	Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Depression, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Depression, unspecified	Psychiatry	Confirmed Diagnosis by Standardized Rating Scale	0	2	0	2	0.00%	100.00%	0.00%
Depression, unspecified	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Dermatitis NOS		Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Dermatitis NOS		Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Dermatitis NOS	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Dermatitis NOS	DERMATOLOGY	Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	2	0	2	0.00%	100.00%	0.00%
Dermatitis NOS	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Dermatitis NOS	UNSPECIFIED SPECIALTY	Disease severity, Atopic Dermatitis 5018-C ID4123	0	2	0	2	0.00%	100.00%	0.00%
Dermatitis, unspecified		Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Dermatitis, unspecified		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Dermatitis, unspecified		Diagnosis 5538-E ID3002	0	2	0	2	0.00%	100.00%	0.00%
Dermatitis, unspecified		Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Dermatitis, unspecified	DERMATOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Dermatitis, unspecified	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Dermatitis, unspecified	PEDIATRICS	Age 1254-F ID4124	0	2	0	2	0.00%	100.00%	0.00%
Dermatitis, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Diabetes mellitus due to underlying condition with diabetic nephropathy	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Diabetes mellitus due to underlying condition with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%

Diabetes mellitus due to underlying condition with hyperglycemia	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Diabetes mellitus due to underlying condition with hyperglycemia	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
diabetes mellitus due to underlying condition with hyperosmolarity without	ENDOCRINOLOGY, PEDIATRIC	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Diarrhea, unspecified	FAMILY PRACTICE	Diagnosis 681-A ID4095	0	2	0	2	0.00%	100.00%	0.00%
Diarrhea, unspecified	INTERNAL MEDICINE	Diagnosis 681-A ID2077	0	2	0	2	0.00%	100.00%	0.00%
Diarrhea, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Dietary Counseling and Surveillance	GENERAL PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Diseases of lips	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Displaced intertrochanteric fracture of unspecified femur, subsequent	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Drug induced constipation	CLINICAL NURSE SPECIALIST, GERONTOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Drug induced constipation	CLINICAL NURSE SPECIALIST, GERONTOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Drug induced constipation	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Drug induced constipation	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Drug induced subacute dyskinesia		Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Drug induced subacute dyskinesia	PSYCHIATRY	Tardive dyskinesia - Efficacy - No AIMS score for items 1 to 7	0	2	0	2	0.00%	100.00%	0.00%
Drug-induced erectile dysfunction	PSYCHIATRY	Diagnosis 865-C ID1508	0	2	0	2	0.00%	100.00%	0.00%
Drug-induced obesity		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Drug-induced obesity	INTERNAL MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Dry eye syndrome	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Dry eye syndrome of bilateral lacrimal glands	Ophthalmology	Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	OPHTHALMOLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	2	0	2	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	OPTOMETRIST, VISION THERAPY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Dry eye syndrome of bilateral lacrimal glands	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Dry eye syndrome of right lacrimal gland	OPHTHALMOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Dyskinesia of esophagus		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Dysmenorrhea, unspecified	OBSTETRICS	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Dysphagia, pharyngoesophageal phase	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Dysphagia, unspecified	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Dysphasia following unspecified cerebrovascular disease		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Dysthymic disorder	PSYCHIATRY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%

Dysthymic disorder	PSYCHIATRY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Dystrophic Toenails	DERMATOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Dystrophic Toenails	UNSPECIFIED SPECIALTY	Diagnosis 1160-C ID2578	0	2	0	2	0.00%	100.00%	0.00%
Eczematous dermatitis of left upper eyelid,	DERMATOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Eczematous dermatitis of right upper eyelid	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Eczematous dermatitis of right upper eyelid	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Eczematous dermatitis of unspecific eye, unspecific eyelid	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Encounter for antibody response examination	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Encounter for assisted reprodctv fertility procedure cycle	ENDOCRINOLOGY, REPRODUCTIVE	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Encounter for contraceptive management, unspecified	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Encounter for contraceptive management, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Encounter for cosmetic surgery	PLASTIC SURGERY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Encounter for fertility preservation procedure	ENDOCRINOLOGY, REPRODUCTIVE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Encounter for gynecological examination without abnormal findings	OBSTETRICS & GYNECOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Encounter for HIV pre-exposure prophylaxis		Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Encounter for HIV pre-exposure prophylaxis		Does not meet guidelines.	0	2	0	2	0.00%	100.00%	0.00%
Encounter for HIV pre-exposure prophylaxis	INFECTIOUS DISEASES	Does not meet guidelines.	0	2	0	2	0.00%	100.00%	0.00%
Encounter for HIV pre-exposure prophylaxis	UNSPECIFIED SPECIALTY	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Encounter for male factor infertility in female patient		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Encounter for oth general cnsl and advice on contraception	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Encounter for other orthopedic aftercare	ORTHOPEDIC SURGERY	Diagnosis - Lyrica	0	2	0	2	0.00%	100.00%	0.00%
Encounter for other procreative management		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Encounter for other specified surgical aftercare	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Encounter for procreative management, unspecified		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Encounter for prophylactic measures, unspecified	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Encounter for screening for infections with a predominantly sexual mode of	FAMILY PRACTICE	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Encounter for screening for malignant neoplasm of colon		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Encounter for screening for malignant neoplasm of colon	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%

Encounter for screening for malignant neoplasm of colon	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Encounter for screening for malignant neoplasm of colon	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Encounter for screening for malignant neoplasm of colon	GASTROENTEROLOGY	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	2	0	2	0.00%	100.00%	0.00%
Encounter for screening for malignant neoplasm of colon	Gastroenterology - Specialty match required	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Encounter for screening for malignant neoplasm of colon	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Encounter for surveillance of contraceptive pills	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
End stage renal disease	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
End stage renal disease	NEPHROLOGY / RENAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Endocrine disorder, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Endometriosis of the uterus, unspecified	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Endometriosis of uterus		Exceeds max duration of use for elagolix-containing and/or relugolix-containing products 4752-A ID934	0	2	0	2	0.00%	100.00%	0.00%
Endometriosis of uterus	GYNECOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Endometriosis, unspecified		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Endometriosis, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Endometriosis, unspecified	Obstetrics & Gynecology	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Enlarged prostate with lower urinary tract symptoms	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Enlarged prostate with lower urinary tract symptoms	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Enlarged prostate with lower urinary tract symptoms	SURGERY, GENERAL	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Enlarged prostate with lower urinary tract symptoms	UROLOGY	Step Therapy 710-E ID1512	0	2	0	2	0.00%	100.00%	0.00%
Enterocolitis due to Clostridium difficile	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Enterocolitis due to Clostridium difficile, recurrent	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Enterocolitis due to Clostridium difficile, recurrent	GASTROENTEROLOGY	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Enterocolitis due to Clostridium difficile, recurrent	GASTROENTEROLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Eosinophilic asthma		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Eosinophilic Esophagitis		Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	GASTROENTEROLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Eosinophilic Esophagitis	Gastroenterology	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	GASTROENTEROLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	2	0	2	0.00%	100.00%	0.00%

Eosinophilic Esophagitis	GASTROENTEROLOGY	Non-formulary/non-preferred, over 7 years old	0	2	0	2	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	GASTROENTEROLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Eosinophilic Esophagitis	GASTROENTEROLOGY, PEDIATRIC	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Eosinophilic Esophagitis	GASTROENTEROLOGY, PEDIATRIC	EoE initial - Step therapy - No systemic corticosteroids or oral topical therapies 1690-A ID5767	0	2	0	2	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	UNSPECIFIED SPECIALTY	EoE initial - Step therapy - No systemic corticosteroids or oral topical therapies 1690-A ID4795	0	2	0	2	0.00%	100.00%	0.00%
Epigastric pain	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Epigastric pain	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Epilepsy, unsp, intractable, without status epilepticus		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Epilepsy, unsp, not intractable, without status epilepticus	NEUROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Epilepsy, unsp, not intractable, without status epilepticus	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Episodic cluster headache, intractable		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Episodic cluster headache, not intractable	NEUROLOGY	Step therapy - Migraine	0	2	0	2	0.00%	100.00%	0.00%
Esophageal obstruction	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Esophagitis, unspecified without bleeding		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Esophagitis, unspecified without bleeding	GASTROENTEROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Essential (primary) hypertension		Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Essential (primary) hypertension		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Essential (primary) hypertension	CARDIOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Essential (primary) hypertension	CARDIOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Essential (primary) hypertension	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Essential (primary) hypertension	Internal Medicine (specialty match required)	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Essential (primary) hypertension	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Excessive and frequent menstruation with regular cycle		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Excessive and frequent menstruation with regular cycle	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Exercise induced bronchospasm	PEDIATRICS	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Exocrine pancreatic insufficiency	MEDICAL ONCOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Exposure to HIV virus		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Exposure to HIV virus	EMERGENCY MEDICINE	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Exposure to HIV virus	GENERAL PRACTICE	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Exposure to HIV virus	GENERAL PRACTICE	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Exposure to HIV virus	Infectious Disease	Does not meet guidelines.	0	2	0	2	0.00%	100.00%	0.00%
Exposure to HIV virus	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Exposure to HIV virus	UNSPECIFIED SPECIALTY	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%

Fabry (-Anderson) disease	PEDIATRICS	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Fabry (-Anderson) disease	PEDIATRICS	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Familial hypercholesterolemia		Primary hyperlipidemia/FH - Secondary cause	0	2	0	2	0.00%	100.00%	0.00%
Familial hypercholesterolemia	FAMILY PRACTICE	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Familial hypercholesterolemia	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Family history of diabetes mellitus	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Family history of disorders of kidney and ureteruser	FAMILY PRACTICE	Lab/test for weight with documentation 6192-C ID3562	0	2	0	2	0.00%	100.00%	0.00%
Fatty (change of) liver, not elsewhere classifed	GASTROENTEROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Female infertility associated with anovulation		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Female infertility associated with anovulation	ENDOCRINOLOGY, REPRODUCTIVE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Female infertility of other origin		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Female infertility of other origin	ENDOCRINOLOGY, REPRODUCTIVE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Female infertility, unspecified		Non-formulary/non-preferred 4965-D ID3726	0	2	0	2	0.00%	100.00%	0.00%
Female infertility, unspecified	ENDOCRINOLOGY, REPRODUCTIVE	Non-formulary/non-preferred 4965-D ID3726	0	2	0	2	0.00%	100.00%	0.00%
Fibromyalgia		Efficacy	0	2	0	2	0.00%	100.00%	0.00%
Fibromyalgia	FAMILY PRACTICE	Efficacy	0	2	0	2	0.00%	100.00%	0.00%
Fibromyalgia	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Flushing	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Folate deficiency anemia, unspecified	PSYCHIATRY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Follicular disorder, unspecified	DERMATOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Folliculitis ulerythematosa reticulata	DERMATOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Functional dyspepsia	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	CLINICAL NURSE SPECIALIST, GERONTOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	EMERGENCY MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	RHEUMATOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease with esophagitis	FAMILY PRACTICE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis		Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis		Quantity, Post limit criteria not met 169-J ID1385	0	2	0	2	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	EMERGENCY MEDICINE	Quantity, Post limit criteria not met 918-J ID4015	0	2	0	2	0.00%	100.00%	0.00%

Gastro-esophageal reflux disease without esophagitis	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	GASTROENTEROLOGY	Age-Bowel prep	0	2	0	2	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	GASTROENTEROLOGY	Quantity, Post limit criteria not met 169-J ID4016	0	2	0	2	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	Gastroenterology actively licensed in either DC, MD, or VA *exact specialty match required	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	OTOLARYNGOLOGY	Quantity, Post limit criteria not met 918-J ID4015	0	2	0	2	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 169-J ID1385	0	2	0	2	0.00%	100.00%	0.00%
Gastroparesis	GASTROENTEROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Gastroparesis	INTERNAL MEDICINE	Antiemetic 5-HT3 Post Limit PA 16-J 01-2023 05_24_2023_15_51_03 2F	0	2	0	2	0.00%	100.00%	0.00%
Gender identity disorder, unspecified		Non-formulary/non-preferred – Dosage form not approvable	0	2	0	2	0.00%	100.00%	0.00%
Gender identity disorder, unspecified		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Gender identity disorder, unspecified	ADOLESCENT MEDICINE, PEDIATRICS	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Gender identity disorder, unspecified	PLASTIC SURGERY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Generalized anxiety disorder	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Generalized anxiety disorder	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Generalized anxiety disorder	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Quantity, No post limit quantity available	0	2	0	2	0.00%	100.00%	0.00%
Generalized anxiety disorder	PSYCHIATRY	No inadequate response, intolerance or contraindication to bupropion, mirtazapine, SNRI or SSRI	0	2	0	2	0.00%	100.00%	0.00%
Generalized anxiety disorder	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Generalized anxiety disorder	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Generalized hyperhidrosis	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Gestational diabetes mellitus in pregnancy, diet controlled	FAMILY PRACTICE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%

Gestational diabetes mellitus in pregnancy, diet controlled	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Gestational diabetes mellitus in pregnancy, diet controlled	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Gestational diabetes mellitus in pregnancy, unspecified control		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Gestational diabetes mellitus in pregnancy, unspecified control		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Gout, unspecified		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Granuloma annulare	DERMATOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Guttate psoriasis	DERMATOLOGY	HS continuation - No response;; 2008-A ID4564	0	2	0	2	0.00%	100.00%	0.00%
Guttate psoriasis	DERMATOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Headache, unspecified	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Headache, unspecified	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Headache, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Headache, unspecified	INTERNAL MEDICINE	Will be on concurrent/duplicate therapy 3481-E ID1707	0	2	0	2	0.00%	100.00%	0.00%
Headache, unspecified	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Heartburn	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Helicobacter pylori as the cause of diseases classd elswhr	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Helicobacter pylori as the cause of diseases classd elswhr	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Hemiplegic migraine, not intractable, without status migrainosus	NEUROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Hemochromatosis due to repeated red blood cell transfusions	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Hemorrhage of anus and rectum	GASTROENTEROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Hemorrhage of anus and rectum	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Hepatic encephalopathy	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Hepatic encephalopathy	MEDICAL ONCOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Hepatic encephalopathy	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Hereditary and idiopathic neuropathy, unspecified	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Hereditary and idiopathic neuropathy, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Hereditary and idiopathic neuropathy, unspecified	NEUROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Herpesviral keratitis	INTERNAL MEDICINE	Patient is able to take alternative dosage form 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Hidradenitis suppurativa		HS - No antibiotics trial 2017-A ID3106	0	2	0	2	0.00%	100.00%	0.00%
Hidradenitis suppurativa	DERMATOLOGY	Diagnosis 6220-A ID4727	0	2	0	2	0.00%	100.00%	0.00%
Hidradenitis suppurativa	Dermatology	Lab/test – No initial TB test;;	0	2	0	2	0.00%	100.00%	0.00%
Hidradenitis suppurativa	DERMATOLOGY	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Hidradenitis suppurativa	DERMATOLOGY, PEDIATRIC	Quantity, Post limit criteria not met 3697-HJ ID4110	0	2	0	2	0.00%	100.00%	0.00%

Hidradenitis suppurativa	UNSPECIFIED SPECIALTY	HS - Step therapy - No antibiotics trial;;	0	2	0	2	0.00%	100.00%	0.00%
High risk heterosexual behavior	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
High risk homosexual behavior	FAMILY PRACTICE	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
High risk homosexual behavior	Infectious Disease	Does not meet guidelines.	0	2	0	2	0.00%	100.00%	0.00%
High risk homosexual behavior	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Hormone replacement therapy	CLINICAL NURSE SPECIALIST, ADULT HEALTH	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Hormone replacement therapy	CLINICAL NURSE SPECIALIST, ADULT HEALTH	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Hormone replacement therapy	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Hormone replacement therapy	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Hormone replacement therapy	OBSTETRICS & GYNECOLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	2	0	2	0.00%	100.00%	0.00%
Hormone replacement therapy	PEDIATRICS	Exclusion, comorbidities 1210-A ID3963	0	2	0	2	0.00%	100.00%	0.00%
Human immunodeficiency virus [HIV] disease	INFECTIOUS DISEASES	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Human immunodeficiency virus [HIV] disease	INFECTIOUS DISEASES	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Human immunodeficiency virus [HIV] disease	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Human immunodeficiency virus [HIV] disease	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Hyperchylomicronemia	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Hyperchylomicronemia	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Hyperglycemia, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Hyperglycemia, unspecified	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Hyperkalemia	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Hyperkalemia	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Hyperkalemia	NEPHROLOGY / RENAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Hyperkalemia	NURSE PRACTITIONER, ACUTE CARE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Hyperkalemia	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Hyperlipidemia, unspecified		Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Hyperlipidemia, unspecified	cardiology	FH - Current LDL-C less than 100 mg/dL or unknown	0	2	0	2	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	Cardiology	FH - Pretreatment LDL-C less than 160 mg/dl or unknown	0	2	0	2	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	CARDIOLOGY	Non-formulary/non-preferred - No intolerable adverse event or contraindication to preferred product	0	2	0	2	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	FAMILY PRACTICE	Diagnosis 797-A ID4531	0	2	0	2	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	FAMILY PRACTICE	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	GENERAL PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%

Hyperlipidemia, unspecified	GENERAL PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Hyperlipidemia, unspecified	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Hyperlipidemia, unspecified	INTERNAL MEDICINE	Diagnosis 797-A ID4531	0	2	0	2	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Hyperlipidemia, unspecified	UNSPECIFIED SPECIALTY	Continuation: Efficacy, Positive Response, Stable or Not Worsening	0	2	0	2	0.00%	100.00%	0.00%
Hypermobile Ehlers-Danlos syndrome	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Hypermobile Ehlers-Danlos syndrome	NEUROLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Hyperparathyroidism, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Hypersomnolence disorder	INTERNAL MEDICINE, CRITICAL CARE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Hypersomnolence disorder	NURSE PRACTITIONER, ADULT HEALTH	Diagnosis 178-C ID3427	0	2	0	2	0.00%	100.00%	0.00%
Hypersomnolence disorder	PSYCHIATRY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Hypertrophic scar	FAMILY PRACTICE	Diagnosis 1254-F ID4124	0	2	0	2	0.00%	100.00%	0.00%
Hypertrophy of nasal turbinates		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Hyperuricemia without signs of inflammatory arthritis and tophaceous diseas	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Hypoactive sexual desire disorder	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Hypoglycemia, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Hypopituitarism		CVSC Medical Director reviewed – medical necessity	2	0	0	2	100.00%	0.00%	0.00%
Hypopituitarism		Lab/tests - Adult GHD - Continuation-IGF-1 elevated	0	2	0	2	0.00%	100.00%	0.00%
Hypopituitarism		Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Hypopituitarism		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Hypopituitarism	ENDOCRINOLOGY, PEDIATRIC	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Hypopituitarism	ENDOCRINOLOGY, PEDIATRIC	Pediatric GHD - Lab/test - Pretreatment 1-year height velocity not greater than 2 standard deviations	0	2	0	2	0.00%	100.00%	0.00%
Hypopituitarism	ENDOCRINOLOGY, PEDIATRIC	Pediatric GHD - Pretreatment height and age not provided 1742-A ID5044	0	2	0	2	0.00%	100.00%	0.00%
Hypopituitarism	PEDIATRICS	Pediatric GHD - Lab/test - Pretreatment 1-year height velocity not greater than 2 standard deviations	0	2	0	2	0.00%	100.00%	0.00%
Hypopituitarism	PEDIATRICS	Pediatric GHD - Lab/test - Pretreatment 1-year height velocity not greater than 2 standard deviations 1742-A ID3752	0	2	0	2	0.00%	100.00%	0.00%
Hypopituitarism	PEDIATRICS	Pediatric GHD: Pretreatment 1-year height velocity not greater than 2 standard deviations	0	2	0	2	0.00%	100.00%	0.00%

Hypothyroidism, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Idiopathic aseptic necrosis of right humerus	INTERNAL MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Idiopathic chronic gout, right ankle and foot, without tophus (tophi)		Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Idiopathic gout, left ankle and foot	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Idiopathic hypersomnia with long sleep time		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Idiopathic hypersomnia with long sleep time		Disease duration	0	2	0	2	0.00%	100.00%	0.00%
Idiopathic hypersomnia with long sleep time	PSYCHIATRY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Idiopathic hypersomnia with long sleep time	PULMONARY DISEASES	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Idiopathic hypersomnia with long sleep time	sleep medicine	IH - Lab/test - Mean sleep latency on MSLT greater than 8 minutes, or total 24-hour sleep time less than 660 minutes 4045-A ID3746	0	2	0	2	0.00%	100.00%	0.00%
Idiopathic urticaria		Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Idiopathic urticaria	ALLERGY	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Illness, unspecified		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Impaired fasting glucose	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Impaired fasting glucose	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Impaired fasting glucose	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Inappropriate Sinus Tachycardia (IST) Causes and Treatment	NEUROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Inappropriate sinus tachycardia, so stated	CARDIOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Infectious gastroenteritis and colitis, unspecified		Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Infectious gastroenteritis and colitis, unspecified	GASTROENTEROLOGY	No approvable diagnosis 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Inflammatory polyarthropathy	RHEUMATOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Insomnia		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Insomnia		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Insomnia, unspecified		Quantity, No post limit quantity available	0	2	0	2	0.00%	100.00%	0.00%
Insomnia, unspecified		Quantity, Post limit criteria not met 201-J ID3452	0	2	0	2	0.00%	100.00%	0.00%
Insomnia, unspecified	FAMILY PRACTICE	Quantity, Post limit criteria not met 201-J ID3449	0	2	0	2	0.00%	100.00%	0.00%
Insomnia, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Insomnia, unspecified	GENERAL PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Insomnia, unspecified	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Insomnia, unspecified	INTERNAL MEDICINE	Quantity, Exceeds max limit, Partial denial - Ambien, Lunesta, Rozerem, zolpidem tartrate capsules	0	2	0	2	0.00%	100.00%	0.00%
Insomnia, unspecified	INTERNAL MEDICINE	Quantity, Post limit criteria not met 201-J ID3452	0	2	0	2	0.00%	100.00%	0.00%

Insomnia, unspecified	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Insomnia, unspecified	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Insomnia, unspecified	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Insomnia, unspecified	Psychiatry	Quantity, Exceeds max limit, Partial denial - Ambien, Lunesta, Rozerem, zolpidem tartrate capsules	0	2	0	2	0.00%	100.00%	0.00%
Insomnia, unspecified	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Quviviq ACF, BF CMK STD 02-2022 2F	0	2	0	2	0.00%	100.00%	0.00%
Insulin resistance, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Insulin resistance, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Interstitial cystitis (chronic) without hematuria	GENERAL PRACTICE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Interstitial cystitis (chronic) without hematuria	UROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Intervertebral disc disorders with radiculopathy, lumbar region	ANESTHESIOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Intestinal malabsorption, unspecified		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Intramural leiomyoma of uterus	OBSTESTRICS & GYNECOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Intramural leiomyoma of uterus	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Intrinsic (allergic) eczema		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Intrinsic (allergic) eczema	ALLERGY & IMMUNOLOGY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Intrinsic (allergic) eczema	dermatology	Initial - No high potency to super-high potency topical corticosteroid]	0	2	0	2	0.00%	100.00%	0.00%
Intrinsic (allergic) eczema	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Intrinsic (allergic) eczema	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Intrinsic (allergic) eczema	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Intrinsic (allergic) eczema	INTERNAL MEDICINE	Continuation - Efficacy 1743-A ID5064	0	2	0	2	0.00%	100.00%	0.00%
Intrinsic (allergic) eczema	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Iron deficiency	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Iron deficiency anemia, unspecified	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Iron deficiency anemia, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Iron deficiency anemia, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Irritable bowel syndrome with constipation	GASTROENTEROLOGY	Formulary Medical Necessity Ibsrela SCF, ACF, BF CMK STD 02-2022 2F	0	2	0	2	0.00%	100.00%	0.00%
Irritable bowel syndrome with constipation	Gastroenterology	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Irritable bowel syndrome with constipation	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Irritable bowel syndrome with diarrhea		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%

Irritable bowel syndrome with diarrhea		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Irritable bowel syndrome without diarrhea	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Irritable bowel syndrome without diarrhea	GASTROENTEROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Irritant contact dermatitis due to cosmetics	DERMATOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Joint pain-shlder	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Joint pain-shlder	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Joint pain-shlder	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Joint pain-shlder	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogrens, bilateral	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral		Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	OPHTHALMOLOGY	Continuation: Efficacy	0	2	0	2	0.00%	100.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	OPHTHALMOLOGY	Formulary Medical Necessity Miebo SCF, ACF CMK STD 03-2023 2F	0	2	0	2	0.00%	100.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	OPHTHALMOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Dosage form not approvable	0	2	0	2	0.00%	100.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Keratoconus, unstable, bilateral		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Keratoconus, unstable, left eye	OPHTHALMOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Keratoconus, unstable, right eye	OPHTHALMOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Krabbe disease	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Left sided colitis without complications		Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Lichen nitidus	DERMATOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Lichen sclerosus et atrophicus	Dermatology	Age 1254-F ID1413	0	2	0	2	0.00%	100.00%	0.00%
Lichen sclerosus et atrophicus	DERMATOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Lichen simplex chronicus	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Lichen simplex chronicus	DERMATOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Lichen simplex chronicus	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Local infection of the skin and subcutaneous tissue, unsp	DERMATOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Localization-related (focal) (partial) idiopathic epilepsy and epileptic sy	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Local-rel symptc epi w cmplx part seiz, ntrct, w/o stat epi		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Local-rel symptc epi w cmplx part seiz, ntrct, w/o stat epi	NEUROLOGY, PEDIATRIC	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%

Local-rel symptc epi w cmplx prt seiz,not ntrct,w/o stat epi		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Local-rel symptc epi w cmplx prt seiz,not ntrct,w/o stat epi	NEUROLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Local-rel symptc epi w cmplx prt seiz,not ntrct,w/o stat epi	PEDIATRICS	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Local-rel symptc epi w simple part seiz, ntrct, w/o stat epi	NEUROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Long term (current) use of hormonal contraceptives	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Long term (current) use of opiate analgesic		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Long term (current) use of opiate analgesic	ANESTHESIOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Long term (current) use of systemic steroids	FAMILY PRACTICE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Low back pain, unspecified	ANESTHESIOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Low back pain, unspecified	FAMILY PRACTICE	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	2	0	2	0.00%	100.00%	0.00%
Low back pain, unspecified	INTERNAL MEDICINE	Diagnosis 125-C ID2509	0	2	0	2	0.00%	100.00%	0.00%
Low back pain, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Low back pain, unspecified	RHEUMATOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Lower abdominal pain, unspecified	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Lumbago with sciatica, left side	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Lumbago with sciatica, left side	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
lumbago with sciatica, unspecified	ANESTHESIOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
lumbago with sciatica, unspecified	INTERNAL MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features		Confirmed Diagnosis by Standardized Rating Scale	0	2	0	2	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	NEUROLOGY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	NEUROLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	Formulary Medical Necessity Auvelity SCF, ACF CMK STD 02-2023 2F	0	2	0	2	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	Non-formulary/non-preferred – Dosage form not approvable	0	2	0	2	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Major depressive disorder, recurrent, in partial remission		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, mild	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate		Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%

Major depressive disorder, recurrent, moderate	GERIATRIC PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate	NEUROLOGY, PEDIATRIC	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, moderate	PSYCHIATRY	Non-formulary/non-preferred – Dosage form not approvable	0	2	0	2	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, severe with psychotic symptoms	PSYCHIATRY	Formulary Medical Necessity Auvelity SCF, ACF CMK STD 02-2023 1T	0	2	0	2	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, severe with psychotic symptoms	PSYCHIATRY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Major depressive disorder, recurrent, unspecified		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, unspecified	FAMILY PRACTICE	Formulary Medical Necessity Auvelity SCF, ACF CMK STD 03-2024 2F	0	2	0	2	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, unspecified	PSYCHIATRY	No inadequate response, intolerance or contraindication to bupropion, mirtazapine, SNRI or SSRI	0	2	0	2	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, unspecified	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN FULL REMISSION	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN FULL REMISSION	PSYCHIATRY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Major depressive disorder, single episode, mild	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Major depressive disorder, single episode, moderate	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Major depressive disorder, single episode, severe without psychotic feature		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Major depressive disorder, single episode, severe without psychotic feature	Psychiatry	Over max quantity 1888-E ID1116	0	2	0	2	0.00%	100.00%	0.00%
Major depressive disorder, single episode, unspecified	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Major depressive disorder, single episode, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Malabsorption due to intolerance, not elsewhere classified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Male erectile disorder	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Male erectile disorder	PSYCHIATRY	Diagnosis 865-C ID1508	0	2	0	2	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Male erectile dysfunction, unspecified	INFECTIOUS DISEASES	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	INTERNAL MEDICINE	Diagnosis 865-C ID5024	0	2	0	2	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	PSYCHIATRY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Male erectile dysfunction, unspecified	UNSPECIFIED SPECIALTY	Diagnosis 865-C ID5024	0	2	0	2	0.00%	100.00%	0.00%
Male infertility, unspecified	ENDOCRINOLOGY, REPRODUCTIVE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Malignant carcinoid tumor of the bronchus and lung	MEDICAL ONCOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Malignant carcinoid tumor of the bronchus and lung	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%

Malignant melanoma of left upper limb, including shoulder	SURGERY, ONCOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Malignant melanoma of overlapping sites of skin	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Malignant neoplasm of ascending colon	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Malignant neoplasm of bilateral ovaries	FAMILY PRACTICE	Advanced (stage II-IV) epithelial ovarian, fallopian tube, or primary peritoneal cancer - Not received bevacizumab during primary therapy 1810-A ID2049	0	2	0	2	0.00%	100.00%	0.00%
Malignant neoplasm of bladder, unspecified	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Malignant neoplasm of central portion of left female breast		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Malignant neoplasm of connective and soft tissue, unspecified	HEMATOLOGY & ONCOLOGY, PEDIATRIC	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Malignant neoplasm of connective and soft tissue, unspecified	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Malignant neoplasm of pancreas, unspecified	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Malignant neoplasm of pancreas, unspecified	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Malignant neoplasm of prostate	HEMATOLOGY & ONCOLOGY	Meets guidelines.	2	0	0	2	100.00%	0.00%	0.00%
Malignant neoplasm of rectum	MEDICAL ONCOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Malignant neoplasm of rectum	MEDICAL ONCOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Malignant neoplasm of unsp part of unsp bronchus or lung	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Malignant neoplasm of unsp part of unsp bronchus or lung	MEDICAL ONCOLOGY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Malignant neoplasm of unsp site of unspecified female breast		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Malignant neoplasm of unsp site of unspecified female breast	MEDICAL ONCOLOGY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Malignant neoplasm of unsp site of unspecified female breast	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Malignant neoplasm of unspecified ovary		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Malignant neoplasm of unspecified site of left female breast		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Malignant neoplasm of unspecified site of left female breast	FAMILY PRACTICE	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Malignant neoplasm of unspecified site of left female breast	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Malignant neoplasm of unspecified site of left female breast	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Malignant neoplasm of unspecified site of left female breast	INTERNAL MEDICINE	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Malignant neoplasm of unspecified site of left female breast	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Malignant neoplasm of unspecified site of right female breast	HEMATOLOGY & ONCOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Malignant neoplasm of upper-outer quadrant of left female breast	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%

Malignant neoplasm of upper-outer quadrant of right female breast	INTERNAL MEDICINE	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Mantle cell lymphoma, lymph nodes of multiple sites	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Meibomian gland dysfunction of right eye, unspecified eyelid	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Meibomian gland dysfunction right lower eyelid	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Miebo SCF, ACF CMK STD 02-2024 2F	0	2	0	2	0.00%	100.00%	0.00%
Meibomian gland dysfunction right upper eyelid	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Melanocytic Nevi of Trunk	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Melanocytic nevi, unspecified	DERMATOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Melasma	DERMATOLOGY	Diagnosis 351-C ID2112	0	2	0	2	0.00%	100.00%	0.00%
Melasma	DERMATOLOGY	Diagnosis 4915-A ID2138	0	2	0	2	0.00%	100.00%	0.00%
Melasma	FAMILY PRACTICE	Diagnosis 237-A ID2289	0	2	0	2	0.00%	100.00%	0.00%
Melasma	UNSPECIFIED SPECIALTY	Diagnosis 237-A ID2289	0	2	0	2	0.00%	100.00%	0.00%
Melasma	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Menopausal and female climacteric states	ENDOCRINOLOGY, DIABETES & METABOLISM	No approvable diagnosis 1888-E ID1116	0	2	0	2	0.00%	100.00%	0.00%
Menopausal and female climacteric states	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Menopausal and female climacteric states	NURSE MIDWIFE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Menopausal and female climacteric states	Ob/GYN	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Menopausal and female climacteric states	OBSTESTRICS & GYNECOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Menopausal and female climacteric states	OBSTESTRICS & GYNECOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Menopausal and female climacteric states	OBSTETRICS & GYNECOLOGY	Patient did not have adverse reaction to the separate individual drugs caused by the inactive ingredient and/or documentation not provided	0	2	0	2	0.00%	100.00%	0.00%
Menopausal and female climacteric states	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Menopausal and female climacteric states	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Veozah ACF CMK STD 03-2024 2F	0	2	0	2	0.00%	100.00%	0.00%
Menopausal and female climacteric states	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Metabolic syndrome	GASTROENTEROLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Metabolic syndrome	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Metabolic syndrome	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Migraine	NEUROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus	NEUROLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus	NEUROLOGY, PEDIATRIC	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%

Migraine w/o aura, not intractable, w/o status migrainosus	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGY	Formulary Medical Necessity Zavzpret ACF CMK STD 03-2023 2F	0	2	0	2	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGY, PEDIATRIC	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	OBSTETRICS & GYNECOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Headache Agents SCF CMK STD 02-2023 2F	0	2	0	2	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Dosage form not approvable	0	2	0	2	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met, Partial denial 1-J ID1783	0	2	0	2	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	Family Medicine	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	FAMILY PRACTICE	Quantity, Post limit criteria not met 1-J ID1783	0	2	0	2	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	FAMILY PRACTICE	Step therapy two triptan 5-HT1 receptor agonists	0	2	0	2	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	INTERNAL MEDICINE	Quantity, Exceeds max limit, Partial denial, acute treatment	0	2	0	2	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	INTERNAL MEDICINE	Quantity, Post limit criteria not met 1-J ID1783	0	2	0	2	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	NEUROLOGICAL SURGERY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	NEUROLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	Neurology *specialty match*	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Migraine with aura		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Migraine with aura, intractable, with status migrainosus		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Migraine with aura, intractable, with status migrainosus		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%

Migraine with aura, intractable, with status migrainosus	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Migraine with aura, intractable, without status migrainosus		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Migraine with aura, intractable, without status migrainosus		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Migraine with aura, intractable, without status migrainosus	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus		Quantity, Post limit criteria not met 1-J ID1783	0	2	0	2	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	FAMILY PRACTICE	Will be on concurrent/duplicate therapy 2761-E ID1659	0	2	0	2	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	FAMILY PRACTICE	Will be on concurrent/duplicate therapy 3481-E ID1707	0	2	0	2	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	Neurology	Step therapy, Antiepileptic drugs, Beta-adrenergic blocking agents, Antidepressants 3481-E ID1707	0	2	0	2	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	NURSE PRACTITIONER, ADULT HEALTH	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Migraine with aura, not intractable, w/o status migrainosus	PEDIATRICS	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Migraine with aura, not intractable, with status migrainosus		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Migraine with aura, not intractable, with status migrainosus	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Migraine with aura, not intractable, with status migrainosus	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Migraine with aura, not intractable, with status migrainosus	NEUROLOGY	Will be on concurrent/duplicate therapy 3481-E ID1707	0	2	0	2	0.00%	100.00%	0.00%
Migraine without aura		Step therapy two triptan 5-HT1 receptor agonists	0	2	0	2	0.00%	100.00%	0.00%
Migraine without aura, intractable, with status migrainosus	NEUROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Migraine without aura, intractable, with status migrainosus	NEUROLOGY	Will be on concurrent/duplicate therapy 3481-E ID1707	0	2	0	2	0.00%	100.00%	0.00%
Migraine without aura, intractable, with status migrainosus	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Migraine without aura, not intractable, without status migrainosus	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Migraine, unspecified, intractable, without status migrainosus	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Migraine, unspecified, intractable, without status migrainosus	NEUROLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, with status migrainosus	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, with status migrainosus	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%

Migraine, unspecified, not intractable, without status migrainosus	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Migraine, unspecified, not intractable, without status migrainosus.		Step therapy, Antiepileptic drugs, Beta-adrenergic blocking agents, Antidepressants 3481-E ID1707	0	2	0	2	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	CLINICAL NURSE SPECIALIST, ADULT HEALTH	Formulary Medical Necessity Maxalt SCF CMK STD 02-2024 2F	0	2	0	2	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	INFECTIOUS DISEASES	Step therapy two triptan 5-HT1 receptor agonists	0	2	0	2	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	INTERNAL MEDICINE	Quantity, Exceeds max limit, Partial denial, acute treatment 3481-E ID4681	0	2	0	2	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	INTERNAL MEDICINE	Step therapy two triptan 5-HT1 receptor agonists	0	2	0	2	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	NEUROLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	NEUROLOGY	Continuation: Efficacy	0	2	0	2	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	NEUROLOGY	Quantity, Exceeds max limit, Partial denial – Continuation, Migraine	0	2	0	2	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	NEUROLOGY	Will be on concurrent/duplicate therapy 3481-E ID1707	0	2	0	2	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	NURSE PRACTITIONER, ADULT HEALTH	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	PSYCHIATRY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Migraine, unspecified, not intractable, without status migrainosus.	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	INTERNAL MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	INTERNAL MEDICINE	Formulary Medical Necessity SABAs SCF CMK STD 09-2023 1T	0	2	0	2	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	INTERNAL MEDICINE	Formulary Medical Necessity SABAs SCF CMK STD 09-2023 2F	0	2	0	2	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	PEDIATRICS	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Mild intermittent asthma, uncomplicated	PULMONARY DISEASES	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Mild intermittent asthma, uncomplicated	PULMONOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Mild intermittent asthma, uncomplicated	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Mild Persistent Asthma with acute exacerbation	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Mild Persistent Asthma with acute exacerbation	PEDIATRICS	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%

Mild persistent asthma, uncomplicated		Formulary Medical Necessity AirDuo Digihaler, Breyna, Budesonide-Formoterol Inh, Fluticasone-Vilanterol, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 03-2023 2F	0	2	0	2	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated		Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	ALLERGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Mild persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	CRITICAL CARE, PEDIATRICS	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Mild persistent asthma, uncomplicated	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Mild persistent asthma, uncomplicated	PEDIATRICS	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	2	0	2	0.00%	100.00%	0.00%
Mixed hyperlipidemia		Quantity, Post limit criteria not met 918-J ID1386	0	2	0	2	0.00%	100.00%	0.00%
Mixed hyperlipidemia	CARDIOLOGY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Mixed hyperlipidemia	CARDIOLOGY	Step therapy - High/moderate intensity statins with ezetimibe	0	2	0	2	0.00%	100.00%	0.00%
Mixed hyperlipidemia	INTERNAL MEDICINE	Formulary Medical Necessity Lovaza, Vascepa SCF CMK STD 02-2024 2F	0	2	0	2	0.00%	100.00%	0.00%
Mixed hyperlipidemia	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Mixed incontinence	OBSTETRICS & GYNECOLOGY	Step Therapy 385-D ID4769	0	2	0	2	0.00%	100.00%	0.00%
Moderate persistent asthma		Formulary Medical Necessity Breyna, Budesonide-Formoterol Inh, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 02-2024 2F	0	2	0	2	0.00%	100.00%	0.00%
Moderate persistent asthma with acute exacerbation		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated		Formulary Medical Necessity AirDuo Digihaler, Breyna, Budesonide-Formoterol Inh, Fluticasone-Vilanterol, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 03-2023 2F	0	2	0	2	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated		Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	2	0	2	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated		Non-formulary/non-preferred, less than 7 years old	0	2	0	2	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	ALLERGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%

Moderate persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Moderate persistent asthma, uncomplicated	CRITICAL CARE, PEDIATRICS	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Moderate persistent asthma, uncomplicated	INTERNAL MEDICINE	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	2	0	2	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	PEDIATRICS	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Moderate persistent asthma, uncomplicated	PULMONARY DISEASES	Asthma - Initial - Lab/test (IgE level) 1656-A ID4937	0	2	0	2	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	PULMONOLOGY, PEDIATRIC	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Moderate persistent asthma, uncomplicated	PULMONOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Molluscum contagiosum	DERMATOLOGY, PEDIATRIC	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Molluscum contagiosum	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Morbid (severe) obesity due to excess calories	FAMILY PRACTICE	BMI Documentation 4774-C ID4438	0	2	0	2	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	FAMILY PRACTICE	Continuation: Efficacy, Positive Response, Stable or Not Worsening	0	2	0	2	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	FAMILY PRACTICE	Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	GENERAL SURGERY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	GENERAL SURGERY	Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	NURSE PRACTITIONER, ADULT HEALTH	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	UNSPECIFIED SPECIALTY	Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Multiple myeloma in relapse		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Multiple myeloma in remission		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Multiple myeloma not having achieved remission	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Multiple myeloma not having achieved remission	INTERNAL MEDICINE	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Multiple myeloma not having achieved remission	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Multiple sclerosis		Mayzent or Zeposia - Non-formulary/non-preferred 3260-D ID2834	0	2	0	2	0.00%	100.00%	0.00%
Multiple sclerosis	Neurology	Avonex, Plegridy, or Rebif - Non-formulary/non-preferred 3260-D ID2834	0	2	0	2	0.00%	100.00%	0.00%
Multiple sclerosis	Neurology	Bafiertam or Vumerity - Non-formulary/non-preferred 3260-D ID2834	0	2	0	2	0.00%	100.00%	0.00%
Multiple sclerosis	NEUROLOGY	Will be on concurrent/duplicate therapy 1845-A ID1758	0	2	0	2	0.00%	100.00%	0.00%
muscle spasm of back	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Myalgia, other site	PSYCHIATRY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Myalgia, other site	RHEUMATOLOGY	Diagnosis - Lyrica	0	2	0	2	0.00%	100.00%	0.00%
Myalgia, other site	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%

Myalgia, unspecified site	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Myopia, bilateral	OPHTHALMOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Narcolepsy with cataplexy		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Narcolepsy with cataplexy	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Narcolepsy with cataplexy	NEUROLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Narcolepsy with cataplexy	NEUROLOGY, PEDIATRIC	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Narcolepsy with cataplexy	PULMONARY DISEASES	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Narcolepsy without cataplexy		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Narcolepsy without cataplexy	FAMILY PRACTICE	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Narcolepsy without cataplexy	FAMILY PRACTICE	No post limit available for narcolepsy	0	2	0	2	0.00%	100.00%	0.00%
Narcolepsy without cataplexy	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Narcolepsy without cataplexy	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Narcolepsy without cataplexy	neurology	Non-formulary/non-preferred 6178-D ID3722	0	2	0	2	0.00%	100.00%	0.00%
Narcolepsy without cataplexy	PULMONARY DISEASES	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Nasal & sinus dis NEC	OTOLARYNGOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Nasal polyp, unspecified	ALLERGY	CRSwNP Continuation - Efficacy	0	2	0	2	0.00%	100.00%	0.00%
Nasal polyp, unspecified	ALLERGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Nasal polyp, unspecified	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Nasal polyp, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Nausea	FAMILY PRACTICE	Quantity, Post limit criteria not met 16-J ID5128	0	2	0	2	0.00%	100.00%	0.00%
Nausea with vomiting, unspecified		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Nausea with vomiting, unspecified		Antiemetic 5-HT3 Post Limit PA 16-J 01-2023 05_24_2023_15_51_03 2F	0	2	0	2	0.00%	100.00%	0.00%
Nausea with vomiting, unspecified	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Nausea with vomiting, unspecified	FAMILY PRACTICE	Antiemetic 5-HT3 Post Limit PA 16-J 01-2023 05_24_2023_15_51_03 2F	0	2	0	2	0.00%	100.00%	0.00%
Nausea with vomiting, unspecified	MEDICAL ONCOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Nausea with vomiting, unspecified	NURSE PRACTITIONER, ACUTE CARE	Quantity, Post limit criteria not met 79-J ID3186	0	2	0	2	0.00%	100.00%	0.00%
Nausea with vomiting, unspecified	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Neoplasm related pain (acute) (chronic)	PALLIATIVE MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Neoplasm related pain (acute) (chronic)	PALLIATIVE MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Neuralgia and neuritis, unspecified	ANESTHESIOLOGY	Diagnosis - Lyrica	0	2	0	2	0.00%	100.00%	0.00%
Neuralgia and neuritis, unspecified	NEUROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Neuralgia and neuritis, unspecified	NEUROLOGY	Diagnosis - Lyrica	0	2	0	2	0.00%	100.00%	0.00%
neuritis, radiculitis or radiculopathy	NEUROLOGICAL SURGERY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Neurotrophic keratoconjunctivitis, right eye		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
New daily persistent headache (NDPH)	NEUROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Newborn small for gestational age, unspecified weight	ENDOCRINOLOGY, PEDIATRIC	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Nodular corneal degeneration, bilateral	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Nonalcoholic steatohepatitis (NASH)	FAMILY PRACTICE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%

Nonalcoholic steatohepatitis (NASH)	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Noninfective gastroenteritis and colitis, unspecified	GASTROENTEROLOGY	Diagnosis 3134-A ID2736	0	2	0	2	0.00%	100.00%	0.00%
Non-pressure chronic ulcer of other part of left foot with fat layer expose	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Non-pressure chronic ulcer of skin of other sites limited to breakdown	SURGERY, ONCOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Non-radiographic axial spondyloarthritis of multiple sites in spine	Rheumatology	AS/nr-axSpA - Step therapy - No NSAID trial	0	2	0	2	0.00%	100.00%	0.00%
Nonscarring hair loss, unspecified	DERMATOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Non-ST elevation (NSTEMI) myocardial infarction	CARDIOLOGY	Step therapy - High/moderate intensity statins with ezetimibe	0	2	0	2	0.00%	100.00%	0.00%
Nummular dermatitis	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Obesity, class 1	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Obesity, class 1	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Obesity, class 1	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Obesity, class 1	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Obesity, class 2	FAMILY PRACTICE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Obesity, class 3	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Obesity, unspecified		Diagnosis 6192-C ID4205	0	2	0	2	0.00%	100.00%	0.00%
Obesity, unspecified		Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Obesity, unspecified		Will be on concurrent therapy 18-C ID3557	0	2	0	2	0.00%	100.00%	0.00%
Obesity, unspecified	Family Medicine or Internal Medicine	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Obesity, unspecified	FAMILY PRACTICE	Non-formulary/non-preferred – Dosage form not approvable	0	2	0	2	0.00%	100.00%	0.00%
Obesity, unspecified	GASTROENTEROLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Obesity, unspecified	HEMATOLOGY & ONCOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Obesity, unspecified	HOSPITALIST	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Obesity, unspecified	Internal Med *specialty match*	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Obesity, unspecified	NURSE PRACTITIONER, ADULT HEALTH	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Obesity, unspecified	OBSTESTRICS & GYNECOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Obesity, unspecified	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Obesity, unspecified	PHYSICAL MEDICINE & REHABILITATION	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Obesity, unspecified	UNSPECIFIED SPECIALTY	Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Obstructive hypertrophic cardiomyopathy	CARDIOLOGY	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)	FAMILY PRACTICE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Obstructive sleep apnea (adult) (pediatric)	NEUROLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%

Obstructive sleep apnea (adult) (pediatric)	PHYSICIAN, PSYCHOSOMATIC MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Occlusion and stenosis of bilateral carotid arteries		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Ocular hypertension, right eye	OPHTHALMOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Open angle with borderline findings, high risk, unspecified eye	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Open angle with borderline findings, low risk, bilateral	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Ophthalmoplegic migraine, not intractable	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Opioid abuse, in remission	PSYCHIATRY	Not pregnant or breastfeeding	0	2	0	2	0.00%	100.00%	0.00%
Opioid Dependence with withdrawl	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Opioid use, unspecified, uncomplicated	INTERNAL MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Orthostatic hypotension	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Osteoarthritis of knee, unspecified		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Oth disrd of the skin and subcutaneous tissue		Diagnosis 237-A ID2289	0	2	0	2	0.00%	100.00%	0.00%
Oth disrd of the skin and subcutaneous tissue	INTERNAL MEDICINE	Diagnosis 237-A ID2289	0	2	0	2	0.00%	100.00%	0.00%
Oth disrd of the skin and subcutaneous tissue	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Oth types of non-Hodgkin lymphoma, unspecified site	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Other abnormal glucose	FAMILY PRACTICE	Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Other abnormal glucose	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other abnormal glucose	INFECTIOUS DISEASES	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other abnormal glucose	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other abnormal glucose	PEDIATRICS	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Other abnormal glucose	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other acariasis	Dermatology	No approvable diagnosis 1486-A ID2139	0	2	0	2	0.00%	100.00%	0.00%
Other acariasis	DERMATOLOGY	No approvable diagnosis 1486-A ID395	0	2	0	2	0.00%	100.00%	0.00%
Other acne		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other acne		Non-formulary/non-preferred – Generic on Formulary	0	2	0	2	0.00%	100.00%	0.00%
Other acne	DERMATOLOGY	Diagnosis 4915-A ID2138	0	2	0	2	0.00%	100.00%	0.00%
Other acne	FAMILY PRACTICE	Diagnosis 237-A ID2289	0	2	0	2	0.00%	100.00%	0.00%
Other acne	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other acne	PEDIATRICS	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other acute postprocedural pain		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other acute postprocedural pain	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other acute postprocedural pain	INFECTIOUS DISEASES	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other acute postprocedural pain	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other acute postprocedural pain	ONCOLOGY, GYNECOLOGIC	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other acute postprocedural pain	ORTHOPEDIC SURGERY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other acute postprocedural pain	OTOLARYNGOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%

Other acute postprocedural pain	PLASTIC SURGERY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other acute postprocedural pain	SPORTS MEDICINE, PHYSICAL MEDICINE & REHABILITATION	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Other acute postprocedural pain	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Other adverse food reactions, not elsewhere classified, initial encounter	PEDIATRICS	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Other adverse food reactions, not elsewhere classified, subs	ALLERGY & IMMUNOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Other allergic rhinitis		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other allergic rhinitis	ALLERGY & IMMUNOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other allergy, initial encounter	FAMILY PRACTICE	Diagnosis 237-A ID2289	0	2	0	2	0.00%	100.00%	0.00%
Other alopecia areata	DERMATOLOGY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Other alopecia areata	DERMATOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other alopecia areata	DERMATOLOGY	Alopecia areata - Not 50% hair loss 2597-A ID3563	0	2	0	2	0.00%	100.00%	0.00%
Other alopecia areata	DERMATOLOGY	Diagnosis 5018-C ID3345	0	2	0	2	0.00%	100.00%	0.00%
Other alopecia areata	UNSPECIFIED SPECIALTY	Alopecia areata - Not 50% hair loss 2597-A ID2294	0	2	0	2	0.00%	100.00%	0.00%
Other asthma		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other atopic dermatitis		Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Other atopic dermatitis	ALLERGY & IMMUNOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Other atopic dermatitis	Dermatology	AD initial - Step therapy (systemic drug) 5522-A ID5729	0	2	0	2	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Concomitant biologic or targeted synthetic drug 1743-A ID5064	0	2	0	2	0.00%	100.00%	0.00%
Other atopic dermatitis	dermatology	Initial - No topical calcineurin inhibitor 1743-A ID1682	0	2	0	2	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Non-formulary/non-preferred - No inadequate response, intolerance, or contraindication to formulary alternative(s)	0	2	0	2	0.00%	100.00%	0.00%
Other atopic dermatitis	Dermatology *Specialty match*	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY, PEDIATRIC	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other atopic dermatitis	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Other atopic dermatitis	SURGERY, DERMATOLOGIC	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Other atopic dermatitis	SURGERY, DERMATOLOGIC	Step therapy 5018-C ID4123	0	2	0	2	0.00%	100.00%	0.00%
Other atopic dermatitis	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	Initial - No high potency to super-high potency topical corticosteroid]	0	2	0	2	0.00%	100.00%	0.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	Age 1254-F ID1413	0	2	0	2	0.00%	100.00%	0.00%

Other atopic dermatitis	UNSPECIFIED SPECIALTY	Age 1254-F ID4124	0	2	0	2	0.00%	100.00%	0.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	Concomitant biologic or targeted synthetic drug 1690-A ID3910	0	2	0	2	0.00%	100.00%	0.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	Continuation - Efficacy 1743-A ID4039	0	2	0	2	0.00%	100.00%	0.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	No sensitive areas/Age/No Trial 1254-F ID1413	0	2	0	2	0.00%	100.00%	0.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	Will be on concurrent/duplicate therapy 1690-A ID4795	0	2	0	2	0.00%	100.00%	0.00%
Other atrophic disorders of skin	DERMATOLOGY	Diagnosis 237-A ID2289	0	2	0	2	0.00%	100.00%	0.00%
Other cardiomyopathies	CARDIOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other chest pain	FAMILY PRACTICE	Non-formulary/non-preferred, over 7 years old	0	2	0	2	0.00%	100.00%	0.00%
Other cholangitis	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other chronic allergic conjunctivitis		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other chronic allergic conjunctivitis	OPHTHALMOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other chronic pain		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other chronic pain	INTERNAL MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Other chronic pain	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other chronic pain	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other chronic pain	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Other chronic postprocedural pain	FAMILY PRACTICE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Other constipation	GASTROENTEROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Other dermatomyositis without myopathy		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other disorders of peripheral nervous system	PHYSICAL MEDICINE & REHABILITATION	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other disorders of peripheral nervous system	PHYSICAL MEDICINE/REHAB *specialty match*	Not pregnant or breastfeeding	0	2	0	2	0.00%	100.00%	0.00%
Other disorders of vestibular function, unspecified ear		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other dystonia	NEUROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other fatigue	FAMILY PRACTICE	Diagnosis 178-C ID3427	0	2	0	2	0.00%	100.00%	0.00%
Other fatigue	PSYCHIATRY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other fecal abnormalities	GASTROENTEROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other forms of dyspnea	PULMONARY DISEASES	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other hyperlipidemia	Cardiology	ASCVD - Current LDL-C less than 70 mg/dL or unknown 2494-A ID1298	0	2	0	2	0.00%	100.00%	0.00%
Other hyperlipidemia	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other hypersomnia		Prescriber specialty	0	2	0	2	0.00%	100.00%	0.00%
Other inherited spinal muscular atrophy	Neurology	Ventilation support (invasive or non-invasive) beyond naps and nighttime sleep	0	2	0	2	0.00%	100.00%	0.00%
Other insomnia		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other insomnia	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other intervertebral disc degeneration, lumbar region	INTERNAL MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Other intervertebral disc degeneration, lumbar region with discogenic	ORTHOPEDIC SURGERY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%

Other intervertebral disc degeneration, lumbosacral region	PAIN MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Other intervertebral disc displacement, lumbar region	ANESTHESIOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other intervertebral disc displacement, lumbar region	Neurology	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Other juvenile arthritis, unspecified site	RHEUMATOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Other lichen planus	DERMATOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other lichen planus	DERMATOLOGY	Diagnosis 76-D ID1404	0	2	0	2	0.00%	100.00%	0.00%
Other lichen planus	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other long term (current) drug therapy	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Other long term (current) drug therapy	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other long term (current) drug therapy	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other long term (current) drug therapy	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Other male erectile dysfunction	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other male erectile dysfunction	INTERNAL MEDICINE	Diagnosis 865-C ID5024	0	2	0	2	0.00%	100.00%	0.00%
Other male erectile dysfunction	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other malignant neuroendocrine tumors	HEMATOLOGY & ONCOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Other melanin hyperpigmentation	UNSPECIFIED SPECIALTY	Diagnosis 237-A ID2289	0	2	0	2	0.00%	100.00%	0.00%
Other migraine, intractable, without status migrainosus	NEUROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other migraine, not intractable, without status migrainosus		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other migraine, not intractable, without status migrainosus	NEUROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Other obesity		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Other obesity		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other obesity due to excess calories	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other obesity due to excess calories	HOSPITALIST	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other obesity due to excess calories	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Other organ or system involvement in systemic lupus erythematosus	RHEUMATOLOGY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Other organ or system involvement in systemic lupus erythematosus	RHEUMATOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other osteoporosis without current pathological fracture	INTERNAL MEDICINE	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Other overlap syndromes		Diagnosis 1764-A ID2861	0	2	0	2	0.00%	100.00%	0.00%
Other polyp of sinus	OTOLARYNGOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other polyp of sinus	OTOLARYNGOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other postherpetic nervous system involvement	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other primary ovarian failure		Does not meet guidelines.	0	2	0	2	0.00%	100.00%	0.00%
Other primary ovarian failure	ENDOCRINOLOGY, REPRODUCTIVE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other primary ovarian failure	FAMILY PRACTICE	Patient is able to take alternative dosage form 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%

Other psoriasis		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Other psoriasis		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other psoriasis	UNSPECIFIED SPECIALTY	Efficacy	0	2	0	2	0.00%	100.00%	0.00%
Other psoriasis	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Other psoriatic arthropathy	DERMATOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other psoriatic arthropathy	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Other psoriatic arthropathy	Rheumatology	PsA - Step therapy - MTX/LEF other reason to avoid	0	2	0	2	0.00%	100.00%	0.00%
Other rheumatoid arthritis	RHEUMATOLOGY	Enhanced RA -– Lab/test - No biomarker testing	0	2	0	2	0.00%	100.00%	0.00%
Other rheumatoid arthritis	RHEUMATOLOGY	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Other rheumatoid arthritis with rheumatoid factor of multiple sites		Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Other rheumatoid arthritis with rheumatoid factor of multiple sites	RHEUMATOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Other rheumatoid arthritis with rheumatoid factor of multiple sites	RHEUMATOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other rosacea		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Other rosacea	DERMATOLOGY	Diagnosis 76-D ID4113	0	2	0	2	0.00%	100.00%	0.00%
Other rosacea	DERMATOLOGY	Formulary Medical Necessity Epsolay ACF CMK STD 02-2023 2F	0	2	0	2	0.00%	100.00%	0.00%
Other rosacea	SURGERY, DERMATOLOGIC	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other rosacea	UNSPECIFIED SPECIALTY	Diagnosis 76-D ID4113	0	2	0	2	0.00%	100.00%	0.00%
Other rosacea	UNSPECIFIED SPECIALTY	Efficacy	0	2	0	2	0.00%	100.00%	0.00%
Other seasonal allergic rhinitis	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other seborrheic dermatitis		Diagnosis 76-D ID4113	0	2	0	2	0.00%	100.00%	0.00%
Other seborrheic dermatitis		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Other seborrheic dermatitis	DERMATOLOGY	Diagnosis 1254-F ID1413	0	2	0	2	0.00%	100.00%	0.00%
Other seborrheic dermatitis	DERMATOLOGY	Diagnosis 76-D ID1404	0	2	0	2	0.00%	100.00%	0.00%
Other seborrheic dermatitis	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other seborrheic dermatitis	UNSPECIFIED SPECIALTY	Diagnosis 76-D ID1404	0	2	0	2	0.00%	100.00%	0.00%
Other seborrheic dermatitis	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Other secondary pulmonary hypertension		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Other seizures	PEDIATRICS	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other skin changes due to chronic exposure to nonionizing radiation	DERMATOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Other skin changes due to chronic exposure to nonionizing radiation	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other specified abnormal findings of blood chemistry	FAMILY PRACTICE	No approvable diagnosis (all drugs except generic Delatestryl and Testopel) 1210-A ID1157	0	2	0	2	0.00%	100.00%	0.00%
Other specified abnormal findings of blood chemistry	FAMILY PRACTICE	Non-approvable diagnosis 1210-A ID1157	0	2	0	2	0.00%	100.00%	0.00%

Other specified abnormal findings of blood chemistry	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other specified abnormal findings of blood chemistry	UROLOGY	Exclusion, age-related hypogonadism	0	2	0	2	0.00%	100.00%	0.00%
Other specified anxiety disorders	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other specified anxiety disorders	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other specified anxiety disorders	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Other specified bacterial intestinal infections	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other specified behavioral and emotional disorders with onset usually occur	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other specified behavioral and emotional disorders with onset usually occur	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other specified behavioral and emotional disorders with onset usually occur	INTERNAL MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Other specified behavioral and emotional disorders with onset usually occur	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other specified congenital malformations of skin	dermatology	Diagnosis 1690-A ID1984	0	2	0	2	0.00%	100.00%	0.00%
Other specified cough	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other specified counseling	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other specified diabetes mellitus without complications		Disease category/stage/severity 3762-C ID4966	0	2	0	2	0.00%	100.00%	0.00%
Other specified diabetes mellitus without complications	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other specified diabetes mellitus without complications	Pediatric Endocrinology - specialty match required	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Other specified diabetes mellitus without complications	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other specified diseases of intestine	GASTROENTEROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other specified diseases of pancreas	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other specified disorders of pigmentation	DERMATOLOGY	Diagnosis 1254-F ID4124	0	2	0	2	0.00%	100.00%	0.00%
Other specified disorders of the skin and subcutaneous tissue	DERMATOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other specified epidermal thickening	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Other specified functional intestinal disorders	GASTROENTEROLOGY	Not on required concurrent therapy	0	2	0	2	0.00%	100.00%	0.00%
Other specified hypothyroidism		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other specified hypothyroidism		Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Other specified hypothyroidism	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other specified hypothyroidism	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other specified hypothyroidism	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other specified menopausal and perimenopausal disorders	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other specified noninflammatory disorders of vagina	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Other specified postprocedural states	ORTHOPEDIC SURGERY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%

Other specified postprocedural states	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other specified pregnancy related conditions, unspecified trimester	NURSE MIDWIFE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other specified rheumatoid arthritis, multiple sites	RHEUMATOLOGY	Diagnosis 2018-A ID907	0	2	0	2	0.00%	100.00%	0.00%
Other specified symptoms and signs involving the digestive system, abdomen	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other spondylosis with myelopathy, cervical region	PHYSICAL MEDICINE & REHABILITATION	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Other spondylosis, lumbosacral region	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other sprain of left hip, initial encounter	ORTHOPEDIC SURGERY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Other symptoms and signs concerning food and fluid intake	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Other tear of medial meniscus, current injury, right knee,initial encounter	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Other ulcerative colitis without complications		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Other ulcerative colitis without complications	GASTROENTEROLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Other urticaria		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Other urticaria	ALLERGY & IMMUNOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Otorrhea, right ear	OTOLARYNGOLOGY, PEDIATRIC	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Outlet dysfunction constipation		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Overactive bladder	FAMILY PRACTICE	Step Therapy 385-D ID4769	0	2	0	2	0.00%	100.00%	0.00%
Overactive bladder	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Overactive bladder	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Overactive bladder	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Overweight	CARDIOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Overweight	INTERNAL MEDICINE	Diagnosis - adult 4774-C ID4438	0	2	0	2	0.00%	100.00%	0.00%
Overweight	NURSE PRACTITIONER, ADULT HEALTH	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Pain in left hip	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Pain in left knee	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Pain in right ankle and joints of right foot		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Pain in right foot		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Pain in right foot	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Pain in right hip	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Pain in right knee	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Pain in right knee	FAMILY PRACTICE	Diagnosis 621-C ID1901	0	2	0	2	0.00%	100.00%	0.00%
Pain in right knee	ORTHOPEDIC SURGERY, SPORTS MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Pain in right knee	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%

Pain in unspecified joint	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Pain in unspecified knee	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Pain, unspecified	NEUROLOGICAL SURGERY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Pain, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Pain, unspecified	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Pain, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Parkinsonism, unspecified		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Parkinsonism, unspecified	NEUROLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Parkinson's disease	NEUROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Parkinsons disease without dyskinesia, without mention of fluctuations		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Parkinsons disease without dyskinesia, without mention of fluctuations	NEUROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Parkinsons disease without dyskinesia, without mention of fluctuations	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Parkinsons disease without dyskinesia, without mention of fluctuations	NURSE PRACTITIONER, ADULT HEALTH	Patient is able to take alternative dosage form 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Parkinsons disease without dyskinesia, without mention of fluctuations	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Paroxysmal atrial fibrillation	CARDIAC ELECTROPHYSIOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Paroxysmal atrial fibrillation	CARDIAC ELECTROPHYSIOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Paroxysmal atrial fibrillation	CARDIOLOGY, INTERVENTIONAL	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Paroxysmal atrial fibrillation	INTERNAL MEDICINE	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Paroxysmal atrial fibrillation	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Paroxysmal atrial fibrillation	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Pediculosis due to Pediculus humanus capitis		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Pelvic and perineal pain	FAMILY PRACTICE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Pelvic and perineal pain	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Peptic ulcer, site unspecified, unspecified as acute or chronic, without he	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Perioral dermatitis		Diagnosis 76-D ID1404	0	2	0	2	0.00%	100.00%	0.00%
Perioral dermatitis		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Perioral dermatitis	DERMATOLOGY	Age 1254-F ID1413	0	2	0	2	0.00%	100.00%	0.00%
Perioral dermatitis	DERMATOLOGY	Formulary Medical Necessity 717-A SCF-SCCF-SCFC-VFI CMK STD 09-2023 3F	0	2	0	2	0.00%	100.00%	0.00%
Perioral dermatitis	DERMATOLOGY	No approvable diagnosis 1486-A ID2139	0	2	0	2	0.00%	100.00%	0.00%
Perioral dermatitis	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Perioral dermatitis	INTERNAL MEDICINE	Diagnosis 1254-F ID1413	0	2	0	2	0.00%	100.00%	0.00%
Perioral dermatitis	PEDIATRICS	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Perioral dermatitis	UNSPECIFIED SPECIALTY	No approvable diagnosis 1486-A ID2139	0	2	0	2	0.00%	100.00%	0.00%

Personal history of anaphylaxis	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Personal history of other venous thrombosis and embolism	Family Medicine	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	2	0	2	0.00%	100.00%	0.00%
Persons encountering health services in other specified circumstances	GERIATRIC MEDICINE, FAMILY PRACTICE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Pigmentary Glaucoma, right eye, mild stage	OPHTHALMOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Pigmentary Glaucoma, right eye, mild stage	OPHTHALMOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Pityriasis alba	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Polycystic ovarian syndrome		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Polycystic ovarian syndrome		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Polycystic ovarian syndrome	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Polycystic ovarian syndrome	ENDOCRINOLOGY, REPRODUCTIVE	Patient is able to take alternative dosage form 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Polycystic ovarian syndrome	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Polycystic ovarian syndrome	GENERAL PRACTICE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Polycystic ovarian syndrome	NURSE PRACTITIONER, ADULT HEALTH	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Polycystic ovarian syndrome	OBSTESTRICS & GYNECOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Polymyalgia rheumatica	RHEUMATOLOGY	Lab/test - No initial TB test	0	2	0	2	0.00%	100.00%	0.00%
Polyneuropathy, unspecified	ANESTHESIOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Polyosteoarthritis, unspecified	RHEUMATOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Polyp of nasal cavity		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Polyp of nasal cavity	ALLERGY & IMMUNOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Polyp of nasal cavity	OTOLARYNGOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Polyp of nasal cavity	OTOLARYNGOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Polyp of nasal cavity	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Polyp of nasal cavityuser	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Polypoid sinus degeneration	ALLERGY & IMMUNOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Polypoid sinus degeneration	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Polypoid sinus degeneration	OTOLARYNGOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Polypoid sinus degeneration	OTOLARYNGOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Post COVID-19 condition, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Post COVID-19 condition, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Postinflammatory Hyperpigmentation		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Postinflammatory Hyperpigmentation		Diagnosis 237-A ID2289	0	2	0	2	0.00%	100.00%	0.00%
Postinflammatory Hyperpigmentation	DERMATOLOGY	Diagnosis 4915-A ID2138	0	2	0	2	0.00%	100.00%	0.00%
Postinflammatory Hyperpigmentation	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%

Postlaminectomy syndrome, not elsewhere classified	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Postlaminectomy syndrome, not elsewhere classified	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Postmenopausal atrophic vaginitis	OBSTESTRICS & GYNECOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Postmenopausal atrophic vaginitis	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Postmenopausal atrophic vaginitis	OBSTETRICS & GYNECOLOGY	Formulary Medical Necessity Menopausal Agents, Vaginal FA-PA CMK STD 02-2021 2F	0	2	0	2	0.00%	100.00%	0.00%
Postprocedural hypothyroidism		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Postprocedural hypothyroidism		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Postprocedural hypothyroidism	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Postsurgical malabsorption, not elsewhere classified		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Post-traumatic stress disorder, chronic	PSYCHIATRY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Post-traumatic stress disorder, unspecified	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Postural orthostatic tachycardia syndrome [POTS]	ANESTHESIOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Postural orthostatic tachycardia syndrome [POTS]	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Postural orthostatic tachycardia syndrome [POTS]	UNSPECIFIED SPECIALTY	Lab/test: LVEF	0	2	0	2	0.00%	100.00%	0.00%
Pouchitis	Gastroenterology or Internal Medicine	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Prediabetes	CARDIOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Prediabetes	CARDIOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Prediabetes	FAMILY PRACTICE	Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Prediabetes	INFECTIOUS DISEASES	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Prediabetes	OBSTESTRICS & GYNECOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Prediabetes	PEDIATRICS	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Prediabetes	Specialty match required - Bariatric Surgery	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Prediabetes	UNSPECIFIED SPECIALTY	Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Presbyopia	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Presence of left artificial hip joint	ORTHOPEDIC SURGERY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Presence of left artificial hip joint	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Presence of left artificial hip joint	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Presence of right artificial hip joint	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Presence of right artificial knee joint		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Presence of unspecified artificial knee joint	ORTHOPEDIC SURGERY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%

Presence of unspecified artificial knee joint	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Primary focal hyperhidrosis, axilla		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Primary focal hyperhidrosis, unspecified	DERMATOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Primary insomnia		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Primary insomnia		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Primary insomnia	FAMILY PRACTICE	Quantity, Post limit criteria not met 201-J ID3449	0	2	0	2	0.00%	100.00%	0.00%
Primary insomnia	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Primary insomnia	PSYCHIATRY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Primary open-angle glaucoma, bilateral, mild stage	OPHTHALMOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Primary open-angle glaucoma, bilateral, moderate stage.	OPHTHALMOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Primary open-angle glaucoma, bilateral, moderate stage.	OPHTHALMOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Primary open-angle glaucoma, bilateral, moderate stage.	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Primary open-angle glaucoma, bilateral, moderate stage.	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Primary open-angle glaucoma, bilateral, severe stage	OPHTHALMOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Primary open-angle glaucoma, left eye, severe stage	OPHTHALMOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Primary open-angle glaucoma, right eye, severe stage	OPHTHALMOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Primary osteoarthritis, unspecified shoulder	UNSPECIFIED SPECIALTY	Not pregnant or breastfeeding	0	2	0	2	0.00%	100.00%	0.00%
Primary pulmonary hypertension	CRITICAL CARE, PEDIATRICS	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Prurigo nodularis		PN Continuation - Efficacy	0	2	0	2	0.00%	100.00%	0.00%
Prurigo nodularis	DERMATOLOGY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Prurigo nodularis	DERMATOLOGY	Diagnosis 5018-C ID3345	0	2	0	2	0.00%	100.00%	0.00%
Prurigo nodularis	Dermatology	PN initial - Less than 20 nodular lesions 1690-A ID3910	0	2	0	2	0.00%	100.00%	0.00%
Prurigo nodularis	DERMATOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Pruritus ani	SURGERY, COLON & RECTAL	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Pseudofolliculitis barbae	DERMATOLOGY	Diagnosis 237-A ID2289	0	2	0	2	0.00%	100.00%	0.00%
Pseudofolliculitis barbae	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Pseudofolliculitis barbae	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Psoriasis	DERMATOLOGY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Psoriasis	Dermatology	Self-admin - PsA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID3373	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis	INTERNAL MEDICINE	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Psoriasis	RHEUMATOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Psoriasis	RHEUMATOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%

Psoriasis	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Psoriasis vulgaris		Frequency - every other week, Exceeds max limit	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris		No initial TB test	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris		PsO - BSA less than 3% 3047-A ID3517	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris		PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID4403	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris		PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID5160	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris		PsO - Prescriber specialty 2002-A ID4538	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris		Quantity, Post limit criteria not met, Partial denial 2324-HJ ID4234	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris		Self-admin - PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID4620	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	Dermatology	AS - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID4403	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Concomitant biologic or targeted synthetic drug use	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Formulary Medical Necessity Calcipotriene-Betamethasone, Duobrii, Wynzora SCF CMK STD 02-2024 2F	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Patient is able to take alternative dosage form 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	PsA/PsO - Frequency - Exceeds max limit	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	PsO - BSA less than 3% 3047-A ID3517	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	Dermatology	PsO - No clinical reason to avoid pharmacologic tx 2002-A ID1300	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	PsO continuation - No specific positive response 3047-A ID3517	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	Dermatology	Self-admin - PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID3373	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	Dermatology	Self-admin - PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID4620	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	Dermatology	Self-admin - PsO - Non-formulary/non-preferred - Secondary preferred and no inadequate response, intolerance, or medical reason to avoid primary preferred products 4250-D ID3743	0	2	0	2	0.00%	100.00%	0.00%

Psoriasis vulgaris	DERMATOLOGY	Step Therapy - Ketoconazole, Ciclopirox or Less than 16	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	Dermatology	Step Therapy 1339-C ID2376	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	FAMILY PRACTICE	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Psoriasis vulgaris	GASTROENTEROLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Psoriasis vulgaris	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Psoriasis vulgaris	INTERNAL MEDICINE	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Psoriasis vulgaris	INTERNAL MEDICINE	Diagnosis 6220-A ID3281	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	RHEUMATOLOGY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Psoriasis vulgaris	RHEUMATOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Psoriasis vulgaris	SURGERY, DERMATOLOGIC	Concomitant biologic or targeted synthetic drug use	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	SURGERY, DERMATOLOGIC	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	SURGERY, DERMATOLOGIC	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	SURGERY, DERMATOLOGIC	Self-admin - PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID3743	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	Lab/test - Unknown TB result 3047-A ID5108	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID4403	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID5160	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	PsO continuation - No specific positive response 2010-A ID2136	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	Self-admin - PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID3373	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis, unspecified		Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis, unspecified		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis, unspecified	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%

Psoriasis, unspecified	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Psoriasis, unspecified	INTERNAL MEDICINE	PsO - Prescriber specialty 2002-A ID4538	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis, unspecified	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Psoriasis, unspecified	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Psoriasis, unspecified	UNSPECIFIED SPECIALTY	Self-admin - PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID4620	0	2	0	2	0.00%	100.00%	0.00%
Psoriatic spondylitis		Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Psoriatic spondylitis	RHEUMATOLOGY	PsA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID5160	0	2	0	2	0.00%	100.00%	0.00%
Psychophysiologic insomnia	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Psychophysiologic insomnia	UNSPECIFIED SPECIALTY	Quantity, No post limit quantity available	0	2	0	2	0.00%	100.00%	0.00%
Pulmonary hypertension, unspecified	CARDIOLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Pulmonary hypertension, unspecified	UNSPECIFIED SPECIALTY	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified	CARDIAC ELECTROPHYSIOLOGY	No max statin therapy	0	2	0	2	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified	CARDIOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Pure hypercholesterolemia, unspecified	CARDIOLOGY	Continuation - No documentation of LDL	0	2	0	2	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified	Cardiology	Step therapy - High/moderate intensity statins with ezetimibe	0	2	0	2	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Pure hypercholesterolemia, unspecified	INTERNAL MEDICINE	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Pure hypercholesterolemia, unspecified	INTERNAL MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified	MEDICAL ONCOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Pure hypercholesterolemia, unspecified	UNSPECIFIED SPECIALTY	FH - Pretreatment LDL-C less than 160 mg/dl or unknown	0	2	0	2	0.00%	100.00%	0.00%
Pure hyperglyceridemia	CARDIOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Pure hyperglyceridemia	CARDIOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Pure hyperglyceridemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Quadriplegia, C5-C7 incomplete	Family Medicine (specialty match required)	Non-formulary/non-preferred – Generic on Formulary	0	2	0	2	0.00%	100.00%	0.00%
Radiculopathy, cervical region		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Radiculopathy, cervical region	ANESTHESIOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Radiculopathy, cervical region	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Radiculopathy, cervical region	NEUROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Radiculopathy, cervical region	NURSE PRACTITIONER, ACUTE CARE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Radiculopathy, cervical region	ORTHOPEDIC SURGERY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Radiculopathy, cervical region	UNSPECIFIED SPECIALTY	Diagnosis - Lyrica	0	2	0	2	0.00%	100.00%	0.00%
Radiculopathy, lumbar region		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%

Radiculopathy, lumbar region	AEROSPACE MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Radiculopathy, lumbar region	ANESTHESIOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Radiculopathy, lumbar region	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Radiculopathy, lumbar region	ORTHOPEDIC SURGERY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Radiculopathy, lumbar region	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Radiculopathy, lumbar region	ORTHOPEDIC SURGERY, SPINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Radiculopathy, lumbar region	PAIN MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Radiculopathy, lumbar region	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Rash and other nonspecific skin eruption		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Rash and other nonspecific skin eruption	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Rash and other nonspecific skin eruption	UNSPECIFIED SPECIALTY	Diagnosis 1254-F ID1413	0	2	0	2	0.00%	100.00%	0.00%
Reiters disease, unspecified site		Diagnosis;; 2008-A ID3519	0	2	0	2	0.00%	100.00%	0.00%
Reiters disease, unspecified site	Rheumatology	Diagnosis;; 2008-A ID3519	0	2	0	2	0.00%	100.00%	0.00%
Restless legs syndrome	PSYCHIATRY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Restless legs syndrome	PSYCHIATRY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Retinal vasculitis, right eye	INTERNAL MEDICINE	Frequency - every two weeks, Exceeds max limit	0	2	0	2	0.00%	100.00%	0.00%
Rheumatoid arthritis with RH factor of right hand wo organ or systems invol		Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Rheumatoid arthritis with RH factor of right hand wo organ or systems invol	RHEUMATOLOGY	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ		RA continuation - No response 3173-A ID4944	0	2	0	2	0.00%	100.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	INTERNAL MEDICINE	Frequency - every other week, Exceeds max limit	0	2	0	2	0.00%	100.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	INTERNAL MEDICINE	Self-admin - RA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID3373	0	2	0	2	0.00%	100.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	RHEUMATOLOGY	No initial TB test	0	2	0	2	0.00%	100.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	RHEUMATOLOGY	Quantity, Post limit criteria not met 16-J ID5694	0	2	0	2	0.00%	100.00%	0.00%
Rheumatoid arthritis with rheumatoid factor, unspecified	ANESTHESIOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Rheumatoid arthritis with rheumatoid factor, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Rheumatoid arthritis with rheumatoid factor, unspecified	RHEUMATOLOGY	Enhanced RA - MTX trial	0	2	0	2	0.00%	100.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, multiple sites	INTERNAL MEDICINE	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, multiple sites	INTERNAL MEDICINE	RA continuation - No response 1987-D ID3572	0	2	0	2	0.00%	100.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, multiple sites	Rheumatology	Self-admin - RA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID3743	0	2	0	2	0.00%	100.00%	0.00%

Rheumatoid arthritis without rheumatoid factor, multiple sites	RHEUMATOLOGY	Self-admin - RA - Non-preferred (biosimilar) - No adverse event to active ingredient 4250-D ID5122	0	2	0	2	0.00%	100.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, unspecified site		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, unspecified site	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Rheumatoid arthritis, unspecified		RA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3015	0	2	0	2	0.00%	100.00%	0.00%
Rheumatoid arthritis, unspecified		Self-admin - RA - Non-preferred (biosimilar) - No adverse event to active ingredient 4250-D ID4620	0	2	0	2	0.00%	100.00%	0.00%
Rheumatoid arthritis, unspecified	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Rheumatoid arthritis, unspecified	INTERNAL MEDICINE	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Rheumatoid arthritis, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Rheumatoid arthritis, unspecified	rheumatology	RA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3874	0	2	0	2	0.00%	100.00%	0.00%
Rheumatoid arthritis, unspecified	RHEUMATOLOGY	RA continuation - No response 1987-D ID4513	0	2	0	2	0.00%	100.00%	0.00%
Rheumatoid arthritis, unspecified	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Rosacea, unspecified		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Rosacea, unspecified	DERMATOLOGY	Non-formulary/non-preferred – Generic on Formulary	0	2	0	2	0.00%	100.00%	0.00%
Rosacea, unspecified	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Rosacea, unspecified	FAMILY PRACTICE	Efficacy	0	2	0	2	0.00%	100.00%	0.00%
Rosacea, unspecified	UNSPECIFIED SPECIALTY	Diagnosis 76-D ID1404	0	2	0	2	0.00%	100.00%	0.00%
Rosacea, unspecified	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Scar conditions and fibrosis of skin	DERMATOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Scar conditions and fibrosis of skin	DERMATOLOGY	Diagnosis 1339-C ID4830	0	2	0	2	0.00%	100.00%	0.00%
Schizoaffective disorder, bipolar type	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Schizoaffective disorder, depressive type	PSYCHIATRY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Sciatica, unspecified side	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Seborrheic dermatitis, unspecified		Diagnosis 1254-F ID1413	0	2	0	2	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified		Diagnosis 76-D ID1404	0	2	0	2	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified	DERMATOLOGY	Diagnosis - Cream	0	2	0	2	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified	DERMATOLOGY	Diagnosis 1254-F ID1413	0	2	0	2	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified	INTERNAL MEDICINE	Continuation: Efficacy	0	2	0	2	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Secondary hyperparathyroidism of renal origin		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%

Secondary hyperparathyroidism of renal origin	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Secondary malignant neoplasm of brain	FAMILY PRACTICE	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Secondary malignant neoplasm of left lung		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Secondary pulmonary arterial hypertension	INTERNAL MEDICINE	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Severe persistent asthma with (acute) exacerbation	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Severe persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Asthma initial - Eosinophil level less than 150 without prereq drugs 1690-A ID3910	0	2	0	2	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	2	0	2	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Severe persistent asthma, uncomplicated	HOSPITALIST	Asthma - Prescriber specialty 5104-A ID3489	0	2	0	2	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Severe persistent asthma, uncomplicated	INTERNAL MEDICINE	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Severe persistent asthma, uncomplicated	INTERNAL MEDICINE	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Severe persistent asthma, uncomplicated	PULMONARY DISEASES	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Severe persistent asthma, uncomplicated	PULMONARY DISEASES	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	PULMONARY DISEASES	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	PULMONARY DISEASES	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Severe persistent asthma, uncomplicated	UNSPECIFIED SPECIALTY	Asthma Continuation - Efficacy	0	2	0	2	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	UNSPECIFIED SPECIALTY	Asthma initial - Eosinophil level 150 or greater without prereq drugs 1690-A ID3910	0	2	0	2	0.00%	100.00%	0.00%
Sexual dysfunction, unspecified	FAMILY PRACTICE	Diagnosis 865-C ID5024	0	2	0	2	0.00%	100.00%	0.00%
Short stature (child)		Diagnosis 1742-A ID3752	0	2	0	2	0.00%	100.00%	0.00%
Short stature (child)		Diagnosis 1742-A ID5044	0	2	0	2	0.00%	100.00%	0.00%
Short stature (child)	ENDOCRINOLOGY, PEDIATRIC	Diagnosis 1742-A ID5044	0	2	0	2	0.00%	100.00%	0.00%
Short stature (child)	ENDOCRINOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Short stature (child)	PEDIATRICS	Diagnosis 1742-A ID5044	0	2	0	2	0.00%	100.00%	0.00%
Shortness of breath		Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 1T	0	2	0	2	0.00%	100.00%	0.00%
Sicca syndrome with keratoconjunctivitis	LEGAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Sicca syndrome with keratoconjunctivitis	OPHTHALMOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Sickle-cell disease without crisis	Hematology	Non-formulary/non-preferred - No inadequate response, intolerance, or contraindication to avoid formulary alternative(s) 2427-D ID2307	0	2	0	2	0.00%	100.00%	0.00%
Simple febrile convulsions	GENERAL PRACTICE	Age - Valtoco (diazepam nasal spray)	0	2	0	2	0.00%	100.00%	0.00%
Sleep apnea, unspecified	PSYCHIATRY	Prescriber specialty	0	2	0	2	0.00%	100.00%	0.00%
Sleep disorder, unspecified	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%

Small intestinal bacterial overgrowth, unspecified		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Small intestinal bacterial overgrowth, unspecified	GASTROENTEROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Small intestinal bacterial overgrowth, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Social phobia, unspecified	PSYCHIATRY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Somnolence	FAMILY PRACTICE	Prescriber specialty	0	2	0	2	0.00%	100.00%	0.00%
Spasmodic torticollis	FAMILY PRACTICE	Diagnosis 125-C ID2509	0	2	0	2	0.00%	100.00%	0.00%
Spastic hemiplegia affecting unspecified side		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Spinal stenosis, lumbar region with neurogenic claudication	ANESTHESIOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Spinal stenosis, lumbar region with neurogenic claudication	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Spinal stenosis, lumbar region without neurogenic claudication		Patient did not have adverse reaction to the separate individual drugs caused by the inactive ingredient and/or documentation not provided	0	2	0	2	0.00%	100.00%	0.00%
Spondylosis w/o myelopathy or radiculopathy, cervical region		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Spondylosis w/o myelopathy or radiculopathy, cervical region		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Spondylosis without myelopathy or radiculopathy, lumbar region		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Spondylosis without myelopathy or radiculopathy, lumbar region	ANESTHESIOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Spondylosis without myelopathy or radiculopathy, lumbar region	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Spondylosis without myelopathy or radiculopathy, lumbar region	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Spondylosis without myelopathy or radiculopathy, site unsp	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Spondyls w/o myelopathy or radiculopathy, lumbosacr region	FAMILY PRACTICE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Sprain of tibiofibular ligament of left ankle, initial encounter	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Squamous blepharitis right eye, unspecified eyelid	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
STelevation(STEMI)myocardial infarction involving left main coronary artery	CARDIOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Strain of muscle, fascia and tendon of lower back, initial encounter	FAMILY PRACTICE	Diagnosis 125-C ID2509	0	2	0	2	0.00%	100.00%	0.00%
Strain of other muscle(s) and tendon(s) at lower leg level, right leg, sub	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Streptococcal pharyngitis	OTOLARYNGOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Striae atrophicae	SURGERY, DERMATOLOGIC	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Subacute cough	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Subacute cutaneous lupus erythematosus		Exclusion - topical	0	2	0	2	0.00%	100.00%	0.00%
Submucous leiomyoma of uterus	GYNECOLOGY	Exceeds max duration of use	0	2	0	2	0.00%	100.00%	0.00%

Subserosal leiomyoma of uterus	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Systemic lupus erythematosus, unspecified		Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Systemic lupus erythematosus, unspecified	RHEUMATOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Systemic lupus erythematosus, unspecified	Rheumatology	RA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3874	0	2	0	2	0.00%	100.00%	0.00%
Systolic (congestive) heart failure		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Systolic heart failure	CARDIOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Tension-type headache, unspecified, not intractable		Quantity, Post limit criteria not met 1-J ID1783	0	2	0	2	0.00%	100.00%	0.00%
Testicular hypofunction		Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Testicular hypofunction		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Testicular hypofunction		Diagnosis, not generic Delatestryl and Testopel 1210-A ID3963	0	2	0	2	0.00%	100.00%	0.00%
Testicular hypofunction		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Testicular hypofunction	Endocrinology	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Testicular hypofunction	ENDOCRINOLOGY, DIABETES & METABOLISM	Exclusion, age-related hypogonadism	0	2	0	2	0.00%	100.00%	0.00%
Testicular hypofunction	FAMILY PRACTICE	Diagnosis, not generic Delatestryl and Testopel 1210-A ID3963	0	2	0	2	0.00%	100.00%	0.00%
Testicular hypofunction	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Testicular hypofunction	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Testicular hypofunction	GENERAL PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Testicular hypofunction	INFECTIOUS DISEASES	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Testicular hypofunction	INTERNAL MEDICINE	Diagnosis, not generic Delatestryl and Testopel 1210-A ID3963	0	2	0	2	0.00%	100.00%	0.00%
Testicular hypofunction	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Testicular hypofunction	Internal/Family Medicine	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Testicular hypofunction	UROLOGY	Non-approvable diagnosis 1210-A ID1157	0	2	0	2	0.00%	100.00%	0.00%
Testicular hypofunction	UROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Tinea cruris	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Tinea unguium		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Tinea unguium	DERMATOLOGY	Footbath Use	0	2	0	2	0.00%	100.00%	0.00%

Tinea unguium	DERMATOLOGY	Step therapy 1160-C ID2578	0	2	0	2	0.00%	100.00%	0.00%
Tinea unguium	GENERAL SURGERY	Diagnosis 1160-C ID2578	0	2	0	2	0.00%	100.00%	0.00%
Tinea unguium	GENERAL SURGERY	Lab/test 1160-C ID2578	0	2	0	2	0.00%	100.00%	0.00%
Tinea unguium	INTERNAL MEDICINE	Footbath Use	0	2	0	2	0.00%	100.00%	0.00%
Tinea unguium	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Tinea unguium	NATUROPATH	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Tinea unguium	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Tinea unguium	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met, Partial denial 1160-C ID2578	0	2	0	2	0.00%	100.00%	0.00%
Tourettes disorder	NEUROLOGY, PEDIATRIC	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Tourettes disorder	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Transsexualism	ADOLESCENT MEDICINE, PEDIATRICS	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Transsexualism	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Transsexualism	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Transsexualism	PEDIATRICS	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Type 1 diab with prolif diab rtnop without mclr edema, unsp	ENDOCRINOLOGY, DIABETES & METABOLISM	Formulary Medical Necessity Insulin Lispro Jr. FA-PA CMK STD 02-2021 2F	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diab with prolif diab rtnop without mclr edema, unsp	SURGERY, GENERAL	Formulary Medical Necessity Insulin Lispro Jr. FA-PA CMK STD 02-2021 2F	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diabetes mellitus	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia		Quantity Limit, Exceeds max limit: Starter Kit, Partial Denial - Omnipod Pods 10 per month	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Type 1 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Type 1 diabetes mellitus with hypoglycemia without coma	ENDOCRINOLOGY, DIABETES & METABOLISM	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hypoglycemia without coma	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Type 1 diabetes mellitus with hypoglycemia without coma	INTERNAL MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hypoglycemia without coma	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Type 1 diabetes mellitus with other diabetic ophthalmic complication	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Type 1 diabetes mellitus with other specified complication	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%

Type 1 diabetes mellitus with unspecified complications	CARDIOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Type 1 diabetes mellitus with unspecified complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with unspecified complications	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Type 1 diabetes mellitus without complications		Continuation: Not established on BGM or CGM	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Disease category/stage/severity 3762-C ID3054	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Quantity, Exceeds max limit, Partial denial – Omnipod 15 pods per month	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	ENDOCRINOLOGY, PEDIATRIC	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	ENDOCRINOLOGY, PEDIATRIC	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	FAMILY PRACTICE	Diagnosis 3762-C ID4966	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	INTERNAL MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	INTERNAL MEDICINE	Disease category/stage/severity 3762-C ID4966	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Type 1 diabetes mellitus without complications	INTERNAL MEDICINE (specialty match required)	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	NURSE PRACTITIONER, ADULT HEALTH	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	PEDIATRICS	Quantity, Exceeds max limit, Partial denial – Omnipod 10 pods per month	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Type 2 diabetes mellitus w oth diabetic kidney complication	GENERAL PRACTICE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus w oth diabetic kidney complication	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with diabetic chronic kidney disease		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with diabetic chronic kidney disease		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%

Type 2 diabetes mellitus with diabetic nephropathy	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic nephropathy	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with diabetic nephropathy	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with diabetic neuropathy, unspecified		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic polyneuropathy	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with diabetic polyneuropathy	INTERNAL MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic polyneuropathy	INTERNAL MEDICINE	Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic polyneuropathy	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic polyneuropathy	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with hyperglycemia		Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	CARDIOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	Endocrinology	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	Endocrinology *specialty match required*	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, PEDIATRIC	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with hyperglycemia	Family Medicine (specialty match required)	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	FAMILY PRACTICE	Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	FAMILY PRACTICE	Education requirement	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	FAMILY PRACTICE	Non-formulary/non-preferred - Member can switch to a preferred product 4510-A ID2757	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	FAMILY PRACTICE	Non-formulary/non-preferred - Product 4510-A ID2757	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	GENERAL PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	GENERAL PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%

Type 2 diabetes mellitus with hyperglycemia	GERIATRIC MEDICINE, FAMILY PRACTICE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	Internal Medicine (specialty match required)	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	Internal Medicine or Family Medicine	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	ENDOCRINOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hypoglycemia without coma	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with ketoacidosis without coma	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with ketoacidosis without coma	GASTROENTEROLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with ketoacidosis without coma	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with other circulatory complications	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with other diabetic neurological complication	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with other specified complication	INTERNAL MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with other specified complication	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with proliferative diabetic retinopathy with trac	INTERNAL MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, u	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%

Type 2 diabetes mellitus with unspecified complications		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with unspecified complications		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with unspecified complications	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications		Non-formulary/non-preferred - Product 4510-A ID2757	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	CARDIAC ELECTROPHYSIOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	CARDIOLOGY	Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	CARDIOLOGY, INTERVENTIONAL	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	EMERGENCY MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Endocrinology (specialty match required)	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred – Product - Documentation	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Family Medicine (specialty match required)	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Family Medicine-Specialty match review required	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	FAMILY PRACTICE	Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	FAMILY PRACTICE	Non-formulary/non-preferred - Product 4510-A ID5715	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	FAMILY PRACTICE	Patient is able to take alternative dosage form 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	FAMILY PRACTICE	Step therapy – metformin, lab/test	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	GASTROENTEROLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	GENERAL PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Type 2 diabetes mellitus without complications	GERIATRIC MEDICINE, FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	HOSPITALIST	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	Internal Med *Specialty match*	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	Formulary Medical Necessity Degludec Flextouch, Insulin Degludec, Insulin Glargine, Rezvoglar, Semglee SCF, ACF CMK STD 03-2023 1T	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	Non-formulary/non-preferred - Member can switch to a preferred product 4510-A ID2757	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%

Type 2 diabetes mellitus without complications	OBSTESTRICS & GYNECOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Specialty match review - Family Medicine	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	UNSPECIFIED SPECIALTY	Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Member can be treated with a preferred product	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Member can switch to a preferred product 4510-A ID2757	0	2	0	2	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Ulcer of esophagus without bleeding	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Ulcerative (chronic) pancolitis with rectal bleeding	Gastroenterology	Concomitant biologic or targeted synthetic drug or potent immunosuppressant 3173-A ID2326	0	2	0	2	0.00%	100.00%	0.00%
Ulcerative (chronic) pancolitis with rectal bleeding	GASTROENTEROLOGY	Concomitant biologic or targeted synthetic drug or potent immunosuppressant 3173-A ID4380	0	2	0	2	0.00%	100.00%	0.00%
Ulcerative (chronic) pancolitis with rectal bleeding	Gastroenterology	Concomitant biologic or targeted synthetic drug or potent immunosuppressant 3173-A ID4944	0	2	0	2	0.00%	100.00%	0.00%
Ulcerative (chronic) pancolitis with rectal bleeding	GASTROENTEROLOGY	Concomitant biologic or targeted synthetic drug use	0	2	0	2	0.00%	100.00%	0.00%
Ulcerative (chronic) pancolitis with rectal bleeding	GASTROENTEROLOGY	Will be on concurrent/duplicate therapy-same indication	0	2	0	2	0.00%	100.00%	0.00%
Ulcerative (chronic) pancolitis with unspecified complications		Frequency 2010-A ID2136	0	2	0	2	0.00%	100.00%	0.00%
Ulcerative (chronic) pancolitis without complications		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Ulcerative (chronic) pancolitis without complications	GASTROENTEROLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Ulcerative (chronic) pancolitis without complications	UNSPECIFIED SPECIALTY	Dosing - CD/UC maintenance - disease not refractory, severe or extensive	0	2	0	2	0.00%	100.00%	0.00%
Ulcerative (chronic) proctitis without complications	GASTROENTEROLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Ulcerative (chronic) proctitis without complications	gastroenterology	Lack of Information	0	2	0	2	0.00%	100.00%	0.00%
Ulcerative (chronic) rectosigmoiditis with other complication	GASTROENTEROLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Ulcerative colitis		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Ulcerative colitis, unspecified with unspecified complications		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Ulcerative colitis, unspecified, without complications		Frequency 2010-A ID2136	0	2	0	2	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified, without complications	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Ulcerative colitis, unspecified, without complications	GASTROENTEROLOGY	CVSC Medical Director reviewed – medical necessity	2	0	0	2	100.00%	0.00%	0.00%

Ulcerative colitis, unspecified, without complications	Gastroenterology	Non-formulary/non-preferred - No inadequate response, intolerance, or contraindication to avoid formulary alternative(s) 2427-D ID2307	0	2	0	2	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified, without complications	GASTROENTEROLOGY	Non-formulary/non-preferred - No inadequate response, intolerance, or contraindication to formulary alternative(s)	0	2	0	2	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified, without complications	gastroenterology	Self-admin - UC - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID3743	0	2	0	2	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified, without complications	GASTROENTEROLOGY, PEDIATRIC	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
unavailable		Exclusion - cosmetic, bulk, supplement 1181-A ID3905	0	2	0	2	0.00%	100.00%	0.00%
unavailable	ALLERGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
unavailable	ALLERGY & IMMUNOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
unavailable	ANESTHESIOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
unavailable	ANESTHESIOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
unavailable	CARDIAC ELECTROPHYSIOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
unavailable	CARDIOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
unavailable	CARDIOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
unavailable	CLINICAL NURSE SPECIALIST, ADULT HEALTH	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
unavailable	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
unavailable	GYNECOLOGY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
unavailable	OPHTHALMOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
unavailable	PHYSICAL MEDICINE & REHABILITATION	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
unavailable	PULMONARY DISEASES	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
unavailable	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
unavailable	UNSPECIFIED SPECIALTY	Patient is able to take alternative dosage form 998-A ID4474	0	2	0	2	0.00%	100.00%	0.00%
Unilateral primary osteoarthritis, left hip	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Unilateral primary osteoarthritis, left knee		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Unilateral primary osteoarthritis, left knee	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Unilateral primary osteoarthritis, left knee	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Unilateral primary osteoarthritis, left knee	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Unilateral primary osteoarthritis, right hip	ORTHOPEDIC SURGERY, ADULT RECONSTRUCTIVE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%

Unilateral primary osteoarthritis, right knee	FAMILY PRACTICE	No inadequate response, intolerance or contraindication to an analgesic	0	2	0	2	0.00%	100.00%	0.00%
Unilateral primary osteoarthritis, right knee	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Unilateral primary osteoarthritis, unspecified hip	PAIN MEDICINE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Unilateral primary osteoarthritis, unspecified knee	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Unsp psychosis not due to a substance or known physiol cond	PSYCHIATRY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Unsp thoracic, thoracolum and lumbosacr intvrt disc disorder	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Unspecified abdominal pain		This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Unspecified abdominal pain	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Unspecified asthma	PULMONARY DISEASES	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Unspecified asthma with (acute) exacerbation	PEDIATRICS	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Unspecified asthma, uncomplicated		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	CRITICAL CARE, PEDIATRICS	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	CRITICAL CARE, PEDIATRICS	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Unspecified asthma, uncomplicated	FAMILY PRACTICE	Non-formulary/non-preferred, over 7 years old	0	2	0	2	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	FAMILY PRACTICE	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	2	0	2	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	INFECTIOUS DISEASES	Non-formulary/non-preferred, over 7 years old	0	2	0	2	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	INFECTIOUS DISEASES	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Unspecified asthma, uncomplicated	INTERNAL MEDICINE	Formulary Medical Necessity SABAs SCF CMK STD 09-2023 1T	0	2	0	2	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	INTERNAL MEDICINE	Non-formulary/non-preferred, over 7 years old	0	2	0	2	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Unspecified asthma, uncomplicated	PEDIATRICS	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	PEDIATRICS	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Unspecified asthma, uncomplicated	PULMONARY DISEASES	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Unspecified asthma, uncomplicated	PULMONARY DISEASES	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Unspecified asthma, uncomplicated	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Unspecified asthma, uncomplicated	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Dosage form not approvable	0	2	0	2	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	UNSPECIFIED SPECIALTY	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	2	0	2	0.00%	100.00%	0.00%
Unspecified atrial fibrillation	CARDIOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Unspecified atrial fibrillation	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Unspecified blepharitis right lower eyelid	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%

Unspecified blepharitis, right upper lid	INTERNAL MEDICINE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Unspecified chronic gastritis without bleeding	GASTROENTEROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Unspecified cirrhosis of liver		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Unspecified contact dermatitis, unspecified cause	PEDIATRICS	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Unspecified glaucoma		Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Unspecified hemorrhoids	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	2	0	2	0.00%	100.00%	0.00%
Unspecified hemorrhoids	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Unspecified iridocyclitis		Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Unspecified iridocyclitis	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Unspecified menopausal and perimenopausal disorder	HEMATOLOGY & ONCOLOGY	Formulary Medical Necessity Veozah ACF CMK STD 3.13 03-2023 2F	0	2	0	2	0.00%	100.00%	0.00%
Unspecified menopausal and perimenopausal disorder	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Unspecified mood [affective] disorder		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Unspecified open-angle glaucoma, stage unspecified		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Unspecified osteoarthritis, unspecified site	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Unspecified osteoarthritis, unspecified site	FAMILY PRACTICE	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Unspecified osteoarthritis, unspecified site	FAMILY PRACTICE	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Unspecified scleritis, unspecified eye	Rheumatology	Frequency - every two weeks, Exceeds max limit	0	2	0	2	0.00%	100.00%	0.00%
Unspecified symptoms and signs involving the genitourinary system		Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Unspecified urinary incontinence	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Unspecified viral hepatitis C without hepatic coma	GASTROENTEROLOGY	Technician reviewed- meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Urge incontinence	FAMILY PRACTICE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Urge incontinence	UROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Urgency of urination	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Urgency of urination	UROLOGY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Urticaria, unspecified	ALLERGY & IMMUNOLOGY	Clinician reviewed - meets guidelines	2	0	0	2	100.00%	0.00%	0.00%
Vit B12 defic anemia d/t slctv vit B12 malabsorp w protein	Internal Medicine	Non-formulary/non-preferred – Dosage form not approvable	0	2	0	2	0.00%	100.00%	0.00%
Vitamin B12 deficiency anemia, unspecified		***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Vitamin B12 deficiency anemia, unspecified	INTERNAL MEDICINE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Vitamin B12 deficiency anemia, unspecified	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	2	0	2	0.00%	100.00%	0.00%
Vitiligo	DERMATOLOGY	Disease severity, Vitiligo 5018-C ID4123	0	2	0	2	0.00%	100.00%	0.00%
Vitiligo	DERMATOLOGY	Efficacy	0	2	0	2	0.00%	100.00%	0.00%
Vitiligo	DERMATOLOGY	Patient is able to take alternative dosage form 998-A ID1062	0	2	0	2	0.00%	100.00%	0.00%
Vomiting of pregnancy, unspecified	ENDOCRINOLOGY, REPRODUCTIVE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
Vomiting of pregnancy, unspecified	NURSE MIDWIFE	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%

Vomiting of pregnancy, unspecified	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Waldenstrom macroglobulinemia not having achieved remission		Quantity, Exceeds max limit	0	2	0	2	0.00%	100.00%	0.00%
Xerosis cutis	DERMATOLOGY	This PA is Auto Closed	0	0	2	2	0.00%	0.00%	100.00%
Xerosis cutis	UNSPECIFIED SPECIALTY	Met Plan Criteria	2	0	0	2	100.00%	0.00%	0.00%
		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
		*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
		Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
		Non-formulary/non-preferred - Product 4510-A ID5715	0	1	0	1	0.00%	100.00%	0.00%
	ALLERGY & IMMUNOLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Anaphylactic reaction due to unspecified food, sequela	ALLERGY & IMMUNOLOGY	CVSC Medical Director reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Anaphylactic reaction due to unspecified food, sequela	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic viral hepatitis B with delta-agent	GENERAL PRACTICE	Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Elevated lipoprotein(a)	CARDIOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Elevated lipoprotein(a)	CARDIOLOGY	High-intensity statin - Not in combination with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Elevated lipoprotein(a)	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
3-part fracture of surgical neck of left humerus, initial encounter for cl	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
3-part fracture of surgical neck of left humerus, initial encounter for cl	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
3-part fracture of surgical neck of left humerus, initial encounter for cl	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Abdominal distension (gaseous)	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Abdominal distension (gaseous)	GASTROENTEROLOGY	Disease category/stage/severity 681-A ID2077	0	1	0	1	0.00%	100.00%	0.00%
Abdominal distension (gaseous)	GASTROENTEROLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Abdominal distension (gaseous)	INFECTIOUS DISEASES	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Abdominal distension (gaseous)	INTERNAL MEDICINE	Exceeds maximum duration of therapy	0	1	0	1	0.00%	100.00%	0.00%
Abdominal distension (gaseous)	NATUROPATH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Abdominal distension (gaseous)	PEDIATRICS	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%

Abdominal distension (gaseous)	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Abnormal findings on diagnostic imaging of heart and coronary circulation		Primary hyperlipidemia - Lab/test - Untreated LDL-C less than 190 mg/dL	0	1	0	1	0.00%	100.00%	0.00%
Abnormal findings on diagnostic imaging of heart and coronary circulation		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Abnormal findings on diagnostic imaging of heart and coronary circulation	Cardiology	Primary hyperlipidemia - Lab/test - Untreated LDL-C less than 190 mg/dL	0	1	0	1	0.00%	100.00%	0.00%
Abnormal findings on diagnostic imaging of heart and coronary circulation	Cardiology	Step therapy - High/moderate intensity statins with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Abnormal findings on diagnostic imaging of heart and coronary circulation	INTERNAL MEDICINE	Step therapy - High/moderate intensity statins with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Abnormal immunological finding in serum, unspecified	RHEUMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Abnormal level of hormones in specimens from other organs, systems and tiss		No approvable diagnosis (all drugs except generic Delatestryl and Testopel) 1210-A ID1157	0	1	0	1	0.00%	100.00%	0.00%
Abnormal level of hormones in specimens from other organs, systems and tiss		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Abnormal uterine and vaginal bleeding, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Abnormal uterine and vaginal bleeding, unspecified	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Abnormal weight gain	ENDOCRINOLOGY, DIABETES & METABOLISM	Diagnosis 676-D ID3025	0	1	0	1	0.00%	100.00%	0.00%
Abnormal weight gain	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Abnormal weight gain	FAMILY PRACTICE	Continuation: Efficacy, Positive Response, Stable or Not Worsening	0	1	0	1	0.00%	100.00%	0.00%
Abnormal weight gain	FAMILY PRACTICE	No comprehensive weight management program	0	1	0	1	0.00%	100.00%	0.00%
Abnormal weight gain	GENERAL PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Abnormal weight gain	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Abnormal weight gain	NATUROPATH	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Abnormal weight gain	NURSE PRACTITIONER, ACUTE CARE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Abnormal weight gain	NURSE PRACTITIONER, ADULT HEALTH	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Abnormal weight gain	UROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Abnormal weight loss	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Abscess of breast associated with lactation	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Absence epileptic syndrome, intractable, without status epilepticus	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Absence epileptic syndrome, not intractable, without status epilepticus	NEUROLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Absence of family member due to military deployment		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acanthosis nigricans	DERMATOLOGY	Diagnosis 351-C ID2112	0	1	0	1	0.00%	100.00%	0.00%
Acanthosis nigricans	UNSPECIFIED SPECIALTY	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Accidental discharge from unspecified firearms or gun, initial encounter		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Achalasia of cardia	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Achalasia of cardia	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Achilles tendinitis, left leg	FAMILY PRACTICE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Achilles tendinitis, left leg	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Achilles tendinitis, unspecified leg	GENERAL SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acne		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Acne		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acne conglobata	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Acne conglobata	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acne conglobata	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acne vulgaris		Diagnosis 118-A ID2113	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris		Formulary Medical Necessity Dermatology, Acne SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris		No approvable diagnosis 1486-A ID2139	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris		Non-formulary/non-preferred 1175-A ID5124	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	Dermatologist	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	Diagnosis 118-A ID5012	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	Diagnosis 4265-A ID2159	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	Footbath Use	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	Formulary Medical Necessity Acnesic, Clindamycin Gel, Dapsone Gel, Tazarotene Aerosol Foam SCF, ACF CMK STD 03-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	Formulary Medical Necessity Dapsone Gel SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	Formulary Medical Necessity Dermatology, Acne SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	Formulary Medical Necessity Dermatology, Acne SCF CMK STD 09-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	Formulary Medical Necessity Tetracyclines SCF CMK STD 02-2022 1T	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	Formulary Medical Necessity Tetracyclines SCF CMK STD 02-2024 1T	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	No approvable diagnosis 1486-A ID2139	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOLOGY	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	Dermatology (Specialty match required with year of initial board certification **Reviewer must be actively licensed in DC, MD, or VA)	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%

Acne vulgaris	Dermatology (specialty match required)	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	Dermatology (specialty match required)	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	Dermatology *actively licensed in DC, MD, or VA	Diagnosis 118-A ID2113	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	dermatology *specialty match*	Duration, Exceeds Max Limit	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	Dermatology- specialty match required	Formulary Medical Necessity Dermatology, Acne SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	DERMATOPATHOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acne vulgaris	EMERGENCY MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acne vulgaris	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acne vulgaris	FAMILY PRACTICE	Diagnosis 118-A ID2113	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	FAMILY PRACTICE	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	FAMILY PRACTICE	No approvable diagnosis 280-A ID1130	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	FAMILY PRACTICE	Non-formulary/non-preferred – Combo product	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	FAMILY PRACTICE	Patient is able to take alternative dosage form 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	GENERAL PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acne vulgaris	INTERNAL MEDICINE	Diagnosis 4915-A ID4919	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	INTERNAL MEDICINE	Quantity, Exceeds max limit, Partial denial 351-C ID2112	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	MEDICAL ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acne vulgaris	NURSE PRACTITIONER, ADULT HEALTH	Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	NURSE PRACTITIONER, GERONTOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acne vulgaris	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acne vulgaris	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acne vulgaris	PLASTIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acne vulgaris	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acne vulgaris	Specialty match required ** Dermatology***	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	Specialty match required with year of initial board certification - dermatology	Step Therapy 118-A ID2113	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	SURGERY, DERMATOLOGIC	Duration, Exceeds Max Limit	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	SURGERY, DERMATOLOGIC	Formulary Medical Necessity Tetracyclines SCF CMK STD 02-2022 2F	0	1	0	1	0.00%	100.00%	0.00%

Acne vulgaris	SURGERY, DERMATOLOGIC	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	SURGERY, DERMATOLOGIC	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	UNSPECIFIED SPECIALTY	Diagnosis 118-A ID2113	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Adainzde, Adainzoxia, Adapalene Soln, Clindavix, Sodium Sulfacetamide-Sulfur Pads, Tazarotene Aerosol Foam, Clindamycin Phosphate-Tretinoin SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Dermatology, Acne SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Epsolay ACF CMK STD 02-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Tetracyclines SCF CMK STD 02-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	UNSPECIFIED SPECIALTY	Patient did not have adverse reaction to the separate individual drugs caused by the inactive ingredient and/or documentation not provided	0	1	0	1	0.00%	100.00%	0.00%
Acne vulgaris	UNSPECIFIED SPECIALTY	Step Therapy 118-A ID2113	0	1	0	1	0.00%	100.00%	0.00%
acne, keloid		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
acne, keloid	DERMATOLOGY	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
acne, keloid	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acne, unspecified		Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Acne, unspecified		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Acne, unspecified	ADOLESCENT MEDICINE, PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acne, unspecified	DERMATOLOGY	Diagnosis 4915-A ID2138	0	1	0	1	0.00%	100.00%	0.00%
Acne, unspecified	DERMATOLOGY	Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Acne, unspecified	DERMATOLOGY	Formulary Medical Necessity Dermatology, Acne SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Acne, unspecified	DERMATOLOGY	Non-formulary/non-preferred – Combo product	0	1	0	1	0.00%	100.00%	0.00%
Acne, unspecified	DERMATOLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Acne, unspecified	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Acne, unspecified	ENDOCRINOLOGY, REPRODUCTIVE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Acne, unspecified	ENDOCRINOLOGY, REPRODUCTIVE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acne, unspecified	FAMILY PRACTICE	Diagnosis 3655-A ID2125	0	1	0	1	0.00%	100.00%	0.00%
Acne, unspecified	FAMILY PRACTICE	Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Acne, unspecified	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%

Acne, unspecified	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Acne, unspecified	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Acne, unspecified	GENERAL PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acne, unspecified	HOSPITALIST	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acne, unspecified	INTERNAL MEDICINE	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Acne, unspecified	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acne, unspecified	PLASTIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acne, unspecified	SURGERY, DERMATOLOGIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acne, unspecified	UNSPECIFIED SPECIALTY	Diagnosis 4915-A ID4919	0	1	0	1	0.00%	100.00%	0.00%
Acne, unspecified	UNSPECIFIED SPECIALTY	Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Acne, unspecified	UNSPECIFIED SPECIALTY	No approvable diagnosis 4312-HJ ID1141	0	1	0	1	0.00%	100.00%	0.00%
Acne, unspecified	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Acquired absence of other genital organ(s)	FAMILY PRACTICE	Diagnosis 865-C ID1508	0	1	0	1	0.00%	100.00%	0.00%
Acquired absence of unspecified breast and nipple	PLASTIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Acquired ichthyosis	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Acquired keratosis [keratoderma] palmaris et plantaris	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Acquired total absence of pancreas	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acromegaly and pituitary gigantism	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Actinic keratosis		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Actinic keratosis		Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Actinic keratosis		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Actinic keratosis	DERMATOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Actinic keratosis	DERMATOLOGY	Diagnosis 1381-E ID2013	0	1	0	1	0.00%	100.00%	0.00%
Actinic keratosis	DERMATOLOGY	Formulary Medical Necessity Carac, Fluorouracil, Klisyri SCF CMK STD 09-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Actinic keratosis	DERMATOLOGY	No approvable diagnosis 1486-A ID2139	0	1	0	1	0.00%	100.00%	0.00%
Actinic keratosis	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Actinic keratosis	DERMATOLOGY	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Actinic keratosis	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Actinic keratosis	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Actinic keratosis	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Actinic keratosis	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Acute amebic dysentery		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acute amebic dysentery	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute amebic dysentery	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute amebic dysentery	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Humatin SCF, ACF, BF CMK STD 02-01-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Acute angle-closure glaucoma, left eye		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Acute angle-closure glaucoma, left eye	ophthalmology *specialty match*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Acute atopic conjunctivitis, bilateral		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute atopic conjunctivitis, bilateral	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute atopic conjunctivitis, bilateral	OPHTHALMOLOGY	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Acute atopic conjunctivitis, bilateral	OPHTHALMOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Acute atopic conjunctivitis, bilateral	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acute bronchitis due to respiratory syncytial virus	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute bronchitis, unspecified		Formulary Medical Necessity Breyna, Budesonide-Formoterol Inh, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 02-2024 1T	0	1	0	1	0.00%	100.00%	0.00%
Acute bronchitis, unspecified	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acute bronchitis, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acute bronchitis, unspecified	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Acute bronchitis, unspecified	PULMONOLOGY, PEDIATRIC	Diagnosis 1886-A ID4058	0	1	0	1	0.00%	100.00%	0.00%
Acute bronchitis, unspecified	PULMONOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acute bronchitis, unspecified	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred, over 7 years old	0	1	0	1	0.00%	100.00%	0.00%
Acute bronchospasm	INTERNAL MEDICINE	Non-formulary/non-preferred, over 7 years old	0	1	0	1	0.00%	100.00%	0.00%
Acute candidiasis of vulva and vagina		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute candidiasis of vulva and vagina		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Acute candidiasis of vulva and vagina	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute candidiasis of vulva and vagina	UNSPECIFIED SPECIALTY	No approvable diagnosis 280-A ID1130	0	1	0	1	0.00%	100.00%	0.00%
Acute combined systolic (congestive) and diastolic (congestive) heart failu	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute coronary thrombosis not resulting in myocardial infarction		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Acute cough		Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%

Acute cough	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Acute cough	FAMILY PRACTICE	No approvable diagnosis 4364-C ID3698	0	1	0	1	0.00%	100.00%	0.00%
Acute cough	FAMILY PRACTICE	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Acute cough	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acute cough	HOSPITALIST	Formulary Medical Necessity SABAs SCF CMK STD 09-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Acute cough	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute cough	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acute cough	NURSE PRACTITIONER, ADULT HEALTH	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Acute cough	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acute cystitis with hematuria		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute cystitis with hematuria	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute cystitis without hematuria	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute diastolic (congestive) heart failure	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute duodenal ulcer with hemorrhage	GENERAL SURGERY	Formulary Medical Necessity Proton Pump Inhibitors SCF CMK STD 02-2022 2F_v2	0	1	0	1	0.00%	100.00%	0.00%
Acute embolism and thrombosis of unspecified deep veins of right lower extr	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acute follicular conjunctivitis, right eye	OPHTHALMOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Acute gastric ulcer without hemorrhage or perforation	GENERAL SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acute gastric ulcer without hemorrhage or perforation	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute gastritis without bleeding	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute gastritis without bleeding	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acute gastritis without bleeding	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute gastroenteropathy due to Norwalk agent		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute gastroenteropathy due to Norwalk agent		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acute intermittent (hepatic) porphyria	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute ischemic heart disease, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acute kidney failure, unspecified	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acute laryngitis	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute lymphoblastic leukemia, in relapse	PEDIATRICS	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Acute lymphoblastic leukemia, in relapse	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acute lymphoblastic leukemia, in remission		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Acute lymphoblastic leukemia, in remission		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acute lymphoblastic leukemia, in remission	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Acute myeloblastic leukemia, in relapse	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute myeloblastic leukemia, not having achieved remission	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Acute myeloblastic leukemia, not having achieved remission	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acute myeloblastic leukemia, not having achieved remission	MEDICAL ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute myeloblastic leukemia, not having achieved remission	NURSE PRACTITIONER, GERONTOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Acute myocardial infarction, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute nonspecific idiopathic pericarditis		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Acute nonspecific idiopathic pericarditis		Lab/test - No initial TB test	0	1	0	1	0.00%	100.00%	0.00%
Acute nonspecific idiopathic pericarditis	INTERNAL MEDICINE	Lab/test - No initial TB test	0	1	0	1	0.00%	100.00%	0.00%
Acute on chronic combined systolic (congestive) and diastolic (congestive)	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute on chronic diastolic (congestive) heart failure	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute on chronic diastolic (congestive) heart failure	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute pain due to trauma		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Acute pain due to trauma		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acute pancreatitis w/o necrosis or infection, unspecified.	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute pancreatitis w/o necrosis or infection, unspecified.	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Acute pancreatitis w/o necrosis or infection, unspecified.	GASTROENTEROLOGY, PEDIATRIC	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Acute pancreatitis w/o necrosis or infection, unspecified.	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Acute pancreatitis with infected necrosis, unspecified		Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Acute pericarditis, unspecified	CARDIOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Acute pharyngitis, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute sinusitis, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acute sinusitis, unspecified	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Acute tonsillitis, unspecified	OTOLARYNGOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Acute transverse myelitis in demyelinating disease of cnsl	NEUROLOGY	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Acute upper respiratory infection, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Acute upper respiratory infection, unspecified	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Acute upper respiratory infection, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acute vaginitis		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Acute vaginitis	FAMILY PRACTICE	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Acute vaginitis	NURSE MIDWIFE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Acute vaginitis	NURSE MIDWIFE	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Acute vaginitis	OBSTETRICS & GYNECOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Acute vaginitis	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Acute vaginitis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
ADHD		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
ADHD		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Adhesive capsulitis of left shoulderuser	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Adhesive Capsulitis of the Left Shoulder	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Adhesive capsulitis of unspecified shoulder	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Adjustment disorder with anxiety	DEVELOPMENTAL-BEHAVIORAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Adjustment disorder with depressed mood	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Adjustment disorder with depressed mood	INTERNAL MEDICINE	No approvable diagnosis 1888-E ID1116	0	1	0	1	0.00%	100.00%	0.00%
Adjustment disorder with depressed mood	PSYCHIATRY	Formulary Medical Necessity Auvelity SCF, ACF CMK STD 02-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Adjustment disorder with mixed anxiety and depressed mood		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Adjustment disorder with mixed anxiety and depressed mood	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Adjustment disorder with mixed anxiety and depressed mood	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Adolescent idiopathic scoliosis, site unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Adolescent idiopathic scoliosis, site unspecified	INTERNAL MEDICINE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Adult body mass index 30-30.9 obesity - Adult obesity with BMI between...		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Adult body mass index 30-30.9 obesity - Adult obesity with BMI between...	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Adult body mass index 30-30.9 obesity - Adult obesity with BMI between...	FAMILY PRACTICE	Diagnosis 6192-C ID3562	0	1	0	1	0.00%	100.00%	0.00%
Adult body mass index 30-30.9 obesity - Adult obesity with BMI between...	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Adult body mass index 30-30.9 obesity - Adult obesity with BMI between...	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Adult body mass index 30-30.9 obesity - Adult obesity with BMI between...	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Adult body mass index 30-30.9 obesity - Adult obesity with BMI between...	PSYCHIATRY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Adverse effect of antineoplastic and immunosup drugs, init	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Adverse effect of cephalospor/oth beta-lactm antibiot, init	UNSPECIFIED SPECIALTY	No approvable diagnosis 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%

Adverse effect of other opioids, initial encounter	NURSE PRACTITIONER, ACUTE CARE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Adverse effect of other opioids, initial encounter	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Adverse effect of unspecified drugs, medicaments and biological substances	FAMILY PRACTICE	No need to have in multiple locations or replacement due to use	0	1	0	1	0.00%	100.00%	0.00%
Aftercare following explantation of shoulder joint prosthesis	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Aftercare following joint replacement surgery		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Aftercare following joint replacement surgery	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Aftercare following joint replacement surgery	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Aftercare following joint replacement surgery	ORTHOPEDIC SURGERY	C17533-M Opioids IR – 7 Day Acute Pain Duration Limit with MME DURATION LIMIT WITH QUANTITY LIMIT AND POST LIMIT PRIOR AUTHORIZATION CRITERIA Q8	0	1	0	1	0.00%	100.00%	0.00%
Aftercare following joint replacement surgery	ORTHOPEDIC SURGERY	Diagnosis 621-C ID1901	0	1	0	1	0.00%	100.00%	0.00%
Aftercare following joint replacement surgery	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Age-rel osteopor w current path fracture, vertebra(e), init	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Age-related osteoporosis w current pathological fracture, right femur, init	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Age-related osteoporosis w current pathological fracture, unspecified site	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Age-related osteoporosis w/o current pathological fracture		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Age-related osteoporosis w/o current pathological fracture		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Age-related osteoporosis w/o current pathological fracture		Exceeds maximum duration of therapy 1826-A ID3764	0	1	0	1	0.00%	100.00%	0.00%
Age-related osteoporosis w/o current pathological fracture		Exceeds maximum duration of therapy and not high fracture risk	0	1	0	1	0.00%	100.00%	0.00%
Age-related osteoporosis w/o current pathological fracture	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred 3284-D ID3083	0	1	0	1	0.00%	100.00%	0.00%
Age-related osteoporosis w/o current pathological fracture	Endocrinology, Internal medicine, or familiar with Osteoporosis in a man.	Exceeds maximum duration of therapy 1826-A ID3764	0	1	0	1	0.00%	100.00%	0.00%
Age-related osteoporosis w/o current pathological fracture	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Age-related osteoporosis w/o current pathological fracture	NEPHROLOGY / RENAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Age-related osteoporosis w/o current pathological fracture	NEPHROLOGY / RENAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Age-related osteoporosis w/o current pathological fracture	NURSE PRACTITIONER, ADULT HEALTH	Non-formulary/non-preferred - No inadequate response, intolerance, or contraindication to formulary alternative(s)	0	1	0	1	0.00%	100.00%	0.00%
Age-related osteoporosis w/o current pathological fracture	RHEUMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Age-related osteoporosis w/o current pathological fracture	RHEUMATOLOGY	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Age-related osteoporosis w/o current pathological fracture	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Agranulocytosis secondary to cancer chemotherapy		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Agranulocytosis secondary to cancer chemotherapy	HEMATOLOGY & ONCOLOGY	Non-preferred - No adverse event to active ingredient 5906-D ID2707	0	1	0	1	0.00%	100.00%	0.00%
Agranulocytosis secondary to cancer chemotherapy	oncology	Non-preferred - No adverse event to active ingredient 5906-D ID2707	0	1	0	1	0.00%	100.00%	0.00%
Alagille syndrome	PEDIATRICS	CVSC Medical Director reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Alagille syndrome	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Alcohol abuse, uncomplicated		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Alcohol abuse, uncomplicated	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Alcohol abuse, uncomplicated	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Alcohol abuse, uncomplicated	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Alcohol abuse, uncomplicated	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Alcohol dependence, in remission	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Alcohol dependence, in remission	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Alcohol dependence, uncomplicated		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Alcohol dependence, uncomplicated	FAMILY PRACTICE	Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Alcohol dependence, uncomplicated	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Alcohol dependence, uncomplicated	INTERNAL MEDICINE	Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Alcohol dependence, uncomplicated	PAIN MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Alcohol dependence, uncomplicated	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Alcohol dependence, uncomplicated	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Alcoholic cirrhosis of liver without ascites		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Alcohol-induced chronic pancreatitis	GERIATRIC MEDICINE, FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Algoneurodystrophy, unspecified site	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Algoneurodystrophy, unspecified site	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Allergic contact dermatitis due to drugs in contact with skin	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Allergic contact dermatitis due to metals	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergic contact dermatitis due to other agents	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergic contact dermatitis due to other agents	DERMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Allergic contact dermatitis due to other agents	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergic contact dermatitis due to other agents	DERMATOLOGY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Allergic contact dermatitis due to other agents	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergic contact dermatitis due to other agents	UNSPECIFIED SPECIALTY	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%

Allergic contact dermatitis, unspecified cause	ALLERGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Allergic contact dermatitis, unspecified cause	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergic contact dermatitis, unspecified cause	ALLERGY & IMMUNOLOGY	Age/No sensitive areas/ No trial	0	1	0	1	0.00%	100.00%	0.00%
Allergic contact dermatitis, unspecified cause	DERMATOLOGY	Age 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Allergic contact dermatitis, unspecified cause	DERMATOLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Allergic contact dermatitis, unspecified cause	Family Medicine *Exact specialty match required by client	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Allergic contact dermatitis, unspecified cause	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Allergic contact dermatitis, unspecified cause	UNSPECIFIED SPECIALTY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Allergic contact dermatitis, unspecified cause	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Allergic Dermatitis for the unspecified eye, unspecified eyelid		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergic Dermatitis for the unspecified eye, unspecified eyelid	ALLERGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergic Dermatitis for the unspecified eye, unspecified eyelid	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergic Dermatitis for the unspecified eye, unspecified eyelid	DERMATOLOGY	Diagnosis 4915-A ID2138	0	1	0	1	0.00%	100.00%	0.00%
Allergic dermatitis of left lower eyelid		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergic dermatitis of left upper eyelid	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergic dermatitis of left upper eyelid	ALLERGY & IMMUNOLOGY	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Allergic dermatitis of left upper eyelid	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Allergic dermatitis of right eye, unspecified eyelid	DERMATOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Allergic dermatitis of right eye, unspecified eyelid	DERMATOLOGY	Age 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Allergic dermatitis of right eye, unspecified eyelid	OPHTHALMOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Allergic dermatitis of right upper eyelid		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergic dermatitis of right upper eyelid	OPTOMETRIST, LOW VISION	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Allergic dermatitis of right upper eyelid	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Allergic rhinitis due to animal hair and dander	FAMILY PRACTICE	No approvable diagnosis 4364-C ID3698	0	1	0	1	0.00%	100.00%	0.00%
Allergic rhinitis due to pollen		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Allergic rhinitis due to pollen	ALLERGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Allergic rhinitis due to pollen	ALLERGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Allergic rhinitis due to pollen	ALLERGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Allergic rhinitis due to pollen	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergic rhinitis due to pollen	ALLERGY & IMMUNOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Allergic rhinitis due to pollen	ALLERGY & IMMUNOLOGY	Formulary Medical Necessity Nasal Steroids SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Allergic rhinitis due to pollen	ALLERGY & IMMUNOLOGY	Formulary Medical Necessity Ryaltris SCF, ACF CMK STD 09-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Allergic rhinitis due to pollen	ALLERGY & IMMUNOLOGY	Non-formulary/non-preferred – Combo product	0	1	0	1	0.00%	100.00%	0.00%
Allergic rhinitis due to pollen	ALLERGY & IMMUNOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Allergic rhinitis due to pollen	ALLERGY & IMMUNOLOGY	Quantity, Post limit criteria not met 2927-HJ ID3559	0	1	0	1	0.00%	100.00%	0.00%
Allergic rhinitis due to pollen	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Allergic rhinitis due to pollen	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Allergic rhinitis due to pollen	OTOLARYNGOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergic rhinitis due to pollen	OTOLARYNGOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Allergic rhinitis due to pollen	PEDIATRICS	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Allergic rhinitis due to pollen	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Allergic rhinitis due to pollen	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Breyna, Budesonide-Formoterol Inh, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Allergic rhinitis due to pollen	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Allergic rhinitis due to pollen	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 2927-HJ ID3559	0	1	0	1	0.00%	100.00%	0.00%
Allergic rhinitis, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Allergic rhinitis, unspecified	ALLERGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergic rhinitis, unspecified	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergic rhinitis, unspecified	ALLERGY & IMMUNOLOGY	No need to have in multiple locations or replacement due to use	0	1	0	1	0.00%	100.00%	0.00%
Allergic rhinitis, unspecified	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Allergic rhinitis, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergic rhinitis, unspecified	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Allergic rhinitis, unspecified	OTOLARYNGOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Allergic rhinitis, unspecified	OTOLARYNGOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Allergic rhinitis, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergic rhinitis, unspecified	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Allergic rhinitis, unspecified	UNSPECIFIED SPECIALTY	Diagnosis 4364-C ID4225	0	1	0	1	0.00%	100.00%	0.00%
Allergic rhinitis, unspecified	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Allergic rhinitis, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Allergic urticaria		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Allergic urticaria	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergic urticaria	ALLERGY & IMMUNOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Allergic urticaria	FAMILY PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Allergy status to unspecified drugs, medicaments and biological substances	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergy to eggs	ALLERGY & IMMUNOLOGY	Formulary Medical Necessity Anaphylaxis Treatment SCF CMK STD 09-2023 1T v2	0	1	0	1	0.00%	100.00%	0.00%
Allergy to eggs	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Allergy to eggs	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergy to eggs	PEDIATRICS	Formulary Medical Necessity Anaphylaxis Treatment SCF CMK STD 09-2023 1T v2	0	1	0	1	0.00%	100.00%	0.00%
Allergy to milk product	ALLERGY & IMMUNOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Allergy to milk product	GASTROENTEROLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergy to milk product	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergy to milk product	PEDIATRICS	*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
Allergy to milk product	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Allergy to other foods		Continuation - Efficacy - Documentation required	0	1	0	1	0.00%	100.00%	0.00%
Allergy to other foods		Formulary Medical Necessity Anaphylaxis Treatment SCF CMK STD 09-2023 2F v2	0	1	0	1	0.00%	100.00%	0.00%
Allergy to other foods		IgE-mediated food allergy - Lab/test - Pre-treatment allergen-specific IgE level/Skin-prick test 1656-A ID4937	0	1	0	1	0.00%	100.00%	0.00%
Allergy to other foods		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Allergy to other foods	ALLERGY & IMMUNOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Allergy to other foods	ALLERGY & IMMUNOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Allergy to other foods	ALLERGY & IMMUNOLOGY	Diagnosis 1656-A ID2727	0	1	0	1	0.00%	100.00%	0.00%
Allergy to other foods	ALLERGY & IMMUNOLOGY	No need to have in multiple locations or replacement due to use	0	1	0	1	0.00%	100.00%	0.00%
Allergy to other foods	ALLERGY & IMMUNOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Allergy to other foods	ALLERGY & IMMUNOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Allergy to other foods	Allergy and Immunology	Diagnosis 1656-A ID2727	0	1	0	1	0.00%	100.00%	0.00%

Allergy to other foods	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Allergy to other foods	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Allergy to other foods	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergy to other foods	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Allergy to other foods	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Allergy to other foods	PEDIATRICS	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Allergy to other foods	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Allergy to other foods	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Anaphylaxis Treatment SCF CMK STD 09-2023 2F v2	0	1	0	1	0.00%	100.00%	0.00%
Allergy to other foods	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Allergy to peanuts		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Allergy to peanuts		Diagnosis 1656-A ID2727	0	1	0	1	0.00%	100.00%	0.00%
Allergy to peanuts	ALLERGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergy to peanuts	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergy to peanuts	ALLERGY & IMMUNOLOGY	IgE-mediated food allergy - Lab/test (IgE level)	0	1	0	1	0.00%	100.00%	0.00%
Allergy to peanuts	allergy and immunology	Diagnosis 1656-A ID2727	0	1	0	1	0.00%	100.00%	0.00%
Allergy to peanuts	Allergy, Asthma, Immunology	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Allergy to peanuts	EMERGENCY MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Allergy to peanuts	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Allergy to peanuts	PEDIATRICS	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Allergy to peanuts	PEDIATRICS	Formulary Medical Necessity Anaphylaxis Treatment SCF CMK STD 09-2023 1T v2	0	1	0	1	0.00%	100.00%	0.00%
Allergy to peanuts	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Allergy to peanuts	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Anaphylaxis Treatment SCF CMK STD 09-2023 1T v2	0	1	0	1	0.00%	100.00%	0.00%
Allergy to peanuts	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Allergy to seafood		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Allergy to seafood		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergy to seafood	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Allergy to seafood	PEDIATRICS	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Allergy to seafood	UNSPECIFIED SPECIALTY	IgE mediated food allergy - No positive food challenge or history of systemic reaction	0	1	0	1	0.00%	100.00%	0.00%
Allergy, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Allergy, unspecified, initial encounter	ALLERGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Allergy, unspecified, initial encounter	UNSPECIFIED SPECIALTY	No need to have in multiple locations or replacement due to use	0	1	0	1	0.00%	100.00%	0.00%
Allergy, unspecified, subsequent encounter	FAMILY PRACTICE	Formulary Medical Necessity Anaphylaxis Treatment SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Allergy, unspecified, subsequent encounter	INFECTIOUS DISEASES	No need to have in multiple locations or replacement due to use	0	1	0	1	0.00%	100.00%	0.00%

Allergy, unspecified, subsequent encounter	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Alopecia (capitis) totalis	DERMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Alopecia (capitis) totalis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Alopecia areata, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Alopecia areata, unspecified		Alopecia areata - Age 2597-A ID2294	0	1	0	1	0.00%	100.00%	0.00%
Alopecia areata, unspecified		Concomitant biologic or targeted synthetic drug or potent immunosuppressant 6064-A ID3560	0	1	0	1	0.00%	100.00%	0.00%
Alopecia areata, unspecified		Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Alopecia areata, unspecified		Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Alopecia areata, unspecified	dermatologist	Concomitant biologic or targeted synthetic drug or potent immunosuppressant 6064-A ID3560	0	1	0	1	0.00%	100.00%	0.00%
Alopecia areata, unspecified	DERMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Alopecia areata, unspecified	DERMATOLOGY	Alopecia areata - Age 2597-A ID2294	0	1	0	1	0.00%	100.00%	0.00%
Alopecia areata, unspecified	DERMATOLOGY	Alopecia areata continuation - No response and request is not for dosing regimen increase	0	1	0	1	0.00%	100.00%	0.00%
Alopecia areata, unspecified	Dermatology	Lab/test – No initial TB test	0	1	0	1	0.00%	100.00%	0.00%
Alopecia areata, unspecified	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Alopecia areata, unspecified	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Alopecia areata, unspecified	Dermatology (specialty match required)	Diagnosis 5018-C ID3345	0	1	0	1	0.00%	100.00%	0.00%
Alopecia areata, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Alopecia areata, unspecified	pediatric dermatology preferred otherwise dermatology with ped experience	Alopecia areata - Age 2597-A ID2294	0	1	0	1	0.00%	100.00%	0.00%
Alopecia areata, unspecified	pediiatric dermatology or dermatology comfortable reviewing pediatric case	Alopecia areata - Age 2597-A ID2294	0	1	0	1	0.00%	100.00%	0.00%
Alopecia areata, unspecified	SURGERY, DERMATOLOGIC	Alopecia areata - Age 6064-A ID3560	0	1	0	1	0.00%	100.00%	0.00%
Alopecia areata, unspecified	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Alopecia areata, unspecified	UNSPECIFIED SPECIALTY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Alopecia universalis		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Alopecia universalis		Alopecia areata - Other forms of alopecia not ruled out	0	1	0	1	0.00%	100.00%	0.00%
Alopecia universalis	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Alopecia universalis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Alpha-1-antitrypsin deficiency		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Amaurosis fugax		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Amebic liver abscess		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Amebic liver abscess	INFECTIOUS DISEASES	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Amyotrophic lateral sclerosis		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Amyotrophic lateral sclerosis	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Amyotrophic lateral sclerosis	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Amyotrophic lateral sclerosis	INTERNAL MEDICINE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Amyotrophic lateral sclerosis	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Anal fissure, unspecified	UNSPECIFIED SPECIALTY	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Anal spasm	OBSTETRICS & GYNECOLOGY	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Anaphyl reaction due to advrs eff drug/med prop admin, subs	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Anaphylactic reaction due to adverse effect of correct drug or medicame	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Anaphylactic reaction due to peanuts		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Anaphylactic reaction due to peanuts	PEDIATRICS	Formulary Medical Necessity Anaphylaxis Treatment SCF CMK STD 09-2023 1T v2	0	1	0	1	0.00%	100.00%	0.00%
Anaphylactic reaction due to peanuts, subsequent encounter	ALLERGY & IMMUNOLOGY	IgE-mediated food allergy - No food-allergen avoidance diet	0	1	0	1	0.00%	100.00%	0.00%
Anaphylactic reaction due to peanuts, subsequent encounter	ALLERGY & IMMUNOLOGY	Non-formulary/non-preferred 1175-A ID5124	0	1	0	1	0.00%	100.00%	0.00%
Anaphylactic reaction due to peanuts, subsequent encounter	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Anaphylactic reaction due to peanuts, subsequent encounter	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Anaphylactic reaction due to shellfish (crustaceans), sequela	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Anaphylactic reaction due to tree nuts	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Anaphylactic reaction due to tree nuts	ALLERGY & IMMUNOLOGY	Formulary Medical Necessity Anaphylaxis Treatment SCF CMK STD 09-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Anaphylactic reaction due to tree nuts	ALLERGY & IMMUNOLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Anaphylactic reaction due to tree nuts	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Anaphylactic reaction due to tree nuts	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Anaphylactic reaction due to tree nuts	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 2927-HJ ID3559	0	1	0	1	0.00%	100.00%	0.00%
Anaphylactic reaction due to tree nuts and seeds, initial encounter		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Anaphylactic reaction due to tree nuts and seeds, initial encounter		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Anaphylactic reaction due to tree nuts and seeds, initial encounter	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Anaphylactic reaction due to unspecified food, init encntr	ALLERGY & IMMUNOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Anaphylactic reaction due to unspecified food, init encntr	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Anaphylactic reaction due to unspecified food, init encntr	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Anaphylactic reaction due to unspecified food, subsequent encounter	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Anaphylactic shock, unspecified, initial encounter	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Anaphylactic shock, unspecified, subsequent encounter	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Androgenic alopecia, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Androgenic alopecia, unspecified	DERMATOLOGY	Footbath Use	0	1	0	1	0.00%	100.00%	0.00%
Androgenic alopecia, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Anemia complicating pregnancy		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Anemia complicating pregnancy, third trimester	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Anemia in chronic kidney disease		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Anemia in chronic kidney disease		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Anemia in chronic kidney disease	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Anemia in chronic kidney disease	HEMATOLOGY & ONCOLOGY	Not assessed for iron deficiency anemia	0	1	0	1	0.00%	100.00%	0.00%
Anemia in chronic kidney disease	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Anemia in chronic kidney disease	NEPHROLOGY / RENAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Anemia in chronic kidney disease	NEPHROLOGY / RENAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Anemia in chronic kidney disease	NEPHROLOGY / RENAL MEDICINE	ARANESP SGM: Continuation - No adequate iron stores or not receiving iron therapy	0	1	0	1	0.00%	100.00%	0.00%
Anemia in chronic kidney disease	NURSE PRACTITIONER, ADULT HEALTH	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Anemia in chronic kidney disease	NURSE PRACTITIONER, ADULT HEALTH	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Anemia in chronic kidney disease	NURSE PRACTITIONER, ADULT HEALTH	Lab/test - Current Hgb level not drawn within 30 days of request	0	1	0	1	0.00%	100.00%	0.00%
Anemia in chronic kidney disease	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Anemia in chronic kidney disease	PEDIATRICS	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Anemia in chronic kidney disease	UNSPECIFIED SPECIALTY	Diagnosis 1619-A ID3359	0	1	0	1	0.00%	100.00%	0.00%
Anemia, unspecified		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Anemia, unspecified	GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Anemia, unspecified	MEDICAL ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Anemia, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Angina pectoris, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Angina pectoris, unspecified		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Angina pectoris, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Angioimmunoblastic T-cell lymphoma	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Angioimmunoblastic T-cell lymphoma	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Angioneurotic edema, sequela	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Angioneurotic edema, subsequent encounter		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Angioneurotic edema, subsequent encounter		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Angioneurotic edema, subsequent encounter	Immunology (MNRO must include **licensed since year** in repor	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Anisocoria	OPHTHALMOLOGY	Diagnosis 5132-C ID3195	0	1	0	1	0.00%	100.00%	0.00%
Ankylosing spondylitis lumbar region	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ankylosing spondylitis lumbar region	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ankylosing spondylitis lumbar region	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ankylosing spondylitis lumbar region	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ankylosing spondylitis lumbar region	RHEUMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ankylosing spondylitis of cervical region		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ankylosing spondylitis of cervical region	RHEUMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ankylosing spondylitis of cervicothoracic region		AS/nr-axSpA continuation - No response;; 2008-A ID5303	0	1	0	1	0.00%	100.00%	0.00%
Ankylosing spondylitis of cervicothoracic region	RHEUMATOLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Ankylosing spondylitis of lumbosacral region	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ankylosing spondylitis of lumbosacral region	RHEUMATOLOGY	AS/nr-axSpA continuation - No response and request is not for dosing regimen increase	0	1	0	1	0.00%	100.00%	0.00%
Ankylosing spondylitis of lumbosacral region	RHEUMATOLOGY	Self-admin - AS - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID3743	0	1	0	1	0.00%	100.00%	0.00%
Ankylosing spondylitis of lumbosacral region	RHEUMATOLOGY	Self-admin - AS - Non-formulary/non-preferred - Secondary preferred and no inadequate response, intolerance, or medical reason to avoid primary preferred products 4250-D ID5122	0	1	0	1	0.00%	100.00%	0.00%
Ankylosing spondylitis of lumbosacral region	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ankylosing spondylitis of lumbosacral region	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ankylosing spondylitis of multiple sites in spine		AS/nr-axSpA continuation - No response;; 2008-A ID4096	0	1	0	1	0.00%	100.00%	0.00%
Ankylosing spondylitis of multiple sites in spine		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ankylosing spondylitis of multiple sites in spine	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ankylosing spondylitis of multiple sites in spine	FAMILY PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ankylosing spondylitis of multiple sites in spine	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ankylosing spondylitis of multiple sites in spine	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ankylosing spondylitis of multiple sites in spine	NURSE PRACTITIONER, ADULT HEALTH	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ankylosing spondylitis of multiple sites in spine	PEDIATRICS	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Ankylosing spondylitis of multiple sites in spine	PEDIATRICS	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ankylosing spondylitis of multiple sites in spine	RHEUMATOLOGY	AS/nr-axSpA continuation - No Response 2005-A ID3408	0	1	0	1	0.00%	100.00%	0.00%
Ankylosing spondylitis of occipito-atlanto-axial region	Pediatric rheumatology	AS/nr-axSpA - Age;; 2008-A ID4564	0	1	0	1	0.00%	100.00%	0.00%
Ankylosing spondylitis of occipito-atlanto-axial region	RHEUMATOLOGY	AS/nr-axSpA - Age;; 2008-A ID4564	0	1	0	1	0.00%	100.00%	0.00%
Ankylosing spondylitis of unspecified sites in spine		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Ankylosing spondylitis of unspecified sites in spine		AS/nr-axSpA continuation - No response	0	1	0	1	0.00%	100.00%	0.00%
Ankylosing spondylitis of unspecified sites in spine		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ankylosing spondylitis of unspecified sites in spine	CARDIOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ankylosing spondylitis of unspecified sites in spine	FAMILY PRACTICE	AS/nr-axSpA - Prescriber specialty;; 2008-A ID3519	0	1	0	1	0.00%	100.00%	0.00%
Ankylosing spondylitis of unspecified sites in spine	FAMILY PRACTICE	No initial TB test;;	0	1	0	1	0.00%	100.00%	0.00%
Ankylosing spondylitis of unspecified sites in spine	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ankylosing spondylitis of unspecified sites in spine	INTERNAL MEDICINE	Self-admin - AS - Non-preferred (biosimilar) - No adverse event to active ingredient 4250-D ID5122	0	1	0	1	0.00%	100.00%	0.00%
Ankylosing spondylitis of unspecified sites in spine	PEDIATRICS	AS/nr-axSpA - Age;; 2008-A ID4564	0	1	0	1	0.00%	100.00%	0.00%
Ankylosing spondylitis of unspecified sites in spine	PHYSICAL MEDICINE & REHABILITATION	Quantity, Post limit criteria not met 2328-HJ ID3275	0	1	0	1	0.00%	100.00%	0.00%
Ankylosing spondylitis of unspecified sites in spine	RHEUMATOLOGY	CVSC Medical Director reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Ankylosing spondylitis of unspecified sites in spine	rheumatology	AS/nr-axSpA - Prescriber specialty;; 2008-A ID3519	0	1	0	1	0.00%	100.00%	0.00%
Ankylosing spondylitis of unspecified sites in spine	RHEUMATOLOGY	Frequency SC and IV - Q4 weeks - Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Ankylosing spondylitis of unspecified sites in spine	Rheumatology	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Ankylosing spondylitis of unspecified sites in spine	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ankylosing spondylitis sacral and sacrococcygeal region	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ankylosing spondylitis sacral and sacrococcygeal region	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ankylosing spondylitis sacral and sacrococcygeal region	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ankylosing spondylitis sacral and sacrococcygeal region	rheumatology	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Ankylosing spondylitis sacral and sacrococcygeal region	UNSPECIFIED SPECIALTY	AS/nr-axSpA - Step therapy - No NSAID trial;;	0	1	0	1	0.00%	100.00%	0.00%
Ankylosing spondylitis sacral and sacrococcygeal region	UNSPECIFIED SPECIALTY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Ankylosing spondylitis sacral and sacrococcygeal region	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Ankylosis, right knee	ORTHOPEDIC SURGERY, SPORTS MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Ankylosis, unspecified joint		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Anogenital herpesviral infection, unspecified	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Anogenital herpesviral infection, unspecified	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Anogenital pruritus, unspecified	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Anogenital pruritus, unspecified	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Anogenital pruritus, unspecified	UNSPECIFIED SPECIALTY	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Anogenital warts	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Anogenital warts	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Anogenital warts	INTERNAL MEDICINE	Quantity, Post limit criteria not met 4651-HJ ID3239	0	1	0	1	0.00%	100.00%	0.00%
Anogenital warts	NURSE MIDWIFE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Anogenital warts	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Anogenital warts	OBSTETRICS & GYNECOLOGY	Diagnosis – Actinic Keratosis	0	1	0	1	0.00%	100.00%	0.00%
Anogenital warts	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Anogenital warts	SURGERY, COLON & RECTAL	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Anterior scleritis, right eye		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Anterior scleritis, right eye	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Anterior scleritis, right eye	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Anterior spinal artery compression syndromes, occipito-atlanto-axial region		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Antineoplastic chemotherapy induced pancytopenia		Primary prophylaxis: Chemotherapeutic regimen not expected to result in a 20% or higher,10%-19% or less than 10% incidence of febrile neutropenia and documentation not submitted	0	1	0	1	0.00%	100.00%	0.00%
Antineutrophilic cytoplasmic antibody [ANCA] vasculitis	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Anxiety disorder due to known physiological condition	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Anxiety disorder, unspecified		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Anxiety disorder, unspecified		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Anxiety disorder, unspecified	ENDOCRINOLOGY, REPRODUCTIVE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	FAMILY PRACTICE	No approvable diagnosis 1888-E ID1116	0	1	0	1	0.00%	100.00%	0.00%

Anxiety disorder, unspecified	FAMILY PRACTICE	No inadequate response, intolerance or contraindication to bupropion, mirtazapine, SNRI or SSRI	0	1	0	1	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	FAMILY PRACTICE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	GENERAL PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Anxiety disorder, unspecified	GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Anxiety disorder, unspecified	INTERNAL MEDICINE	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	INTERNAL MEDICINE	Diagnosis 534-C ID3426	0	1	0	1	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	INTERNAL MEDICINE	No approvable diagnosis 1218-J ID1406	0	1	0	1	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	INTERNAL MEDICINE	No approvable diagnosis 1888-E ID1116	0	1	0	1	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	INTERNAL MEDICINE	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	INTERNAL MEDICINE	Quantity, Post limit criteria not met 201-J ID3449	0	1	0	1	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	NEONATAL / PERINATAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	NURSE MIDWIFE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Anxiety disorder, unspecified	NURSE MIDWIFE	No approvable diagnosis 1888-E ID1116	0	1	0	1	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	PEDIATRICS	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	PSYCHIATRY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	PSYCHIATRY	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Anxiety disorder, unspecified	UNSPECIFIED SPECIALTY	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	UNSPECIFIED SPECIALTY	Patient is able to take alternative dosage form 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Anxiety disorder, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Arthralgia of left temporomandibular joint		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Arthrodesis status		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Arthrodesis status	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Arthrodesis status	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified		Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Arthropathic psoriasis, unspecified		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified		Concomitant biologic or targeted synthetic drug use	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified		Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%

Arthropathic psoriasis, unspecified		Frequency - Exceeds max limit 2156-A ID4409	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified		PsA continuation - No response;; 2008-A ID4564	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified		PsA continuation - No specific positive response	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified		Self-admin - PsA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID4620	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified		Self-admin - PsA - Non-preferred (biosimilar) - No adverse event to active ingredient 4250-D ID4620	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified		Self-admin - PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID4620	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified		Will be on concurrent/duplicate therapy-same indication;;	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	FAMILY PRACTICE	Self-admin - PsA - Non-preferred (biosimilar) - No adverse event to active ingredient 4250-D ID4620	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Arthropathic psoriasis, unspecified	INTERNAL MEDICINE	Diagnosis 6220-A ID3281	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	INTERNAL MEDICINE	Lab/test – No initial TB test;;	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	INTERNAL MEDICINE	PsA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3015	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	INTERNAL MEDICINE	PsA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID5160	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	INTERNAL MEDICINE	PsA - Prescriber specialty;; 2008-A ID4564	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	INTERNAL MEDICINE	PsA continuation - No response;; 2008-A ID4564	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	INTERNAL MEDICINE	PsA/PsO - Frequency - Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	NURSE PRACTITIONER, ADULT HEALTH	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Arthropathic psoriasis, unspecified	RHEUMATOLOGY	CVSC Medical Director reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Arthropathic psoriasis, unspecified	RHEUMATOLOGY	Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Arthropathic psoriasis, unspecified	RHEUMATOLOGY	Diagnosis 2018-A ID4011	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	Rheumatology	Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	RHEUMATOLOGY	Frequency 3047-A ID3517	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	RHEUMATOLOGY	Frequency SC and IV - Q4 weeks - Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	RHEUMATOLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	RHEUMATOLOGY	PsA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3874	0	1	0	1	0.00%	100.00%	0.00%

Arthropathic psoriasis, unspecified	Rheumatology	PsA - Other reason to avoid MTX or LEF 2002-A ID1300	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	RHEUMATOLOGY	PsA continuation - Efficacy 2005-A ID5813	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	RHEUMATOLOGY	Self-admin - PsA - Non-preferred (biosimilar) - No adverse event to active ingredient 4250-D ID3743	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	Rheumatology	Self-admin - PsA - Non-preferred (biosimilar) - No adverse event to active ingredient 4250-D ID4620	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	RHEUMATOLOGY	TREMFYA SGM: PsA continuation - No specific positive response	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	UNSPECIFIED SPECIALTY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	UNSPECIFIED SPECIALTY	PsA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3015	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	UNSPECIFIED SPECIALTY	PsA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID4403	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	UNSPECIFIED SPECIALTY	PsA - Other reason to avoid MTX or LEF 2002-A ID1300	0	1	0	1	0.00%	100.00%	0.00%
Arthropathy, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Aspergillosis, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Aspergillosis, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Aspergillosis, unspecified	MEDICAL ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Aspergillosis, unspecified	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Aspergillosis, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Asthma		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Asthma		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Asymptomatic human immunodeficiency virus infection status		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Asymptomatic human immunodeficiency virus infection status	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Asymptomatic human immunodeficiency virus infection status	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Asymptomatic human immunodeficiency virus infection status	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Asymptomatic menopausal state		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Asymptomatic menopausal state	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Asymptomatic postprocedural ovarian failure	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Asymptomatic premature menopause		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Atherosclerosic heart disease of native coronary artery with refractor		Continuation - No documentation of LDL	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerosis of aorta		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Atherosclerosis of aorta	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Atherosclerosis of aorta	CARDIOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Atherosclerosis of aorta	Cardiology	No inadequate response, intolerance or contraindication to statins	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerosis of aorta	CARDIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Atherosclerosis of aorta	CARDIOLOGY, INTERVENTIONAL	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Atherosclerosis of aorta	CARDIOLOGY, INTERVENTIONAL	FH - LDL-C less than 190 mg/dL but not HeFH or HoFH	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerosis of aorta	CARDIOLOGY, INTERVENTIONAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Atherosclerosis of aorta	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Atherosclerosis of aorta	INTERNAL MEDICINE	Diagnosis 2494-A ID1298	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerosis of aorta	INTERNAL MEDICINE	No inadequate response, intolerance or contraindication to statins	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerosis of coronary artery bypass graft(s) without angina pectoris	CARDIOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Atherosclerosis of coronary artery bypass graft(s) without angina pectoris	CARDIOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Atherosclerotic heart disease of native coronary artery with other forms of		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Atherosclerotic heart disease of native coronary artery with other forms of		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Atherosclerotic heart disease of native coronary artery with other forms of	CARDIOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Atherosclerotic heart disease of native coronary artery with other forms of	CARDIOLOGY, INTERVENTIONAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Atherosclerotic heart disease of native coronary artery with other forms of	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Atherosclerotic heart disease of native coronary artery with other forms of	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery with other forms of	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris		ASCVD - Current LDL-C less than 70 mg/dL or unknown 2494-A ID1298	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris		ASCVD - No ASCVD or cardiac event 6432-A ID4685	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris		Continuation - Lab/test - Treated LDL-C level	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris		High-intensity statin - Not in combination with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris		No max statin therapy	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris		Non-formulary/non-preferred - Step therapy	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	Cardiologist	ASCVD - Other manifestations of ASCVD	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY	Continuation - No response 2494-A ID1298	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY	FH - Adult - Lab/test - Untreated LDL-C less than 190 mg/dL	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY	FH - LDL-C less than 190 mg/dL but not HeFH or HoFH	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	Cardiology	High-intensity statin - Not in combination with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%

Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY	No comprehensive weight management program	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY	No max statin therapy	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	Cardiology- specialty match review	ASCVD - No ASCVD or cardiac event 6432-A ID4685	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	cardiology(specialty match required)	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY, INTERVENTIONAL	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	CARDIOLOGY, INTERVENTIONAL	Continuation - No documentation of LDL	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	ENDOCRINOLOGY, DIABETES & METABOLISM	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	ENDOCRINOLOGY, DIABETES & METABOLISM	Continuation - Lab/test - Treated LDL-C level	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	FAMILY PRACTICE	ASCVD - No ASCVD or cardiac event 6432-A ID4685	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	FAMILY PRACTICE	Non-formulary/non-preferred 4279-D ID4672	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	HOSPITALIST	Step therapy - High/moderate intensity statins with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	INTERNAL MEDICINE	ASCVD - Other manifestations of ASCVD	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	INTERNAL MEDICINE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	NURSE PRACTITIONER, ACUTE CARE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	NURSE PRACTITIONER, ADULT HEALTH	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	NURSE PRACTITIONER, ADULT HEALTH	ASCVD - Current LDL-C less than 70 mg/dL or unknown 2494-A ID1298	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	NURSE PRACTITIONER, ADULT HEALTH	FH - Pretreatment LDL-C less than 160 mg/dl or unknown	0	1	0	1	0.00%	100.00%	0.00%

Atherosclerotic heart disease of native coronary artery wo angina pectoris	NURSE PRACTITIONER, ADULT HEALTH	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	OTOLARYNGOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	UNSPECIFIED SPECIALTY	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	UNSPECIFIED SPECIALTY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic heart disease of native coronary artery wo angina pectoris	UNSPECIFIED SPECIALTY	Step therapy - High/moderate intensity statins with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic hrt dis of native coronary artery w/ unspecified angina pec	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Atherosclerotic hrt dis of native coronary artery w/ unspecified angina pec	CARDIOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Atherosclerotic hrt dis of native coronary artery w/ unspecified angina pec	CARDIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerotic hrt dis of native coronary artery w/ unspecified angina pec	CARDIOLOGY	High-intensity statin - Not in combination with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis		Concomitant biologic or targeted synthetic drug or potent immunosuppressant 5522-A ID4049	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis		Continuation- No Response	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis		Disease severity, Atopic Dermatitis	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis		Dosing - Q2 weeks - Frequency - Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis		Initial - BSA less than 10% and no crucial body areas affected 1743-A ID4039	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis		Initial - No topical calcineurin inhibitor 1743-A ID1682	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis		Initial - Step therapy (topical corticosteroid and calcineurin inhibitor)	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis		Quantity, Post limit criteria not met 2324-HJ ID2600	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis		Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis		RINVOQ AD ENHANCED SGM: Concomitant biologic or targeted synthetic drug or potent immunosuppressant	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis		Will be on concurrent therapy	0	1	0	1	0.00%	100.00%	0.00%
Atopic dermatitis		Will be on concurrent/duplicate therapy 1656-A ID4251	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	ALLERGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Atopic Dermatitis	ALLERGY	Quantity, Post limit criteria not met 2324-HJ ID2600	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	ALLERGY	Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	ALLERGY & IMMUNOLOGY	Continuation - Efficacy 1743-A ID4039	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	ALLERGY & IMMUNOLOGY	No sensitive areas/Age/No Trial 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	ALLERGY & IMMUNOLOGY	Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	1	0	1	0.00%	100.00%	0.00%

Atopic Dermatitis	ALLERGY & IMMUNOLOGY	Will be on concurrent therapy	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	Allergy, Immunology	Initial - No high potency to super-high potency topical corticosteroid]	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	Derm	Initial - Step therapy (topical corticosteroid and calcineurin inhibitor)	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	Dermatologist	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	AD initial - Step therapy (systemic drug) 5521-A ID5061	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Age 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Age 5018-C ID3345	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Continuation- No Response	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Diagnosis - Cream	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Diagnosis 1690-A ID4795	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Disease severity, Atopic Dermatitis	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Disease severity, Atopic Dermatitis 5018-C ID4123	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Disease severity, Vitiligo	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Dosage 1743-A ID1682	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Dosing - Q2 weeks - Frequency - Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Initial - BSA less than 10% and no crucial body areas affected 1743-A ID1682	0	1	0	1	0.00%	100.00%	0.00%
Atopic dermatitis	DERMATOLOGY	Initial - BSA less than 10% and no crucial body areas affected 1743-A ID5064	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	No approvable diagnosis 1486-A ID2139	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Quantity, Post limit criteria not met, Partial denial 2324-HJ ID4234	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	Dermatology	RINVOQ AD ENHANCED SGM: Concomitant biologic or targeted synthetic drug or potent immunosuppressant	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Step therapy 5018-C ID3345	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Step therapy 5018-C ID4123	0	1	0	1	0.00%	100.00%	0.00%
Atopic dermatitis	DERMATOLOGY	Will be on concurrent/duplicate therapy 1690-A ID1984	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY	Will be on concurrent/duplicate therapy 1690-A ID5767	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	Dermatology (specialty match required)	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	dermatology(specialty match required)	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	DERMATOLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Atopic Dermatitis	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Atopic Dermatitis	FAMILY PRACTICE	Age 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%

Atopic Dermatitis	FAMILY PRACTICE	Concomitant biologic or targeted synthetic drug 1690-A ID3910	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	FAMILY PRACTICE	Diagnosis 76-D ID1404	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	GASTROENTEROLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Atopic Dermatitis	HEMATOLOGY & ONCOLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Atopic Dermatitis	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Atopic Dermatitis	INTERNAL MEDICINE	Dosing - Q2 weeks - Frequency - Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	Internal medicine	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Atopic Dermatitis	Pediatric Allergy/Immunology or All/Imm comfortable with peds	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	Pediatric Dermatology	Initial - Step therapy (topical corticosteroid and calcineurin inhibitor)	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	PEDIATRICS	Age/No sensitive areas/ No trial	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	PEDIATRICS	Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Atopic Dermatitis	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Atopic Dermatitis	RHEUMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Atopic Dermatitis	Specialty match required - Dermatology	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	SURGERY, DERMATOLOGIC	Initial - Step therapy (topical corticosteroid and calcineurin inhibitor)	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Atopic Dermatitis	UNSPECIFIED SPECIALTY	Continuation - Efficacy 1743-A ID5064	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	UNSPECIFIED SPECIALTY	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	UNSPECIFIED SPECIALTY	Frequency 1743-A ID1682	0	1	0	1	0.00%	100.00%	0.00%
Atopic dermatitis	UNSPECIFIED SPECIALTY	Initial - No high potency to super-high potency topical corticosteroid]	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	UNSPECIFIED SPECIALTY	Initial - Step therapy (topical corticosteroid and calcineurin inhibitor)	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	UNSPECIFIED SPECIALTY	Initial - Step therapy (topical corticosteroid or calcineurin inhibitor) 1743-A ID5064	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	UNSPECIFIED SPECIALTY	No sensitive areas/Age/No Trial 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Atopic Dermatitis	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%

Atopic Dermatitis	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	1	0	1	0.00%	100.00%	0.00%
Atopic dermatitis	UNSPECIFIED SPECIALTY	RINVOQ AD ENHANCED SGM: AD initial - BSA less than 10% and no crucial body areas affected	0	1	0	1	0.00%	100.00%	0.00%
Atopic dermatitis, unspecified		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Atopic dermatitis, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Atopic dermatitis, unspecified	UNSPECIFIED SPECIALTY	Age 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Atopic dermatitis, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Atopic neurodermatitis		Concomitant biologic or targeted synthetic drug 1690-A ID3910	0	1	0	1	0.00%	100.00%	0.00%
Atopic neurodermatitis		Continuation - Efficacy 1743-A ID4039	0	1	0	1	0.00%	100.00%	0.00%
Atopic neurodermatitis		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Atopic neurodermatitis	ALLERGY & IMMUNOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Atopic neurodermatitis	ALLERGY & IMMUNOLOGY, CLINICAL & LABORATORY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Atopic neurodermatitis	DERMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Atopic neurodermatitis	FAMILY PRACTICE	Continuation - Efficacy 1743-A ID5064	0	1	0	1	0.00%	100.00%	0.00%
Atopic neurodermatitis	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Atopic neurodermatitis	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Atopic neurodermatitis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Atrial fibrillation and flutter	CARDIAC ELECTROPHYSIOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Atrial fibrillation and flutter	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Atrial septal defect		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Atrophic disorder of skin, unspecified	FAMILY PRACTICE	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Atrophic disorder of skin, unspecified	FAMILY PRACTICE	No approvable diagnosis 237-A ID406	0	1	0	1	0.00%	100.00%	0.00%
Atrophy of thyroid (acquired)	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attention and concentration deficit		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attention and concentration deficit	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attention and concentration deficit	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attention and concentration deficit	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Attention and concentration deficit	FAMILY PRACTICE	Diagnosis 178-C ID3427	0	1	0	1	0.00%	100.00%	0.00%
Attention and concentration deficit	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attention and concentration deficit	PHYSICAL MEDICINE & REHABILITATION	Diagnosis 511-B ID1892	0	1	0	1	0.00%	100.00%	0.00%
Attention and concentration deficit	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Attention-deficit hyperactivity disorder, combined type		Patient did not have adverse reaction to the separate individual drugs caused by the inactive ingredient and/or documentation not provided	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type		Quantity, No post limit quantity available 1218-J ID4614	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	ADOLESCENT MEDICINE, PEDIATRICS	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	ADOLESCENT MEDICINE, PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Attention-deficit hyperactivity disorder, combined type	ALLERGY	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	Child & Adolescent Psychiatry; Psychiatry	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	Family Med *specialty match*	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	FAMILY PRACTICE	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	FAMILY PRACTICE	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	FAMILY PRACTICE	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	FAMILY PRACTICE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	INTERNAL MEDICINE	Formulary Medical Necessity ADHD Agents SCF CMK STD 09-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	INTERNAL MEDICINE	Formulary Medical Necessity ADHD Agents SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	INTERNAL MEDICINE	Quantity, Post limit criteria not met 1218-J ID4614	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	NEONATAL / PERINATAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	NEURODEVELOPMENTAL DISABILITIES, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	NEURODEVELOPMENTAL DISABILITIES, PEDIATRIC	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%

Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PEDIATRICS	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Dosing, Exceeds Max Limit – Formulary, Exceeds Initial Limit	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Formulary Medical Necessity Adderall, Evekeo SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Formulary Medical Necessity Methylphenidate ER, Xelstrym ACF CMK STD 3.13 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Over max quantity Focalin 683-J ID1407	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PHYSICIAN, PSYCHOSOMATIC MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PSYCHIATRY	Diagnosis 178-C ID3028	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PSYCHIATRY	Diagnosis 534-C ID1429	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PSYCHIATRY	Over max quantity Adderall	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PSYCHIATRY	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PSYCHIATRY	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	Psychiatry (specialty match required)	Formulary Medical Necessity Adderall, Evekeo SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PSYCHOLOGIST, CLINICAL	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PSYCHOLOGIST, UNSPECIFIED	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Attention-deficit hyperactivity disorder, combined type	Specialty match review-Psychiatry	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%

Attention-deficit hyperactivity disorder, combined type	UNSPECIFIED SPECIALTY	Formulary Medical Necessity ADHD Agents SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	UNSPECIFIED SPECIALTY	Formulary Medical Necessity ADHD Agents SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, other type		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, other type		No improvement with continuation of therapy for ADHD	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, other type		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Attention-deficit hyperactivity disorder, other type	CLINICAL NURSE SPECIALIST, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Attention-deficit hyperactivity disorder, other type	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, other type	INTERNAL MEDICINE	Over max quantity Adderall 683-J ID1407	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, other type	INTERNAL MEDICINE	Quantity, No post limit quantity available 1218-J ID4614	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, other type	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Attention-deficit hyperactivity disorder, other type	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, other type	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, other type	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Attention-deficit hyperactivity disorder, other type	PSYCHIATRY, FORENSIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type		Diagnosis 178-C ID3427	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type		Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type		Patient is able to take alternative dosage form 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	Family Medicine (specialty match required and actively licensed in DC, MD, or VA)	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	FAMILY PRACTICE	Diagnosis 178-C ID3028	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	FAMILY PRACTICE	Diagnosis 178-C ID3427	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	FAMILY PRACTICE	Formulary Medical Necessity ADHD Agents SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	FAMILY PRACTICE	Formulary Medical Necessity Methylphenidate ER, Xelstrym SCF CMK STD 02-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	FAMILY PRACTICE	No confirmation of ADHD diagnosis by appropriate tests and evaluations	0	1	0	1	0.00%	100.00%	0.00%

Attention-deficit hyperactivity disorder, unspecified type	FAMILY PRACTICE	No improvement with continuation of therapy for ADHD	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	FAMILY PRACTICE	Over max quantity Adderall	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	FAMILY PRACTICE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	FAMILY PRACTICE	Patient is able to take alternative dosage form 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	FAMILY PRACTICE	Quantity, Exceeds max limit, Partial denial - Adderall	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	FAMILY PRACTICE	Quantity, Post limit criteria not met 683-J ID3352	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	GENERAL PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	GENERAL PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Attention-deficit hyperactivity disorder, unspecified type	HOSPITALIST	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	INTERNAL MEDICINE	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	INTERNAL MEDICINE	Quantity, Exceeds max limit, Partial denial - Adderall	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	INTERNAL MEDICINE	Quantity, No post limit quantity available 683-J ID4615	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	Internal or Family Medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	NEURODEVELOPMENTAL DISABILITIES, PEDIATRIC	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	NEUROLOGY	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Attention-deficit hyperactivity disorder, unspecified type	NEUROLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	NEUROLOGY, PEDIATRIC	Dosing, Exceeds Max Limit - Non-formulary/non-preferred	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	NURSE PRACTITIONER, ADULT HEALTH	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	NURSE PRACTITIONER, ADULT HEALTH	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PEDIATRICS	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PEDIATRICS	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PEDIATRICS	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PEDIATRICS	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PEDIATRICS	Quantity, Exceeds max limit, Partial denial - Adderall	0	1	0	1	0.00%	100.00%	0.00%

Attention-deficit hyperactivity disorder, unspecified type	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	Psychiatrist	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PSYCHIATRY	No confirmation of ADHD diagnosis by appropriate tests and evaluations	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PSYCHIATRY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	Psychiatry	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PSYCHIATRY	Prescriber specialty	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	PSYCHIATRY	Quantity, Post limit criteria not met 683-J ID4615	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	Psychiatry(specialty match required)	Formulary Medical Necessity ADHD Agents SCF CMK STD 02-2023 2F v2	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	UNSPECIFIED SPECIALTY	Diagnosis 178-C ID3427	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	UNSPECIFIED SPECIALTY	Patient is able to take alternative dosage form 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Attention-deficit hyperactivity disorder, unspecified type	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 1218-J ID4614	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom hyperactive type		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom hyperactive type		Prescriber specialty	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom hyperactive type		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Attn-defct hyperactivity disorder, predom hyperactive type	NEONATAL / PERINATAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom hyperactive type	NEURODEVELOPMENTAL DISABILITIES, PEDIATRIC	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom hyperactive type	Pediatric Psychiatry	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom hyperactive type	PEDIATRICS	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom hyperactive type	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Attn-defct hyperactivity disorder, predom hyperactive type	PSYCHIATRY	Formulary Medical Necessity ADHD Agents SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%

Attn-defct hyperactivity disorder, predom hyperactive type	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom hyperactive type	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 1218-J ID3157	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom hyperactive type	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Attn-defct hyperactivity disorder, predom inattentive type		Diagnosis 1975-A ID3113	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type		Formulary Medical Necessity ADHD Agents SCF CMK STD 02-2023 2F v2	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type		No approvable dose and quantity 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type		Over max quantity Adderall	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type		Over max quantity Adderall 683-J ID1407	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type		Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type		Quantity, Post limit criteria not met 1218-J ID3157	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type		Quantity, Post limit criteria not met 683-J ID4615	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	**Specialty Match Required** Psychiatry	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	ADDICTION MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	ADDICTION MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	ADOLESCENT MEDICINE	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	ADOLESCENT MEDICINE, PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	Child Psychiatry or Psychiatry (specialty match required)	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	Family Medicine (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	Family Medicine **exact specialty match required by client	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	FAMILY PRACTICE	No post limit available	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	FAMILY PRACTICE	Patient is able to take alternative dosage form 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	FAMILY PRACTICE	Quantity, Post limit criteria not met 1218-J ID4614	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	FAMILY PRACTICE	Quantity, Post limit criteria not met 201-J ID3452	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	FAMILY PRACTICE	Quantity, Post limit criteria not met 683-J ID4615	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	GENERAL PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	GENERAL SURGERY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%

Attn-defct hyperactivity disorder, predom inattentive type	GENERAL SURGERY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	GENERAL SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Attn-defct hyperactivity disorder, predom inattentive type	GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	Internal Med *specialty match*	Over max quantity Adderall	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	Internal Medicine	Formulary Medical Necessity ADHD Agents SCF CMK STD 02-2023 2F v2	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	INTERNAL MEDICINE	Formulary Medical Necessity ADHD Agents SCF CMK STD 09-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	INTERNAL MEDICINE	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	INTERNAL MEDICINE	Over max quantity Adderall	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	INTERNAL MEDICINE	Quantity, Exceeds max limit, Partial denial - Adderall	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	Internal medicine (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	NEUROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	NEUROLOGY	Quantity, Post limit criteria not met 683-J ID3352	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	NEUROLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	NEUROPHYSIOLOGY, CLINICAL	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	NEUROPHYSIOLOGY, CLINICAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Attn-defct hyperactivity disorder, predom inattentive type	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PAIN MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PEDIATRICS	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PEDIATRICS	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PEDIATRICS	Patient is able to take alternative dosage form 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	Pediatrics *specialty match review required*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Attn-defct hyperactivity disorder, predom inattentive type	Pediatrics OR Development and Behavioral Pediatrics *Specialty Match*	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PHYSICIAN, PSYCHIATRY & NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Patient is able to take alternative dosage form 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PHYSICIAN, PSYCHOSOMATIC MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Diagnosis 178-C ID3427	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Exclusion, No longer shift worker	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Formulary Medical Necessity Adderall, Evekeo SCF CMK STD 09-2022 1T	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Formulary Medical Necessity ADHD Agents SCF CMK STD 02-2023 1T v2	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Formulary Medical Necessity ADHD Agents SCF CMK STD 02-2023 2F v2	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Formulary Medical Necessity ADHD Agents SCF CMK STD 09-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Formulary Medical Necessity ADHD Agents SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	No inadequate response, intolerance or contraindication to bupropion, mirtazapine, SNRI or SSRI	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	No post limit available	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Quantity, Post limit criteria not met 1218-J ID4614	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Quantity, Post limit criteria not met 683-J ID3352	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	PSYCHIATRY	Quantity, Post limit criteria not met 683-J ID4615	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	Psychiatry (specialty match required)	No approvable dose and quantity 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	Psychiatry **actively licensed in DC, MD, or VA**	Quantity, Post limit criteria not met 683-J ID4615	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	Psychiatry *specialty match*	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%

Attn-defct hyperactivity disorder, predom inattentive type	PUBLIC HEALTH & GENERAL PREVENTIVE MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	UNSPECIFIED SPECIALTY	Diagnosis 534-C ID1429	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Adderall, Evekeo SCF CMK STD 02-2024 1T	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	UNSPECIFIED SPECIALTY	No approvable dose and quantity 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	UNSPECIFIED SPECIALTY	No assessment or continued need for continuation of therapy for ADHD	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	UNSPECIFIED SPECIALTY	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Attn-defct hyperactivity disorder, predom inattentive type	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 1218-J ID4614	0	1	0	1	0.00%	100.00%	0.00%
Autistic disorder		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Autistic disorder		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Autistic disorder		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Autistic disorder	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Autistic disorder	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Autistic disorder	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Autoimmune hepatitis		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Autoimmune hepatitis	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Autoimmune thyroiditis	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Autoimmune thyroiditis	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Autoimmune thyroiditis	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Autoimmune thyroiditis	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Autoimmune thyroiditis	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Autoimmune thyroiditis	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Autoimmune thyroiditis	NATUROPATH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Autoimmune thyroiditis	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Autologous donor, stem cells	HEMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Autologous donor, stem cells	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Autonomic neuropathy in diseases classified elsewhere	UNSPECIFIED SPECIALTY	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Bacterial intestinal infection, unspecified	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%

Bacterial intestinal infection, unspecified	GASTROENTEROLOGY	No recurrence or lab test	0	1	0	1	0.00%	100.00%	0.00%
Bacterial intestinal infection, unspecified	GASTROENTEROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Bacterial intestinal infection, unspecified	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Balanitis	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bariatric surgery status	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bariatric surgery status	INTERNAL MEDICINE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Bariatric surgery status	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Barrett's esophagus		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Barrett's esophagus	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Barrett's esophagus with dysplasia unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Barrett's esophagus with dysplasia unspecified	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Barrett's esophagus with dysplasia unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Barrett's esophagus with low grade dysplasia	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Barretts esophagus without dysplasia	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Barretts esophagus without dysplasia	GENERAL SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Barretts esophagus without dysplasia	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bartter’s Syndrome	NEPHROLOGY / RENAL MEDICINE, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Basal cell carcinoma of skin of nose	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Basal cell carcinoma of skin of nose	FAMILY PRACTICE	Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	1	0	1	0.00%	100.00%	0.00%
Basal cell carcinoma of skin, unspecified	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
bee allergy status	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Behcets disease	DERMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Behcets disease	INTERNAL MEDICINE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Behcets disease	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Benign neoplasm of colon, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Benign neoplasm of connective and other soft tissue, unsp		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Benign neoplasm of connective and other soft tissue, unsp	GYNECOLOGY	Diagnosis 4752-A ID3465	0	1	0	1	0.00%	100.00%	0.00%
Benign neoplasm of connective and other soft tissue, unsp	GYNECOLOGY	Exceeds max duration of use	0	1	0	1	0.00%	100.00%	0.00%
Benign neoplasm of connective and other soft tissue, unsp	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Benign neoplasm of connective and other soft tissue, unsp	Obstetrics & Gynecology **Client requires specialty match	Exceeds max duration of use	0	1	0	1	0.00%	100.00%	0.00%
Benign neoplasm of connective and other soft tissue, unsp	RADIOLOGY, VASCULAR & INTERVENTIONAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Benign neoplasm of cranial nerves	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Benign neoplasm of peripheral AND/OR autonomic nerves, unspecified	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Benign neoplasm of pituitary gland	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
benign neoplasm of prostate	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Benign neoplasm of spinal cord		Other- benefit outweighs risk	0	1	0	1	0.00%	100.00%	0.00%
Benign neoplasm of spinal cord		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Benign neoplasm of unspecified breast	PLASTIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Benign neoplasm of vagina		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Benign prostatic hyperplasia		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Benign prostatic hyperplasia	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Benign prostatic hyperplasia with lower urinary tract symptoms	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Besniers prurigo	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Bicipital tendinitis, right shoulder		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bicipital tendinitis, right shoulder	ORTHOPEDIC SURGERY	Dosing, Exceeds Max Limit 2970-HJ ID4710	0	1	0	1	0.00%	100.00%	0.00%
Bilateral post-traumatic osteoarthritis of first carpometacarpal joints	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Bilateral primary osteoarthritis of hip	GERIATRIC MEDICINE, FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Bilateral primary osteoarthritis of hip	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Bilateral primary osteoarthritis of knee	NURSE PRACTITIONER, ACUTE CARE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Bilateral primary osteoarthritis of knee	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Bilateral primary osteoarthritis of knee	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bilateral primary osteoarthritis of knee	RHEUMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bilateral primary osteoarthritis of knee	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Bilateral primary osteoarthritis of knee	SPORTS MEDICINE, FAMILY PRACTICE	Non-formulary/non-preferred 4227-D ID2573	0	1	0	1	0.00%	100.00%	0.00%
Bilateral primary osteoarthritis of knee	UNSPECIFIED SPECIALTY	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Bilateral primary osteoarthritis of knee	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Binge eating disorder	INFECTIOUS DISEASES	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Binge eating disorder	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Bipolar affective disorder, curnt episode severe depression w psychotic sym		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Bipolar affective disorder, curnt episode severe depression w psychotic sym	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Bipolar affective disorder, curnt episode severe depression w psychotic sym	PSYCHIATRY	Quantity, Post limit criteria not met 201-J ID3449	0	1	0	1	0.00%	100.00%	0.00%
Bipolar disord, crnt episode mixed, severe, w psych features	PSYCHIATRY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Bipolar disorder, current episode depressed, mild		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Bipolar disorder, current episode depressed, mild	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bipolar disorder, current episode depressed, moderate		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Bipolar disorder, current episode depressed, moderate	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bipolar disorder, current episode depressed, moderate	PSYCHIATRY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Bipolar disorder, current episode depressed, moderate	PSYCHIATRY	Formulary Medical Necessity with Exemption Caplyta, Secuado ACF CMK STD 02-2024 8.20.24 3F	0	1	0	1	0.00%	100.00%	0.00%
Bipolar disorder, current episode depressed, moderate	PSYCHIATRY	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Bipolar disorder, current episode depressed, moderate	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Bipolar disorder, current episode depressed, moderate	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bipolar disorder, current episode depressed, severe, without psychotic feat	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Bipolar disorder, current episode depressed, severe, without psychotic feat	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Bipolar disorder, current episode depressed, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bipolar disorder, current episode depressed, unspecified	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bipolar disorder, current episode hypomanic	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Bipolar disorder, current episode manic severe with psychotic features		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bipolar disorder, current episode manic severe with psychotic features	PSYCHIATRY	No approvable diagnosis 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Bipolar disorder, current episode manic without psychotic features, moderat	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Bipolar disorder, current episode manic without psychotic features, severe	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bipolar disorder, current episode manic without psychotic features,mild		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bipolar disorder, current episode manic without psychotic features,mild		Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Bipolar disorder, current episode manic without psychotic features,mild	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Bipolar disorder, current episode mixed, moderate	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bipolar disorder, current episode mixed, severe without psychotic features	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Bipolar disorder, current episode mixed, unspecified	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Bipolar disorder, currently in remission, most recent episode unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bipolar disorder, currently in remission, most recent episode unspecified	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Bipolar disorder, in full remis, most recent episode depress	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bipolar disorder, in full remis, most recent episode depress	PSYCHIATRY	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Bipolar disorder, in full remission, most recent episode hypomanic		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Bipolar disorder, in full remission, most recent episode hypomanic	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Bipolar disorder, in partial remission, most recent episode hypomanic	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bipolar disorder, unspecified		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Bipolar disorder, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Bipolar disorder, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Bipolar disorder, unspecified	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bipolar disorder, unspecified	PSYCHIATRY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Bipolar disorder, unspecified	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Bipolar disorder, unspecified	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Bipolar II disorder		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bipolar II disorder		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Bipolar II disorder	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bipolar II disorder	PSYCHIATRY	Diagnosis 511-B ID1892	0	1	0	1	0.00%	100.00%	0.00%
Bipolar II disorder	PSYCHIATRY	Formulary Medical Necessity Eprontia, Lamotrigine ER, Zonisade SCF, ACF CMK STD 3.13 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Bipolar II disorder	PSYCHIATRY	Formulary Medical Necessity with Exemption Caplyta, Secuado ACF CMK STD 02-2024 8.20.24 3F	0	1	0	1	0.00%	100.00%	0.00%
Bipolar II disorder	Specialty match required - Psychiatry	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Bipolar II disorder	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Blepharitis		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Blepharitis		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Blepharitis	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Blepharitis	OPHTHALMOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Blepharochalasis right upper eyelid	PLASTIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Blepharospasm	FAMILY PRACTICE	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Blepharospasm	OPHTHALMOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Blighted ovum and nonhydatidiform moleuser	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Body Mass Index (BMI) 24.0-24.9, Adult	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 25.0-25.9 Adult	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 25.0-25.9 Adult	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Body mass index (BMI) 26.0-26.9, adult	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 26.0-26.9, adult	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 27.0-27.9, adult	FAMILY PRACTICE	Diagnosis 676-D ID3025	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 27.0-27.9, adult	FAMILY PRACTICE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 27.0-27.9, adult	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 27.0-27.9, adult	INTERNAL MEDICINE	Formulary Medical Necessity Zepbound SCF, ACF CMK STD 03-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 27.0-27.9, adult	Internal Medicine (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 28.0-28.9, adult		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 28.0-28.9, adult	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Body mass index (BMI) 28.0-28.9, adult	Internal Medicine (Specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 28.0-28.9, adult	NURSE MIDWIFE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Body mass index (BMI) 28.0-28.9, adult	UNSPECIFIED SPECIALTY	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 29.0-29.9, adult		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 29.0-29.9, adult	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Body mass index (BMI) 29.0-29.9, adult	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 29.0-29.9, adult	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Body Mass Index (BMI) 32.0 - 32.9 . Adult	FAMILY PRACTICE	BMI Documentation 6192-C ID4205	0	1	0	1	0.00%	100.00%	0.00%
Body Mass Index (BMI) 32.0 - 32.9 . Adult	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Body Mass Index (BMI) 32.0 - 32.9 . Adult	INTERNAL MEDICINE	Diagnosis 6192-C ID4205	0	1	0	1	0.00%	100.00%	0.00%
Body Mass Index (BMI) 32.0 - 32.9 . Adult	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Body mass index (BMI) 33.0-33.9, adult		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 33.0-33.9, adult	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Body mass index (BMI) 33.0-33.9, adult	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Body mass index (BMI) 33.0-33.9, adult	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Body mass index (BMI) 33.0-33.9, adult	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Body mass index (BMI) 33.0-33.9, adult	UNSPECIFIED SPECIALTY	Patient is able to take alternative dosage form 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 33.0-33.9, adult	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Body Mass Index (BMI) 34.0-34.9, Adult		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body Mass Index (BMI) 34.0-34.9, Adult	CARDIOLOGY, INTERVENTIONAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Body Mass Index (BMI) 34.0-34.9, Adult	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Body Mass Index (BMI) 34.0-34.9, Adult	INTERNAL MEDICINE	Diagnosis 4774-C ID4438	0	1	0	1	0.00%	100.00%	0.00%
Body Mass Index (BMI) 34.0-34.9, Adult	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Body Mass Index (BMI) 34.0-34.9, Adult	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body Mass Index (BMI) 34.0-34.9, Adult	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

BODY MASS INDEX (BMI) 35.0-35.9, ADULT		Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
BODY MASS INDEX (BMI) 35.0-35.9, ADULT	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 36.0-36.9, adult	Family Medicine/internal medicine *Exact Specialty match required	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 36.0-36.9, adult	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 36.0-36.9, adult	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Body mass index (BMI) 36.0-36.9, adult	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body Mass Index (BMI) 37.0-37.9 adult		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Body Mass Index (BMI) 37.0-37.9 adult	Family Medicine (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body Mass Index (BMI) 37.0-37.9 adult	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body Mass Index (BMI) 37.0-37.9 adult	UNSPECIFIED SPECIALTY	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 38.0-38.9, adult	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Body mass index (BMI) 38.0-38.9, adult	INTERNAL MEDICINE	Continuation: Efficacy, Positive Response, Stable or Not Worsening	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 38.0-38.9, adult	INTERNAL MEDICINE (specialty match required)	Continuation: Efficacy, Positive Response, Stable or Not Worsening	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 39.0 -39.9, adult	Family Medicine (**Specialty match required with year of initial board certification **Reviewer must be actively licensed in DC, MD, or VA)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 39.0 -39.9, adult	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Body mass index (BMI) 40.0-44.9, adult		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Body mass index (BMI) 40.0-44.9, adult	EMERGENCY MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 40.0-44.9, adult	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Body mass index (BMI) 40.0-44.9, adult	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 40.0-44.9, adult	FAMILY PRACTICE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 40.0-44.9, adult	INTERNAL MEDICINE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 40.0-44.9, adult	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 40.0-44.9, adult	UNSPECIFIED SPECIALTY	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 40.0-44.9, adult	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Body mass index (BMI) 45.0-49.9, adult		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 45.0-49.9, adult	FAMILY PRACTICE	Continuation: Efficacy, Positive Response, Stable or Not Worsening	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 45.0-49.9, adult	NURSE PRACTITIONER, ADULT HEALTH	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 45.0-49.9, adult	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Body mass index (BMI) 50-59.9 , adult		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 50-59.9 , adult	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Body mass index (BMI) 50-59.9 , adult	INFECTIOUS DISEASES	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Body mass index (BMI) 50-59.9 , adult	Nephrology (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 50-59.9 , adult	NEPHROLOGY / RENAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 60.0-69.9, adult	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) 60.0-69.9, adult	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index (BMI) pediatric, >=l to 95th percentile for age	ENDOCRINOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Body mass index (BMI) pediatric, >=l to 95th percentile for age	PEDIATRICS	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index [BMI] 31.0-31.9, adult		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Body mass index [BMI] 31.0-31.9, adult		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Body mass index [BMI] 31.0-31.9, adult	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Body mass index [BMI] 31.0-31.9, adult	FAMILY PRACTICE	BMI Documentation 4774-C ID4438	0	1	0	1	0.00%	100.00%	0.00%
Body mass index [BMI] 31.0-31.9, adult	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Body mass index [BMI] 31.0-31.9, adult	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Body mass index [BMI] 70 or greater, adult	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Bone marrow transplant status		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bone marrow transplant status		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Bone marrow transplant status	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bone marrow transplant status	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bone marrow transplant status	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Brachial plexus disorders	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Brief psychotic disorder	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Brief psychotic disorder	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Bronchitis, not specified as acute or chronic	PEDIATRICS	Non-formulary/non-preferred, over 7 years old 5842-A ID4040	0	1	0	1	0.00%	100.00%	0.00%
Bronchitis, not specified as acute or chronic	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Bronchopneumonia, unspecified organism	INTERNAL MEDICINE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Bucket-handle tear of medial meniscus, current injury, left knee, init	ORTHOPEDIC SURGERY	Diagnosis 2219-M ID3403	0	1	0	1	0.00%	100.00%	0.00%
Bucket-handle tear of medial meniscus, current injury, left knee, init	ORTHOPEDIC SURGERY	Quantity, Exceeds max limit, Partial denial – oxycodone, Oxaydo, RoxyBond 2221-M ID6000	0	1	0	1	0.00%	100.00%	0.00%
Bullous keratopathy, right eye	OPHTHALMOLOGY	Formulary Medical Necessity Bromsite FA-PA CMK STD 02-2021 1T	0	1	0	1	0.00%	100.00%	0.00%
Bunion of left foot		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Bunion of left foot	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Burn of second degree of left ankle, initial encounter	INFECTIOUS DISEASES	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Burn of unspecified body region, unspecified degree		Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%

Burn of unspecified body region, unspecified degree	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Burn of unspecified body region, unspecified degree	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Calcific tendinitis of right shoulder		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Calculus of kidney		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Calculus of kidney	INTERNAL MEDICINE	No approvable diagnosis 4660-A ID860	0	1	0	1	0.00%	100.00%	0.00%
Calculus of kidney	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Calculus of kidney	UROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Candidal cheilitis		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Candidal cheilitis	DERMATOLOGY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Candidal esophagitis	NATUROPATH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Candidal otitis externa	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Candidal stomatitis		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Candidal stomatitis	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Candidiasis		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Candidiasis of skin and nail		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Candidiasis of skin and nail	DERMATOLOGY	Diagnosis 280-A ID3935	0	1	0	1	0.00%	100.00%	0.00%
Candidiasis of skin and nail	DERMATOLOGY	No approvable diagnosis 280-A ID1130	0	1	0	1	0.00%	100.00%	0.00%
Candidiasis of skin and nail	INFECTIOUS DISEASES	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Candidiasis of skin and nail	INFECTIOUS DISEASES	Quantity, Post limit criteria not met, Partial denial - 240 or 430/month and 540/3 months 2604-HJ ID2601	0	1	0	1	0.00%	100.00%	0.00%
Candidiasis of skin and nail	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Candidiasis, unspecified	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Candidiasis, unspecified	OBSTETRICS & GYNECOLOGY	No approvable diagnosis 280-A ID1130	0	1	0	1	0.00%	100.00%	0.00%
Candidiasis, unspecified	OTOLARYNGOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cannabis abuse, uncomplicated	PSYCHIATRY	Diagnosis 865-C ID5024	0	1	0	1	0.00%	100.00%	0.00%
Capsular glaucoma with pseudoexfoliation of lens, bilateral, moderate stage	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Ophthalmic, Glaucoma SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Capsular glaucoma with pseudoexfoliation of lens, bilateral, moderate stage	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Rhopressa, Rocklatan SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Capsular glaucoma with pseudoexfoliation of lens, left eye, mild stage		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Cardiomyopathy, unspecified		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Cardiomyopathy, unspecified		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Cardiomyopathy, unspecified	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cardiomyopathy, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Carpal tunnel syndrome, left upper limb	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Carpal tunnel syndrome, right upper limb	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Carpal tunnel syndrome, unspecified upper limb	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Causalgia of left lower extremity	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cellulitis of left lower limb	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Cellulitis of left lower limb	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Cellulitis of right finger	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cellulitis of right lower limb		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Cellulitis of right upper limb	EMERGENCY MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cellulitis, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cellulitis, unspecified	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cellulitis, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Central centrifugal cicatricial alopecia	DERMATOLOGY	Diagnosis - Foam	0	1	0	1	0.00%	100.00%	0.00%
Central centrifugal cicatricial alopecia	DERMATOLOGY	Diagnosis 1339-C ID2376	0	1	0	1	0.00%	100.00%	0.00%
Central pain syndrome	ANESTHESIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Central pain syndrome	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Central pain syndrome	PAIN MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Central pain syndrome	PAIN MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
CEREBRAL ANEURYSM, NONRUPTURED	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
CEREBRAL ANEURYSM, NONRUPTURED	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Cerebral infarction due to thrombosis of right middle cerebral artery	NEUROLOGY, VASCULAR	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cerebral infarction, unspecified		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Cerebral infarction, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Cervical disc disorder at C5-C6 level with radiculopathy		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Cervical disc disorder at C5-C6 level with radiculopathy	PAIN MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cervical disc disorder with myelopathy, high cervical region	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Cervical disc disorder with radiculopathy, high cervical region	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cervical shortening, second trimester		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cervicalgia		Safely take requested dose	0	1	0	1	0.00%	100.00%	0.00%
Cervicalgia	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cervicalgia	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Cervicalgia	FAMILY PRACTICE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Cervicalgia	INTERNAL MEDICINE	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Cervicalgia	INTERNAL MEDICINE	Diagnosis 621-C ID1901	0	1	0	1	0.00%	100.00%	0.00%
Cervicalgia	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Cervicalgia	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cervicalgia	PAIN MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cervicalgia	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cervicalgia	UNSPECIFIED SPECIALTY	Will be on concurrent/duplicate therapy 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Cervicalgia	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Cervicogenic headache		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chalazion left lower eyelid	OPHTHALMOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Chalazion left lower eyelid	OPHTHALMOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Chalazion left upper eyelid	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chalazion left upper eyelid	OPHTHALMOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chalazion right upper eyelid	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Change in bowel habit		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Change in bowel habit	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Changes in skin texture	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Changes in skin texture	FAMILY PRACTICE	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Chest pain, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chloasma	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chloasma	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chloasma	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Cholestatic pruritus	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chondritis of external ear, bilateral	OTOLARYNGOLOGY	No sensitive areas/Age/No Trial 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Chondrocostal junction syndrome [Tietze]	INTERNAL MEDICINE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Chondrocostal junction syndrome [Tietze]	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chondromalacia, left knee	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic anal fissure	SURGERY, COLON & RECTAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic angle-closure glaucoma, bilateral, stage unspecified	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic angle-closure glaucoma, bilateral, stage unspecified	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic Atrial Fibrillation, Unspecified	FAMILY PRACTICE	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Chronic candidiasis of vulva and vagina		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic candidiasis of vulva and vagina	NURSE MIDWIFE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic candidiasis of vulva and vagina	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic cluster headache, intractable	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic cluster headache, not intractable	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic cough		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Chronic cough	ALLERGY & IMMUNOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Chronic cough	FAMILY PRACTICE	Quantity, Post limit criteria not met 918-J ID1386	0	1	0	1	0.00%	100.00%	0.00%
Chronic cough	OTOLARYNGOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic cough	OTOLARYNGOLOGY	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Chronic cough	PEDIATRICS	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%

Chronic cough	PULMONARY DISEASES	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Chronic cough	PULMONARY DISEASES	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic cough	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic cystitis	GENERAL PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic cystitis	GENERAL PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Chronic cystitis	UROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic diastolic (congestive) heart failure	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic diastolic (congestive) heart failure	CARDIOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Chronic diastolic (congestive) heart failure	CARDIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic embolism and thrombosis of iliac vein, bilateral		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic embolism and thrombosis of other specified deep vein of left lower	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic embolism and thrombosis of right tibial vein	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic eosinophilic pneumonia	PULMONARY DISEASES	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic ethmoidal sinusitis		Step Therapy 4364-C ID4225	0	1	0	1	0.00%	100.00%	0.00%
Chronic ethmoidal sinusitis	OTOLARYNGOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic ethmoidal sinusitis	Otolaryngology	Step Therapy 4364-C ID4225	0	1	0	1	0.00%	100.00%	0.00%
Chronic ethmoidal sinusitis	OTOLARYNGOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic fatigue, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic fatigue, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic fatigue, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic fatigue, unspecified	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic fatigue, unspecified	PSYCHIATRY	Continuation: Not on required concurrent therapy with PAP	0	1	0	1	0.00%	100.00%	0.00%
Chronic fatigue, unspecified	PSYCHIATRY	Diagnosis 178-C ID3028	0	1	0	1	0.00%	100.00%	0.00%
Chronic fatigue, unspecified	PSYCHIATRY	Diagnosis 534-C ID1429	0	1	0	1	0.00%	100.00%	0.00%
Chronic frontal sinusitis	OTOLARYNGOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic gastric ulcer without hemorrhage or perforation	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic gout, unspecified, with tophus (tophi)	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic graft-versus-host disease	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic graft-versus-host disease	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic graft-versus-host disease	NURSE PRACTITIONER, ADULT HEALTH	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic graft-versus-host disease	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic idiopathic constipation		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Chronic idiopathic constipation		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic idiopathic constipation	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Chronic idiopathic constipation	Gastroenterology **exact specialty match required by client	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic idiopathic constipation	GASTROENTEROLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic idiopathic constipation	Gastroenterology-specialty match required	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic idiopathic constipation	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic idiopathic constipation	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Chronic idiopathic constipation	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic idiopathic constipation	NURSE PRACTITIONER, ADULT HEALTH	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic idiopathic constipation	NURSE PRACTITIONER, ADULT HEALTH	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Chronic idiopathic constipation	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic inflammatory demyelinating polyneuritis	NEUROLOGY	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Chronic iridocyclitis, unspecified eye	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	CVSC Medical Director reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Chronic kidney disease (CKD)	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic kidney disease, stage 1	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic kidney disease, stage 2 (mild)	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic kidney disease, stage 2 (mild)	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Chronic kidney disease, stage 2 (mild)	INTERNAL MEDICINE	No approvable diagnosis 4871-A ID697	0	1	0	1	0.00%	100.00%	0.00%
Chronic kidney disease, stage 2 (mild)	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic kidney disease, stage 2 (mild)	NEPHROLOGY / RENAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic kidney disease, stage 3 (moderate)	NEPHROLOGY / RENAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic kidney disease, stage 3 unspecified		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic kidney disease, stage 3 unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic kidney disease, stage 3 unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic kidney disease, stage 3 unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic kidney disease, stage 3 unspecified	Nephrology *Specialty Match*	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Chronic kidney disease, stage 3 unspecified	NEPHROLOGY / RENAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic kidney disease, stage 3 unspecified	NEPHROLOGY / RENAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Chronic kidney disease, stage 3 unspecified	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Chronic kidney disease, stage 3 unspecified	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic kidney disease, stage 3 unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic kidney disease, stage 3a		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic kidney disease, stage 3a		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic kidney disease, stage 3a	NEPHROLOGY / RENAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic kidney disease, stage 3b		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic kidney disease, stage 3b		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic kidney disease, stage 3b	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic kidney disease, stage 3b	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Chronic kidney disease, stage 3b	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Chronic kidney disease, stage 4 (severe)	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic kidney disease, stage 4 (severe)	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Chronic kidney disease, stage 4 (severe)	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic kidney disease, stage 5		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic kidney disease, stage 5		Hgb level did not increase by 1 g/dL	0	1	0	1	0.00%	100.00%	0.00%
Chronic kidney disease, stage 5		Lab/test - Pretreatment Hgb level greater than or equal to 10 g/dL or unknown	0	1	0	1	0.00%	100.00%	0.00%
Chronic kidney disease, stage 5		Lab/test - TSAT less than 20% or not receiving iron therapy	0	1	0	1	0.00%	100.00%	0.00%
Chronic kidney disease, stage 5	Nephrology	Lab/test - Pretreatment Hgb level greater than or equal to 10 g/dL or unknown	0	1	0	1	0.00%	100.00%	0.00%
Chronic kidney disease, stage 5	nephrology	Lab/test - TSAT less than 20% or not receiving iron therapy	0	1	0	1	0.00%	100.00%	0.00%
Chronic kidney disease, unspecified		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic kidney disease, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic kidney disease, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic kidney disease, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic kidney disease, unspecified	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic kidney disease, unspecified	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Chronic kidney disease, unspecified	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic kidney disease, unspecified	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic lymphocytic leukemia of B-cell type in relapse	HEMATOLOGY & ONCOLOGY	Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Chronic lymphocytic leukemia of B-cell type not having achieved remission	HEMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic lymphocytic leukemia of B-cell type not having achieved remission	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Chronic lymphocytic leukemia of B-cell type not having achieved remission	HEMATOLOGY & ONCOLOGY	Non-formulary/non-preferred - No inadequate response, intolerance, or contraindication to avoid formulary alternative(s) 2427-D ID2307	0	1	0	1	0.00%	100.00%	0.00%
Chronic lymphocytic leukemia of B-cell type not having achieved remission	MEDICAL ONCOLOGY	CLL/SLL in combo with obinutuzumab – Maximum duration of therapy is 12 cycles	0	1	0	1	0.00%	100.00%	0.00%
Chronic lymphocytic leukemia of B-cell type not having achieved remission	NURSE PRACTITIONER, ADULT HEALTH	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic maxillary sinusitis		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic maxillary sinusitis	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic maxillary sinusitis	OTOLARYNGOLOGY, PEDIATRIC	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Chronic maxillary sinusitis	OTOLARYNGOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic metabolic acidosis	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic migraine w/o aura, intractable, w status migrainosus		Diagnosis - all	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w status migrainosus		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic migraine w/o aura, intractable, w status migrainosus	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic migraine w/o aura, intractable, w status migrainosus	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w status migrainosus	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w status migrainosus	FAMILY PRACTICE	Will be on concurrent/duplicate therapy 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w status migrainosus	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic migraine w/o aura, intractable, w status migrainosus	Internal Med *specialty match*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w status migrainosus	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w status migrainosus	INTERNAL MEDICINE	Quantity, Exceeds max limit, Partial denial, acute treatment 3481-E ID4681	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w status migrainosus	INTERNAL MEDICINE	Quantity, Post limit criteria not met, Partial denial 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w status migrainosus	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic migraine w/o aura, intractable, w status migrainosus	NEUROLOGY	Diagnosis 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w status migrainosus	NEUROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w status migrainosus	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic migraine w/o aura, intractable, w status migrainosus	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic migraine w/o aura, intractable, w status migrainosus	Pediatric Neurology * Reviewer must be actively actively licensed in DC, MD, or VA	Diagnosis - all	0	1	0	1	0.00%	100.00%	0.00%

Chronic migraine w/o aura, intractable, w/o stat migr		Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr	NEUROLOGY (specialty match required)	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr	NEUROLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr	NEUROLOGY, PEDIATRIC	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr	NURSE PRACTITIONER, ACUTE CARE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic migraine w/o aura, intractable, w/o stat migr	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr	Pain medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr	Pediatric Neurology OR Neurology *specialty match*	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic migraine w/o aura, intractable, w/o stat migr	Specialty match review - Neurology	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Zavzpret ACF CMK STD 03-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Zavzpret ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr	UNSPECIFIED SPECIALTY	Quantity, No post limit quantity available	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine w/o aura, intractable, w/o stat migr	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic migraine w/o aura, not intractable, w stat migr		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic migraine w/o aura, not intractable, w stat migr	NEUROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine w/o aura, not intractable, w stat migr	NEUROLOGY	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine w/o aura, not intractable, w stat migr	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic migraine w/o aura, not intractable, w stat migr	NEUROLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic migraine w/o aura, not intractable, w stat migr	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine with aura, intractable, with status migrainosus	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic migraine with aura, intractable, with status migrainosus	NEUROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine with aura, intractable, with status migrainosus	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Chronic migraine with aura, intractable, without status migrainosus		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic migraine with aura, intractable, without status migrainosus	NEUROLOGY	Will be on concurrent/duplicate therapy 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine with aura, intractable, without status migrainosus	Specialty match required - Neurology	Will be on concurrent/duplicate therapy 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine with aura, not intractable, with status migrainosus	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic migraine with aura, not intractable, without status migrainosu		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic migraine with aura, not intractable, without status migrainosu		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine with aura, not intractable, without status migrainosu	FAMILY PRACTICE	Diagnosis 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine with aura, not intractable, without status migrainosu	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic migraine with aura, not intractable, without status migrainosu	UNSPECIFIED SPECIALTY	Step therapy two triptan 5-HT1 receptor agonists	0	1	0	1	0.00%	100.00%	0.00%
Chronic Migraine without aura, not intractable without status migrainosus		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic migraine without aura, not intractable, without status migrain	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic migraine without aura, not intractable, without status migrainosus		Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus		Step therapy two triptan 5-HT1 receptor agonists	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus		Will be on concurrent/duplicate therapy 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	FAMILY PRACTICE	Continuation: Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	FAMILY PRACTICE	Will be on concurrent/duplicate therapy 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic migraine without aura, not intractable, without status migrainosus	NEUROLOGICAL SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	NEUROLOGY	Quantity, Exceeds max limit, Partial denial – Initial, Migraine - Aimovig, Ajovy, Vyepti	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	NEUROLOGY	Quantity, Exceeds max limit, Partial denial – Initial, Migraine - Emgality	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	NEUROLOGY	Quantity, Exceeds max limit, Partial denial, acute treatment 3481-E ID4681	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	NEUROLOGY	Step therapy two triptan 5-HT1 receptor agonists	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	NEUROLOGY	Step therapy.	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	Neurology (specialty match required)	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	Neurology- Specialty match review required	Step therapy two triptan 5-HT1 receptor agonists	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	NEUROPHYSIOLOGY, CLINICAL	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	NEUROPHYSIOLOGY, CLINICAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Chronic migraine without aura, not intractable, without status migrainosus	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	NURSE PRACTITIONER, ACUTE CARE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic migraine without aura, not intractable, without status migrainosus	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	NURSE PRACTITIONER, ADULT HEALTH	Step therapy two triptan 5-HT1 receptor agonists	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	PSYCHIATRY	Quantity, Post limit criteria not met, Partial denial 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	Specialty match review	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	UNSPECIFIED SPECIALTY	Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	UNSPECIFIED SPECIALTY	Quantity, Exceeds max limit, Partial denial, acute treatment	0	1	0	1	0.00%	100.00%	0.00%
Chronic migraine without aura, not intractable, without status migrainosus	UNSPECIFIED SPECIALTY	Step therapy two triptan 5-HT1 receptor agonists	0	1	0	1	0.00%	100.00%	0.00%
Chronic multifocal osteomyelitis, unspecified site	RHEUMATOLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic myeloid leukemia, BCR/ABL-positive, in remission		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission		CML continuation – Unacceptable toxicity or disease progression	0	1	0	1	0.00%	100.00%	0.00%
Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission		CML- Not/unknown T315I mutation positive	0	1	0	1	0.00%	100.00%	0.00%
Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission		Pegasys - Diagnosis	0	1	0	1	0.00%	100.00%	0.00%
Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	HEMATOLOGY	Diagnosis 2172-A ID4038	0	1	0	1	0.00%	100.00%	0.00%
Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	HEMATOLOGY & ONCOLOGY	CML- Not/unknown T315I mutation positive	0	1	0	1	0.00%	100.00%	0.00%
Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	HEMATOLOGY & ONCOLOGY	Lab/test - CML – Not Ph or BCR::ABL positive or status unknown	0	1	0	1	0.00%	100.00%	0.00%
Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	HEMATOLOGY & ONCOLOGY	Non-formulary/non-preferred - Tasigna 4930-D ID2874	0	1	0	1	0.00%	100.00%	0.00%
Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	MEDICAL ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	NURSE PRACTITIONER, ACUTE CARE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic myeloproliferative disease	HEMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic myeloproliferative disease	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Chronic obstructive pulmonary disease, unspecified		Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Chronic obstructive pulmonary disease, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic obstructive pulmonary disease, unspecified	FAMILY PRACTICE	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Chronic obstructive pulmonary disease, unspecified	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic obstructive pulmonary disease, unspecified	INTERNAL MEDICINE, CRITICAL CARE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic obstructive pulmonary disease, unspecified	OCCUPATIONAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic obstructive pulmonary disease, unspecified	PULMONARY DISEASES	Formulary Medical Necessity Breyna, Budesonide-Formoterol Inh, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Chronic obstructive pulmonary disease, unspecified	PULMONARY DISEASES	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Chronic or unspecified gastric ulcer with hemorrhage		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic pain due to trauma	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic pain due to trauma	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic pain due to trauma	ORTHOPEDIC SURGERY, SPORTS MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic pain due to trauma	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic pain syndrome		Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic pain syndrome		Not pregnant or breastfeeding	0	1	0	1	0.00%	100.00%	0.00%
Chronic pain syndrome	Addiction med or Pain Med or Anesthesiology *specialty match*	Not pregnant or breastfeeding	0	1	0	1	0.00%	100.00%	0.00%
Chronic pain syndrome	ADDICTION MEDICINE	Not pregnant or breastfeeding	0	1	0	1	0.00%	100.00%	0.00%
Chronic pain syndrome	AEROSPACE MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic pain syndrome	ANESTHESIOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Chronic pain syndrome	Family Medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic pain syndrome	Family Medicine (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic pain syndrome	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic pain syndrome	HOSPITALIST	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic pain syndrome	NEUROLOGICAL SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic pain syndrome	NURSE PRACTITIONER, ACUTE CARE	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Chronic pain syndrome	Pain Management (specialty match required)	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Chronic pain syndrome	PAIN MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Chronic pain syndrome	PHYSICAL MEDICINE & REHABILITATION	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Chronic pain syndrome	PHYSICAL MEDICINE & REHABILITATION	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Chronic pain syndrome	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Chronic pain syndrome	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Chronic pain syndrome	RHEUMATOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic pain syndrome	RHEUMATOLOGY	*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
Chronic pain syndrome	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic pain syndrome	UNSPECIFIED SPECIALTY	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Chronic pain syndrome	UNSPECIFIED SPECIALTY	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Chronic pain syndrome	UNSPECIFIED SPECIALTY	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Chronic pansinusitis		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic pansinusitis		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Chronic pansinusitis	OTOLARYNGOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic pansinusitis	OTOLARYNGOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic pansinusitis	OTOLARYNGOLOGY	CRSwNP initial - Does not meet polyp location on endoscopy/rhinoscopy/CT or Meltzer/NPS scoring system 1690-A ID3910	0	1	0	1	0.00%	100.00%	0.00%
Chronic pansinusitis	OTOLARYNGOLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Chronic pansinusitis	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic post-traumatic headache, not intractable	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic post-traumatic headache, not intractable	NEUROLOGY	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Chronic post-traumatic headache, not intractable	NEUROLOGY	Diagnosis - Non-formulary/non-preferred	0	1	0	1	0.00%	100.00%	0.00%
Chronic prostatitis	UROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic rhinitis	ALLERGY & IMMUNOLOGY	No approvable diagnosis 4364-C ID3698	0	1	0	1	0.00%	100.00%	0.00%
Chronic rhinitis	Allergy and Immunology - specialty match required	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Chronic rhinitis	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Chronic rhinitis	OTOLARYNGOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic rhinitis	OTOLARYNGOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic rhinitis	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 2495-J ID4097	0	1	0	1	0.00%	100.00%	0.00%
Chronic sinusitis, unspecified		No approvable diagnosis 4364-C ID3698	0	1	0	1	0.00%	100.00%	0.00%

Chronic sinusitis, unspecified	ALLERGY & IMMUNOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic sinusitis, unspecified	ALLERGY & IMMUNOLOGY	No approvable age 4364-C ID3698	0	1	0	1	0.00%	100.00%	0.00%
Chronic sinusitis, unspecified	ALLERGY & IMMUNOLOGY	Over max quantity 4364-C ID3698	0	1	0	1	0.00%	100.00%	0.00%
Chronic sinusitis, unspecified	Allergy and Immunology	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Chronic sinusitis, unspecified	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Chronic sinusitis, unspecified	OTOLARYNGOLOGY	Patient is able to take alternative dosage form 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Chronic sinusitis, unspecified	OTOLARYNGOLOGY	Quantity, Post limit criteria not met 918-J ID4015	0	1	0	1	0.00%	100.00%	0.00%
Chronic sinusitis, unspecified	OTOLARYNGOLOGY	Will be on concurrent/duplicate therapy 1690-A ID5767	0	1	0	1	0.00%	100.00%	0.00%
Chronic sinusitis, unspecified	otolarynogoly	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Chronic superficial gastritis without bleeding	GASTROENTEROLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic systolic (congestive) heart failure		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic systolic (congestive) heart failure	CARDIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic systolic (congestive) heart failure	CARDIOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Chronic systolic (congestive) heart failure	CARDIOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Chronic systolic (congestive) heart failure	CARDIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic systolic (congestive) heart failure	Cardiology *actively licensed in DC, MD, or VA *exact specialty match required	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic systolic (congestive) heart failure	CARDIOLOGY, INTERVENTIONAL	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Chronic systolic (congestive) heart failure	CARDIOLOGY, INTERVENTIONAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic systolic (congestive) heart failure	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic systolic (congestive) heart failure	Heart Failure Specialist Or Cardiology *specialty match*	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Chronic systolic (congestive) heart failure	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic systolic (congestive) heart failure	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic systolic (congestive) heart failure	NURSE PRACTITIONER, ACUTE CARE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Chronic systolic (congestive) heart failure	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic systolic (congestive) heart failure	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Chronic systolic (congestive) heart failure	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic tension-type headache, intractable		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic tension-type headache, not intractable	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Chronic tension-type headache, not intractable	NEUROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Chronic tension-type headache, not intractable	NEUROLOGY	Diagnosis - Horizant	0	1	0	1	0.00%	100.00%	0.00%
Chronic viral hepatitis B without delta-agent		Chronic HBV or coinfection with chronic HBV and HIV - Continuation - Efficacy 2901-A ID4949	0	1	0	1	0.00%	100.00%	0.00%
Chronic viral hepatitis B without delta-agent		Chronic HBV or coinfection with chronic HBV and HIV - Decompensated liver disease 2901-A ID4949	0	1	0	1	0.00%	100.00%	0.00%
Chronic viral hepatitis B without delta-agent		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic viral hepatitis B without delta-agent	FAMILY PRACTICE	Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Chronic viral hepatitis B without delta-agent	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic viral hepatitis B without delta-agent	GASTROENTEROLOGY	Chronic HBV or coinfection with chronic HBV and HIV - Decompensated liver disease 2901-A ID4949	0	1	0	1	0.00%	100.00%	0.00%
Chronic viral hepatitis B without delta-agent	GASTROENTEROLOGY	Chronic HBV or coinfection with chronic HBV and HIV - No active viral replication	0	1	0	1	0.00%	100.00%	0.00%
Chronic viral hepatitis B without delta-agent	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic viral hepatitis B without delta-agent	INTERNAL MEDICINE	Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Chronic viral hepatitis B without delta-agent	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic viral hepatitis B without delta-agent	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic viral hepatitis C		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic viral hepatitis C		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic viral hepatitis C		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic viral hepatitis C	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic viral hepatitis C	INFECTIOUS DISEASES	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic viral hepatitis C	INFECTIOUS DISEASES	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic viral hepatitis C	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic viral hepatitis C	INTERNAL MEDICINE	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Chronic viral hepatitis C	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic viral hepatitis C	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Chronic viral hepatitis C	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Chronic viral hepatitis C	UNSPECIFIED SPECIALTY	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Chronic viral hepatitis C	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Cicatricial alopecia, unspecified	UNSPECIFIED SPECIALTY	Diagnosis - Foam	0	1	0	1	0.00%	100.00%	0.00%

Cicatricial alopecia, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Circadian rhythm sleep disorder, delayed sleep phase type	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Circadian rhythm sleep disorder, delayed sleep phase type	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Circadian rhythm sleep disorder, free running type		N24SWD - Not totally blind in both eyes	0	1	0	1	0.00%	100.00%	0.00%
Circadian rhythm sleep disorder, jet lag type	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Circadian rhythm sleep disorder, jet lag type	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Circadian rhythm sleep disorder, jet lag type	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Circadian rhythm sleep disorder, shift work type		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Circadian rhythm sleep disorder, shift work type		Prescriber specialty	0	1	0	1	0.00%	100.00%	0.00%
Circadian rhythm sleep disorder, shift work type	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Circadian rhythm sleep disorder, shift work type	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Circadian rhythm sleep disorder, shift work type	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Circadian rhythm sleep disorder, shift work type	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Circadian rhythm sleep disorder, shift work type	PSYCHIATRY	Not on required concurrent therapy with PAP for 1 month	0	1	0	1	0.00%	100.00%	0.00%
Circadian rhythm sleep disorder, shift work type	PSYCHIATRY	Prescriber specialty	0	1	0	1	0.00%	100.00%	0.00%
Circadian rhythm sleep disorder, shift work type	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Circadian rhythm sleep disorder, shift work type	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Circadian rhythm sleep disorder, unspecified type	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Circadian rhythm sleep disorder, unspecified type	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Circadian rhythm sleep disorder, unspecified type	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Circadion rhythm sleep disorder, irregular sleep wake type	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Circadion rhythm sleep disorder, irregular sleep wake type	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cluster headache syndrome, unspecified, not intractable	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Cnsl and instruction in natrl family planning to avoid preg	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Cocaine dependence, uncomplicated	PUBLIC HEALTH & GENERAL PREVENTIVE MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Collagenous colitis	GASTROENTEROLOGY, PEDIATRIC	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Collapsed vertebra, not elsewhere classified, lumbar region, subsequent enc	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Collapsed vertebra, not elsewhere classified, lumbar region, subsequent enc	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Collapsed vertebra, not elsewhere classified, thoracic region, initial e	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Colostomy status	INTERNAL MEDICINE	Monitored regularly	0	1	0	1	0.00%	100.00%	0.00%
Combined arterial insufficiency and corporo-venous occlusive erectile dysfu	UROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Combined forms of age-related cataract, bilateral	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Complete atrioventricular septal defect	CARDIOLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Complete rotatr-cuff tear/ruptr of left shoulder, not trauma	ORTHOPEDIC SURGERY	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Complex regional pain syndrome 1 of righ upper limb		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Complex regional pain syndrome 1 of righ upper limb	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Complex regional pain syndrome 1 of righ upper limb	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Complex regional pain syndrome 1 of righ upper limb	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Complex regional pain syndrome I of left lower limb	GENERAL SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Complex regional pain syndrome I of left lower limb	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Complex regional pain syndrome I, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Complex regional pain syndrome I, unspecified	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Complex regional pain syndrome I, unspecified	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Complex tear of medial meniscus, current injury, right knee, initial encoun	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
COMPRESSION OF VEIN		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
COMPRESSION OF VEIN	Specialty match required: otolaryngology	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Concussion with loss of consciousness status unknown, initial encounte		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Conduct disorder, unspecified	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Congenital adrenogenital disorders assoc w enzyme deficiency	ENDOCRINOLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Congenital dislocation of hip, bilateral	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Congenital glaucoma	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Congenital glaucoma	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Congenital hypothyroidism without goiter	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Congenital hypothyroidism without goiter	ENDOCRINOLOGY, DIABETES & METABOLISM	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Congenital malformation of aortic and mitral valves, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Congenital non-neoplastic nevus		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Congenital non-neoplastic nevus	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Conjunctival cysts, right eye	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Connective tissue and disc stenosis of intervertebral foramina of abdomen	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Connective tissue and disc stenosis of intervertebral foramina of abdomen	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Constipation, unspecified		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Constipation, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Constipation, unspecified	GASTROENTEROLOGY	Age-Bowel prep	0	1	0	1	0.00%	100.00%	0.00%
Constipation, unspecified	GASTROENTEROLOGY	Diagnosis 681-A ID4095	0	1	0	1	0.00%	100.00%	0.00%
Constipation, unspecified	GASTROENTEROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Constipation, unspecified	GASTROENTEROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Constipation, unspecified	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Constipation, unspecified	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Constipation, unspecified	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Constipation, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Constipation, unspecified	PEDIATRICS	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Constipation, unspecified	PHYSICAL MEDICINE & REHABILITATION	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Constipation, unspecified	Specialty match required *** Gastroenterology ***	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Constipation, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Contact with and (suspected) exposure to COVID-19	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Contact with and (suspected) exposure to COVID-19	FAMILY PRACTICE	Quantity, Post limit criteria not met 4428-HJ ID3627	0	1	0	1	0.00%	100.00%	0.00%
Contact with and (suspected) exposure to mold (toxic)	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Contact with and (suspected) exposure to mold (toxic)	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Contact with and (suspected) exposure to other viral communicable diseases		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Contact with and (suspected) exposure to other viral communicable diseases	CLINICAL NURSE SPECIALIST, ADULT HEALTH	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%

Contact with and (suspected) exposure to other viral communicable diseases	FAMILY PRACTICE	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Contact with and (suspected) exposure to STD infections		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Contact with and (suspected) exposure to STD infections	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Contact with and (suspected) exposure to STD infections	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Contact with and (suspected) exposure to STD infections	NEPHROLOGY / RENAL MEDICINE	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Contact with and (suspected) exposure to STD infections	NURSE PRACTITIONER, ADULT HEALTH	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Contact with and (suspected) exposure to STD infections	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Contact with and (suspected) exposure to STD infections	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Contact with and (suspected) exposure to unspecified communicable disease		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Contact with and (suspected) exposure to unspecified communicable disease	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Contusion of right hip, inititial encounter	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Contusion of right lower leg, initial encounter	GENERAL SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Conversion disorder with seizures or convulsions	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Corns and callosities	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Coronary angioplasty status	CARDIOLOGY, INTERVENTIONAL	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Coronary artery dissection		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Coronary artery dissection	CARDIOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Coronary atherosclerosis due to calcified coronary lesion		ASCVD - Lab/test - Current LDL-C less than 70 mg/dL	0	1	0	1	0.00%	100.00%	0.00%
Coronary atherosclerosis due to calcified coronary lesion		ASCVD - No ASCVD or cardiac event 6432-A ID4685	0	1	0	1	0.00%	100.00%	0.00%
Coronary atherosclerosis due to calcified coronary lesion		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Coronary atherosclerosis due to calcified coronary lesion	CARDIOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Coronary atherosclerosis due to calcified coronary lesion	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Coronary atherosclerosis due to calcified coronary lesion	Cardiology	ASCVD - No ASCVD or cardiac event 6432-A ID4685	0	1	0	1	0.00%	100.00%	0.00%
Coronary atherosclerosis due to calcified coronary lesion	CARDIOLOGY, INTERVENTIONAL	Formulary Medical Necessity Lovaza, Vascepa SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Cough		Non-formulary/non-preferred, over 7 years old	0	1	0	1	0.00%	100.00%	0.00%
Cough variant asthma	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Cough variant asthma	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Cough variant asthma	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Cough, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cough, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Cough, unspecified	FAMILY PRACTICE	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Cough, unspecified	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Cough, unspecified	HEMATOLOGY & ONCOLOGY	Opioid Containing Cough and Cold Products Limit, Post PA 4428-HJ 02-2023 11_02_2023_19_53_19 2F	0	1	0	1	0.00%	100.00%	0.00%
Cough, unspecified	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Cough, unspecified	INTERNAL MEDICINE	Formulary Medical Necessity AirDuo Digihaler, Breyna, Budesonide-Formoterol Inh, Fluticasone-Vilanterol, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 03-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Cough, unspecified	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cough, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cough, unspecified	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Cough, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
COVID-19, virus identified		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
COVID-19, virus identified	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
COVID-19, virus identified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
COVID-19, virus identified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
COVID-19, virus identified	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
COVID-19, virus identified	NURSE PRACTITIONER, GERONTOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
COVID-19, virus identified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
COVID-19, virus identified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Cramp and spasm	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of both small and large intestine w/ intestinal obstruction		No need to have in multiple locations or replacement due to use	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease of both small and large intestine w/ intestinal obstruction		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Crohn's disease of both small and large intestine w/ intestinal obstruction	Gastroenterology	Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease of both small and large intestine w/ intestinal obstruction	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Crohn's disease of both small and large intestine with fistula	Gastro	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease of both small and large intestine with fistula	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of both small and large intestine with other complication	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Crohn's disease of both small and large intestine with other complication	GASTROENTEROLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of both small and large intestine with other complication	GASTROENTEROLOGY	Concomitant biologic or targeted synthetic drug or potent immunosuppressant 3173-A ID2326	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease of both small and large intestine with other complication	gastroenterology	Concomitant biologic or targeted synthetic drug use	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease of both small and large intestine with other complication	GASTROENTEROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease of both small and large intestine with other complication	Gastroenterology (specialty match required)	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease of both small and large intestine with other complication	GI	Concomitant biologic or targeted synthetic drug or potent immunosuppressant 3173-A ID2326	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease of both small and large intestine with other complication	Specialty match required with year of initial board certification **** Gastroenterology ***	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease of both small and large intestine with rectal bleeding		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of both small and large intestine with rectal bleeding	FAMILY PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of both small and large intestine with rectal bleeding	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease of both small and lg int w/o complications		Concomitant biologic or targeted synthetic drug or potent immunosuppressant 3173-A ID4380	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of both small and lg int w/o complications		Concomitant biologic or targeted synthetic drug use	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of both small and lg int w/o complications		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of both small and lg int w/o complications	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease of both small and lg int w/o complications	GASTROENTEROLOGY	CD continuation - No response;; 2008-A ID3519	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of both small and lg int w/o complications	Gastroenterology	Concomitant biologic or targeted synthetic drug or potent immunosuppressant 3173-A ID4380	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of both small and lg int w/o complications	GASTROENTEROLOGY	Concomitant biologic or targeted synthetic drug or potent immunosuppressant 3173-A ID4944	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of both small and lg int w/o complications	GI	Frequency 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of both small and lg int w/o complications	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease of both small and lg int w/o complications	PEDIATRICS	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease of both small and lg int w/o complications	UNSPECIFIED SPECIALTY	CVSC Medical Director reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease of both small and lg int w/o complications	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease of both small and lg int w/o complications	UNSPECIFIED SPECIALTY	Frequency 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%

Crohns disease of both small and lg int w/o complications	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Crohn's disease of both small/large intestine w unspecified complications		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of both small/large intestine w unspecified complications		Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of both small/large intestine w unspecified complications		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of both small/large intestine w unspecified complications		CD continuation - No response;; 2008-A ID4564	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease of both small/large intestine w unspecified complications		Frequency 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease of both small/large intestine w unspecified complications	Gastroenterology	Frequency 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease of both small/large intestine w unspecified complications	GASTROENTEROLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease of both small/large intestine w unspecified complications	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Crohn's disease of both small/large intestine w unspecified complications	GASTROENTEROLOGY, PEDIATRIC	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of both small/large intestine w unspecified complications	GASTROENTEROLOGY, PEDIATRIC	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease of both small/large intestine w unspecified complications	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of large intestine with fistula		Frequency 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease of large intestine with fistula	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of large intestine with fistula	GASTROENTEROLOGY	CVSC Medical Director reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of large intestine with fistula	GASTROENTEROLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of large intestine with fistula	GI	Frequency 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease of large intestine with fistula	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of large intestine with other complication		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of large intestine with other complication	GASTROENTEROLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of large intestine with rectal bleeding		CD/UC - Frequency - Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease of large intestine with rectal bleeding	GI	CD/UC - Frequency - Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease of large intestine with rectal bleeding	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of large intestine with unspecified complications		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of large intestine with unspecified complications	NURSE PRACTITIONER, ADULT HEALTH	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease of large intestine without complications		CD continuation - No specific positive response	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of large intestine without complications	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Crohns disease of large intestine without complications	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease of large intestine without complications	GASTROENTEROLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease of large intestine without complications	GI	Frequency 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of large intestine without complications	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of small intestine with abscess	CLINICAL NURSE SPECIALIST, ADULT HEALTH	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of small intestine with intestinal obstruction		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of small intestine with intestinal obstruction		Frequency 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease of small intestine with intestinal obstruction		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease of small intestine with intestinal obstruction	GI	Frequency 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease of small intestine with intestinal obstruction	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of small intestine with other complication	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease of small intestine with other complication	GASTROENTEROLOGY, PEDIATRIC	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of small intestine with other complication	GASTROENTEROLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Crohn's disease of small intestine with other complication	PEDIATRICS	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of small intestine with unspecified complications	GASTROENTEROLOGY, PEDIATRIC	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease of small intestine with unspecified complications	INTERNAL MEDICINE	Formulary Medical Necessity Anaphylaxis Treatment SCF CMK STD 09-2023 1T v2	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications		Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease of small intestine without complications		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease of small intestine without complications		CD continuation - No response;; 2008-A ID5303	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications		Concomitant biologic or targeted synthetic drug or potent immunosuppressant 3173-A ID4380	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications		Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications		Frequency 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications		Self-admin - CD - Non-preferred (biosimilar) - No adverse event to active ingredient 4250-D ID5122	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications	CLINICAL NURSE SPECIALIST, GERONTOLOGY	Dosing - CD/UC- Dosage	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications	FAMILY PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Crohns disease of small intestine without complications	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease of small intestine without complications	FAMILY PRACTICE	Self-admin - CD - Non-preferred (biosimilar) - No adverse event to active ingredient 4250-D ID5122	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications	Gastroenterologist	Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications	GASTROENTEROLOGY	Continuation - Efficacy 3047-A ID5108	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications	GASTROENTEROLOGY	Diagnosis 2014-A ID2311	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications	GASTROENTEROLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications	GASTROENTEROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications	GASTROENTEROLOGY	Will be on concurrent/duplicate therapy-same indication	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications	GASTROENTEROLOGY, PEDIATRIC	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease of small intestine without complications	GASTROENTEROLOGY, PEDIATRIC	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease of small intestine without complications	GASTROENTEROLOGY, PEDIATRIC	Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications	GASTROENTEROLOGY, PEDIATRIC	Lab/test – No initial TB test;;	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications	GI	Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications	GI	Self-admin - CD - Non-preferred (biosimilar) - No adverse event to active ingredient 4250-D ID5122	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease of small intestine without complications	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease of small intestine without complications	RHEUMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease, unspecified		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease, unspecified, with unspecified complications		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease, unspecified, with unspecified complications		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohn's disease, unspecified, with unspecified complications		Quantity, Post limit criteria not met 2324-HJ ID4234	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease, unspecified, with unspecified complications		Quantity, Post limit criteria not met 2927-HJ ID3559	0	1	0	1	0.00%	100.00%	0.00%
Crohn's disease, unspecified, with unspecified complications	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease, unspecified, without complications		CVSC Medical Director reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease, unspecified, without complications		CD - Age 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease, unspecified, without complications		CD continuation - No response;; 2008-A ID4564	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease, unspecified, without complications		Dosing - 40 mg, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease, unspecified, without complications		Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%

Crohns disease, unspecified, without complications	FAMILY PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease, unspecified, without complications	GASTROENTEROLOGY	CD continuation - no response and not for dosing frequency increase	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease, unspecified, without complications	GASTROENTEROLOGY	CD continuation - No response;; 2008-A ID3519	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease, unspecified, without complications	GASTROENTEROLOGY	CD continuation - No response;; 2008-A ID5303	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease, unspecified, without complications	Gastroenterology	Dosing - 40 mg, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease, unspecified, without complications	GASTROENTEROLOGY	Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease, unspecified, without complications	GASTROENTEROLOGY	Self-admin - CD - Non-preferred (biosimilar) - No adverse event to active ingredient 4250-D ID4620	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease, unspecified, without complications	GASTROENTEROLOGY	Self-admin - CD - Non-preferred (biosimilar) - No adverse event to active ingredient 4250-D ID5122	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease, unspecified, without complications	GASTROENTEROLOGY, PEDIATRIC	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease, unspecified, without complications	GI	Frequency 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease, unspecified, without complications	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease, unspecified, without complications	pediatric gastroenterology or gastroenterology comfortable reviewing pediatric case	CD - Age 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease, unspecified, without complications	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease, unspecified, without complications	RHEUMATOLOGY	CVSC Medical Director reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease, unspecified, without complications	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Crohns disease, unspecified, without complications	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Crohns disease, unspecified, without complications	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Cryopyrin-associated periodic syndromes	RHEUMATOLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Cryopyrin-associated periodic syndromes	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Cutaneous abscess of buttock	INTERNAL MEDICINE	Diagnosis 495-A ID3422	0	1	0	1	0.00%	100.00%	0.00%
Cutaneous abscess of right foot	GENERAL SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cutaneous T-cell lymphoma, unspecified, unspecified site	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cutaneous T-cell lymphoma, unspecified, unspecified site	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Cutis laxa senilis	PLASTIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Cyst of kidney, acquired	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Cyst of pancreas	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cyst of pancreas	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cystic fibrosis with other intestinal manifestations	PULMONOLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Cystic fibrosis with pulmonary manifestations		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Cystic fibrosis with pulmonary manifestations	ENDOCRINOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Cystic fibrosis with pulmonary manifestations	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Cystic fibrosis with pulmonary manifestations	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cystic fibrosis with pulmonary manifestations	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Cystic fibrosis with pulmonary manifestations	INTERNAL MEDICINE	Continuation - Efficacy 3374-A ID4080	0	1	0	1	0.00%	100.00%	0.00%
Cystic fibrosis with pulmonary manifestations	PULMONARY DISEASES	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Cystic fibrosis with pulmonary manifestations	PULMONARY DISEASES	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Cystic fibrosis, unspecified	INTERNAL MEDICINE	Non-formulary/non-preferred - Same ingredient generic 4334-D ID2857	0	1	0	1	0.00%	100.00%	0.00%
Cystic fibrosis, unspecified	PEDIATRICS	Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Cystic fibrosis, unspecified	pulmonology	Non-formulary/non-preferred - Same ingredient generic 4334-D ID2857	0	1	0	1	0.00%	100.00%	0.00%
Cystic fibrosis, unspecified	PULMONOLOGY, PEDIATRIC	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Cystic fibrosis, unspecified	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Cystinuria		Genetic testing 2991-A ID2169	0	1	0	1	0.00%	100.00%	0.00%
Cystinuria	Nephrology	Genetic testing 2991-A ID2169	0	1	0	1	0.00%	100.00%	0.00%
Cystinuria	NEPHROLOGY / RENAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Cystoid macular degeneration, left eye		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Cysts of right eye, unspecified eyelid	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Cytomegaloviral disease, unspecified	INFECTIOUS DISEASES	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Cytomegaloviral disease, unspecified	NURSE PRACTITIONER, ADULT HEALTH	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Cytomegaloviral disease, unspecified	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Decreased libido		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Decreased libido	ENDOCRINOLOGY, REPRODUCTIVE	Diagnosis 865-C ID1508	0	1	0	1	0.00%	100.00%	0.00%
Decreased libido	FAMILY PRACTICE	Diagnosis, not generic Delatestryl and Testopel 1210-A ID3963	0	1	0	1	0.00%	100.00%	0.00%
Decreased libido	FAMILY PRACTICE	Exclusion, age-related hypogonadism	0	1	0	1	0.00%	100.00%	0.00%
Decreased libido	INTERNAL MEDICINE	Diagnosis 865-C ID1508	0	1	0	1	0.00%	100.00%	0.00%
Decreased libido	OBSTETRICS & GYNECOLOGY	No confirmation of diagnosis (tests, labs, etc.)	0	1	0	1	0.00%	100.00%	0.00%
Decreased libido	OBSTETRICS & GYNECOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Decreased libido	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Decreased libido	UROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Deep endometriosis of the uterus	HOSPITALIST	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Defects in the complement system		Brand exception/Generics first criteria not met 1539-D ID4555	0	1	0	1	0.00%	100.00%	0.00%
Defects in the complement system		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Defects in the complement system	ALLERGY & IMMUNOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Defects in the complement system	Allergy/Immunology	Lab/test: Normal C1-INH diagnosis – No gene mutation or trial of high-dose antihistamine and angioedema family history	0	1	0	1	0.00%	100.00%	0.00%
Deficiency of other specified B group vitamins		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Deficiency of other specified B group vitamins	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Deficiency of other specified B group vitamins	GASTROENTEROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Deficiency of other specified B group vitamins	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Deficiency of other specified B group vitamins	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Deficiency of other specified B group vitamins	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Deficiency of other specified B group vitamins	NURSE PRACTITIONER, ADULT HEALTH	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Deficiency of other specified B group vitamins	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Deficiency of other specified B group vitamins	UNSPECIFIED SPECIALTY	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Deficiency of other specified B group vitamins	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Delayed or excess hemorrhage foll cmpl or unspecified spontaneous abortion	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Delayed puberty	ENDOCRINOLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Depression, unspecified		No inadequate response, intolerance or contraindication to generic formulary alternatives	0	1	0	1	0.00%	100.00%	0.00%
Depression, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Depression, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Depression, unspecified	FAMILY PRACTICE	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Depression, unspecified	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Depression, unspecified	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Depression, unspecified	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Depression, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Depression, unspecified	UNSPECIFIED SPECIALTY	No inadequate response, intolerance or contraindication to bupropion, mirtazapine, SNRI or SSRI	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis due to ingested food		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Dermatitis NOS		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Dermatitis NOS		Continuation: Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis NOS		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Dermatitis NOS	DERMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Dermatitis NOS	DERMATOLOGY	Age 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis NOS	DERMATOLOGY	Age 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis NOS	DERMATOLOGY	Concomitant biologic or targeted synthetic drug 1743-A ID5064	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis NOS	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Dermatitis NOS	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dermatitis, unspecified		Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis, unspecified		Diagnosis 351-C ID2112	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis, unspecified		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis, unspecified	ALLERGY & IMMUNOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Dermatitis, unspecified	DERMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Dermatitis, unspecified	DERMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Dermatitis, unspecified	DERMATOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis, unspecified	DERMATOLOGY	Age 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis, unspecified	DERMATOLOGY	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis, unspecified	DERMATOLOGY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis, unspecified	DERMATOLOGY	Diagnosis 5538-E ID3002	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis, unspecified	DERMATOLOGY	Diagnosis 76-D ID1404	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis, unspecified	DERMATOLOGY	Diagnosis 76-D ID4113	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis, unspecified	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis, unspecified	DERMATOLOGY	Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis, unspecified	DERMATOLOGY	Step therapy 5018-C ID3345	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis, unspecified	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Dermatitis, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis, unspecified	FAMILY PRACTICE	Diagnosis 76-D ID4113	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis, unspecified	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis, unspecified	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Dermatitis, unspecified	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dermatitis, unspecified	NURSE PRACTITIONER, GERONTOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Dermatitis, unspecified	PEDIATRICS	Age 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis, unspecified	RHEUMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dermatitis, unspecified	SURGERY, DERMATOLOGIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dermatitis, unspecified	SURGERY, DERMATOLOGIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Dermatitis, unspecified	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Dermatitis, unspecified	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Dermatitis, unspecified	UNSPECIFIED SPECIALTY	Diagnosis 76-D ID4113	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis, unspecified	UNSPECIFIED SPECIALTY	No sensitive areas/Age/No Trial 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis, unspecified	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis, unspecified	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 2324-HJ ID2600	0	1	0	1	0.00%	100.00%	0.00%
Dermatitis, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Dermatographic urticaria		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Dermatographic urticaria	ALLERGY & IMMUNOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Dermatographic urticaria	ALLERGY & IMMUNOLOGY	CSU - Initial - Step therapy - No second-generation H1 antihistamine trial	0	1	0	1	0.00%	100.00%	0.00%
dermatomyositosis	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Developmental disorder of scholastic skills, unspecified		Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Developmental disorder of scholastic skills, unspecified	Neurology *exact specialty match required by client	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Diabetes due to underlying condition w ketoacidosis w/o coma	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Diabetes mellitus due to underlying cond w/ other diabetic kidney comp	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Diabetes mellitus due to underlying condition with diabetic polyneuropathy	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Diabetes mellitus due to underlying condition with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Diabetes mellitus due to underlying condition with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Diabetes mellitus due to underlying condition with hyperglycemia	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Diabetes mellitus due to underlying condition with hyperglycemia	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
diabetes mellitus due to underlying condition with hyperosmolarity without		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
diabetes mellitus due to underlying condition with hyperosmolarity without		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
diabetes mellitus due to underlying condition with hyperosmolarity without	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
diabetes mellitus due to underlying condition with hyperosmolarity without	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
diabetes mellitus due to underlying condition with hyperosmolarity without	INFECTIOUS DISEASES	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
diabetes mellitus due to underlying condition with hyperosmolarity without	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Diabetes mellitus due to underlying condition with ketoacidosis with coma	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Diabetes mellitus due to underlying condition without complications	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Diaphragmatic hernia without obstruction or gangrene		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Diaphragmatic hernia without obstruction or gangrene		Quantity, Post limit criteria not met 918-J ID4015	0	1	0	1	0.00%	100.00%	0.00%
Diaphragmatic hernia without obstruction or gangrene	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Diaphragmatic hernia without obstruction or gangrene	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Diaphragmatic hernia without obstruction or gangrene	Internal Medicine (specialty match required)	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Diarrhea, unspecified		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Diarrhea, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Diarrhea, unspecified	FAMILY PRACTICE	Not on required concurrent therapy	0	1	0	1	0.00%	100.00%	0.00%
Diarrhea, unspecified	GASTROENTEROLOGY	Diagnosis 681-A ID4095	0	1	0	1	0.00%	100.00%	0.00%
Diarrhea, unspecified	GASTROENTEROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Diarrhea, unspecified	GASTROENTEROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Diarrhea, unspecified	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Diarrhea, unspecified	GENERAL PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Diarrhea, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Diarrhea, unspecified	INTERNAL MEDICINE	No recurrence or lab test	0	1	0	1	0.00%	100.00%	0.00%
Diarrhea, unspecified	PEDIATRICS	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Diarrhea, unspecified	UNSPECIFIED SPECIALTY	Age-Bowel prep	0	1	0	1	0.00%	100.00%	0.00%
Diarrhea, unspecified	UNSPECIFIED SPECIALTY	Diagnosis 681-A ID4095	0	1	0	1	0.00%	100.00%	0.00%
Dietary Counseling and Surveillance		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Dietary Counseling and Surveillance	Family Medicine *specialty match required*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Dietary Counseling and Surveillance	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dietary Counseling and Surveillance	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Dietary Counseling and Surveillance	GENERAL PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Dietary Counseling and Surveillance	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Diffuse large B-cell lymphoma, unspecified site	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Dilated cardiomyopathy	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Direct infection of unspecified elbow in infectious and parasitic dise	FAMILY PRACTICE	Diagnosis 2219-M ID3403	0	1	0	1	0.00%	100.00%	0.00%
Direct infection of unspecified elbow in infectious and parasitic dise	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Discitis, unspecified, lumbar region		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Discitis, unspecified, lumbar region	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Discitis, unspecified, lumbar region	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Discitis, unspecified, site unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Discoid lupus erythematosus of right eye, unspecified eyelid	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Disease of capillaries, unspecified	DERMATOLOGY	Diagnosis 4915-A ID4919	0	1	0	1	0.00%	100.00%	0.00%
Diseases of lips	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Diseases of lips	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met, Partial denial 2324-HJ ID2600	0	1	0	1	0.00%	100.00%	0.00%
Disorder of carnitine metabolism, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Disorder of carnitine metabolism, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Disorder of kidney and ureter, unspecified	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Disorder of male genital organs, unspecified	INTERNAL MEDICINE	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Disorder of penis, unspecified	FAMILY PRACTICE	Diagnosis 865-C ID5024	0	1	0	1	0.00%	100.00%	0.00%
Disorder of phosphorus metabolism, unspecified	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Disorder of pigmentation, unspecified		Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Disorder of pigmentation, unspecified	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Disorder of pigmentation, unspecified	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Disorder of pigmentation, unspecified	FAMILY PRACTICE	Age 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Disorder of pigmentation, unspecified	FAMILY PRACTICE	Quantity, Post limit criteria not met 201-J ID3449	0	1	0	1	0.00%	100.00%	0.00%
Disorder of pigmentation, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Disorder of pigmentation, unspecified	INTERNAL MEDICINE	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Disorder of pigmentation, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Disorder of pituitary gland, unspecified		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Disorder of pituitary gland, unspecified	Family Medicine *specialty match required*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Disorder of pituitary gland, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Disorder of the skin and subcutaneous tissue, unspecified	DERMATOLOGY	Diagnosis 351-C ID2112	0	1	0	1	0.00%	100.00%	0.00%
Disorder of the skin and subcutaneous tissue, unspecified	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Disorder of thyroid, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Disorder of thyroid, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Disorder of tyrosine metabolism, unspecified	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Disorder of urea cycle metabolism, unspecified		Continuation: NAGS: Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Disorder of urea cycle metabolism, unspecified	GENETICS, CLINICAL	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Disorders of male genital organs in diseases classd elswhr		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Displ subtrochnt fx l femur, subs for clos fx w routn heal	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Displaced bimalleolar fracture of left lower leg, initial encounter for clo	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Displaced bimalleolar fracture of right lower leg, subs encounter for close	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Displaced bimalleolar fracture of right lower leg, subsequent encounte	ORTHOPEDIC SURGERY	C17533-M Opioids IR – 7 Day Acute Pain Duration Limit with MME DURATION LIMIT WITH QUANTITY LIMIT AND POST LIMIT PRIOR AUTHORIZATION CRITERIA Q8	0	1	0	1	0.00%	100.00%	0.00%
Displaced bimalleolar fracture of rt lower leg, intll encounter for cls frc	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Displaced bimalleolar fracture of rt lower leg, intll encounter for cls frc	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Displaced bimalleolar fracture of rt lower leg, intll encounter for cls frc	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Displaced fracture of distal phalanx of right ring finger, initial	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Displaced fracture of navicular [scaphoid] of right foot, initial encounte	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Displaced fracture of navicular [scaphoid] of right foot, initial encounte	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Displaced fracture of proximal phalanx of left great toe, initial enco		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Displaced fracture of proximal phalanx of left great toe, initial enco	NURSE PRACTITIONER, ACUTE CARE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Displaced fracture of proximal phalanx of left great toe, subsequent encoun	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Displaced fracture of proximal phalanx of left great toe, subsequent encoun	NURSE PRACTITIONER, ACUTE CARE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Displaced fracture of proximal phalanx of right thumb, initial e	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Displaced fracture of shaft of left clavicle, initial encounter for clo	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Displaced subtrochanteric fracture of left femur, initial encounter	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Displaced trimalleolar fracture of right lower leg, initial encounter for c		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Displaced trimalleolar fracture of right lower leg, initial encounter for c		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Displaced trimalleolar fracture of right lower leg, initial encounter for c	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Disruptive mood dysregulation disorder		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Disruptive mood dysregulation disorder	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Dissection of carotid artery	CARDIAC ELECTROPHYSIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dissection of carotid artery	CARDIAC ELECTROPHYSIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Dissection of cerebral arteries, nonruptured	CARDIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Dissection of cerebral arteries, nonruptured	Cardiovascular Disease *actively licensed in DC, MD, or VA *specialty match required	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Distal interphalangeal psoriatic arthropathy		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Distal interphalangeal psoriatic arthropathy		PsA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID5160	0	1	0	1	0.00%	100.00%	0.00%
Distal interphalangeal psoriatic arthropathy		PsA continuation - Efficacy 2013-A ID4408	0	1	0	1	0.00%	100.00%	0.00%
Distal interphalangeal psoriatic arthropathy		PsA continuation - No response and request is not for dosing regimen increase	0	1	0	1	0.00%	100.00%	0.00%
Diverticulosis of intestine, part unspecified, without perforation or ab	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Diverticulosis of intestine, part unspecified, without perforation or absce	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Dizziness and giddiness	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dizziness and giddiness	FAMILY PRACTICE	Antiemetic 5-HT3 Post Limit PA 16-J 01-2023 05_24_2023_15_51_03 2F	0	1	0	1	0.00%	100.00%	0.00%
Dizziness and giddiness	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dizziness and giddiness	PEDIATRICS	Antiemetic 5-HT3 Post Limit PA 16-J 01-2023 05_24_2023_15_51_03 2F	0	1	0	1	0.00%	100.00%	0.00%
Dorsalgia, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dorsalgia, unspecified		Safely take requested dose	0	1	0	1	0.00%	100.00%	0.00%
Dorsalgia, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dorsalgia, unspecified	FAMILY PRACTICE	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
Dorsalgia, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Dorsalgia, unspecified	GASTROENTEROLOGY	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Dorsalgia, unspecified	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dorsalgia, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Dorsalgia, unspecified	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dorsalgia, unspecified	NURSE PRACTITIONER, ACUTE CARE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Dorsalgia, unspecified	Specialty match *** Internal Medicine ****	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Drug induced constipation	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Drug induced constipation	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Drug induced constipation	FAMILY PRACTICE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Drug induced constipation	GASTROENTEROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Drug induced constipation	gastroenterology (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Drug induced constipation	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Drug induced constipation	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Drug induced constipation	SURGERY, COLON & RECTAL	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Drug induced constipation	SURGERY, COLON & RECTAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Drug induced constipation	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Drug induced constipation	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Drug induced subacute dyskinesia		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Drug induced subacute dyskinesia	ALLERGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Drug induced subacute dyskinesia	NEUROLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Drug induced subacute dyskinesia	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Drug induced subacute dyskinesia	PSYCHIATRY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Drug or chemical induced diabetes mellitus without complications	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Drug-induced erectile dysfunction	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Drug-induced erectile dysfunction	PHYSICIAN, PSYCHOSOMATIC MEDICINE	Diagnosis 865-C ID5024	0	1	0	1	0.00%	100.00%	0.00%
Drug-induced erectile dysfunction	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Drug-induced erectile dysfunction	UNSPECIFIED SPECIALTY	Diagnosis 865-C ID5024	0	1	0	1	0.00%	100.00%	0.00%
Drug-induced obesity	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Drug-induced obesity	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Drug-Induced polyneuropathy	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dry eye syndrome		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dry eye syndrome		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands		Formulary Medical Necessity Miebo SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	OPHTHALMOLOGY	*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	OPHTHALMOLOGY	Formulary Medical Necessity Miebo SCF, ACF CMK STD 02-2024 1T	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	OPHTHALMOLOGY	Formulary Medical Necessity Miebo SCF, ACF CMK STD 03-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	OPHTHALMOLOGY	Formulary Medical Necessity Miebo SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	OPHTHALMOLOGY	Formulary Medical Necessity Tyrvaya SCF, ACF CMK STD 09-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	OPHTHALMOLOGY	Formulary Medical Necessity Vevye SCF, ACF CMK STD 09-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	OPHTHALMOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	Ophthalmology (actively licensed in DC, MD, or VA)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Dry eye syndrome of bilateral lacrimal glands	Ophthalmology (specialty match required)	*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	OPHTHALMOLOGY *Specialty Match*	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	OPTOMETRIST, VISION THERAPY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	Optometry (specialty match required with year of initial board certification)	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	UNSPECIFIED SPECIALTY	Continuation: Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Miebo SCF, ACF CMK STD 03-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Tyrvaya SCF, ACF CMK STD 09-2022 1T	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Tyrvaya SCF, ACF CMK STD 09-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome of bilateral lacrimal glands	UNSPECIFIED SPECIALTY	Quantity, Exceeds max limit, Partial denial 1955-C ID2999	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome of right lacrimal gland	FAMILY PRACTICE	Continuation: Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome of right lacrimal gland	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dry eye syndrome of right lacrimal gland	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome of unspecified lacrimal gland		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dry eye syndrome of unspecified lacrimal gland		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Dry eye syndrome of unspecified lacrimal gland	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dry eye syndrome of unspecified lacrimal gland	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dry eye syndrome of unspecified lacrimal gland	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome of unspecified lacrimal gland	OPHTHALMOLOGY (specialty match required)	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Dry eye syndrome of unspecified lacrimal gland	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Duodenal ulcer, unspecified as acute or chronic, without hemorrhage or perf	CARDIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Duodenal ulcer, unspecified as acute or chronic, without hemorrhage or perf	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Duodenal ulcer, unspecified as acute or chronic, without hemorrhage or perf	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dyshidrosis [pompholyx]	DERMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Dyshidrosis [pompholyx]	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Dyshidrosis [pompholyx]	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Dyshidrosis [pompholyx]	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Dyshidrosis [pompholyx]	UNSPECIFIED SPECIALTY	Diagnosis 5018-C ID3345	0	1	0	1	0.00%	100.00%	0.00%
Dyskinesia of esophagus	INTERNAL MEDICINE	Diagnosis 865-C ID1508	0	1	0	1	0.00%	100.00%	0.00%
Dysmenorrhea, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dysmenorrhea, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dysmenorrhea, unspecified	HEMATOLOGY & ONCOLOGY, PEDIATRIC	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Dysmenorrhea, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Dysmenorrhea, unspecified	OBSTETRICS & GYNECOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Dysmenorrhea, unspecified	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Dysmenorrhea, unspecified	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dysphagia, unspecified	FAMILY PRACTICE	Quantity, Post limit criteria not met 169-J ID1385	0	1	0	1	0.00%	100.00%	0.00%
Dysphagia, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Dysphagia, unspecified	OTOLARYNGOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dysphagia, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dyspnea-Paroxysmal nocturnal dyspnea-Shortness of breath		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dyspnea-Paroxysmal nocturnal dyspnea-Shortness of breath		Formulary Medical Necessity Breyna, Budesonide-Formoterol Inh, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Dyspnea-Paroxysmal nocturnal dyspnea-Shortness of breath	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Dysthymic disorder		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dysthymic disorder	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Dysthymic disorder	PSYCHIATRY	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Dystonia, unspecified	PSYCHIATRY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Dystonia, unspecified	PSYCHIATRY	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Dystonia, unspecified	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Dystrophic Toenails	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Dysuria	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Dysuria	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Dysuria	GENERAL SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eating disorder, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eczema		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eczema		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Eczema herpeticum	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eczematous dermatitis of eyelid		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eczematous dermatitis of left eye, unspecified eyelid	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Eczematous dermatitis of left eye, unspecified eyelid	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eczematous dermatitis of left upper eyelid	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eczematous dermatitis of left upper eyelid,	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Eczematous dermatitis of left upper eyelid,	dermatology (Specialty match required with year of initial board certification **Reviewer must be actively licensed in DC, MD, or VA)	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Eczematous dermatitis of left upper eyelid,	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eczematous dermatitis of left upper eyelid,	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eczematous dermatitis of left upper eyelid,	UNSPECIFIED SPECIALTY	Age 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Eczematous Dermatitis of Right Eye, Unspecified Eyelid	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eczematous Dermatitis of Right Eye, Unspecified Eyelid	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eczematous dermatitis of right lower eyelid	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eczematous dermatitis of right lower eyelid	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eczematous dermatitis of right lower eyelid	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eczematous dermatitis of right upper eyelid	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Eczematous dermatitis of right upper eyelid	UNSPECIFIED SPECIALTY	Diagnosis 76-D ID4113	0	1	0	1	0.00%	100.00%	0.00%
Eczematous dermatitis of unspecific eye, unspecific eyelid		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eczematous dermatitis of unspecific eye, unspecific eyelid	ADOLESCENT MEDICINE, PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eczematous dermatitis of unspecific eye, unspecific eyelid	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Eczematous dermatitis of unspecific eye, unspecific eyelid	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eczematous dermatitis of unspecific eye, unspecific eyelid	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eczematous dermatitis of unspecific eye, unspecific eyelid	PEDIATRICS	Age 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Eczematous dermatitis of unspecified eye, unspecified eyelid	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eczematous dermatitis of unspecified eye, unspecified eyelid	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Edema of larynx	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Effusion, left knee	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Effusion, right knee	INTERNAL MEDICINE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Effusion, right knee	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Effusion, unspecified ankle	RHEUMATOLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Effusion, unspecified ankle	RHEUMATOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ehlers-Danlos syndrome, unspecified	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ehlers-Danlos syndrome, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Elevated Blood Glucose Level		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Elevation of levels of liver transaminase levels	INTERNAL MEDICINE	No approvable diagnosis 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Encephalitis and encephalomyelitis, unspecified	neurology	ACTEMRA SGM: Diagnosis	0	1	0	1	0.00%	100.00%	0.00%
Encephalitis and encephalomyelitis, unspecified	NEUROLOGY, PEDIATRIC	ACTEMRA SGM: Diagnosis	0	1	0	1	0.00%	100.00%	0.00%
Encephalopathy, unspecified	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encntr for proc for purpose oth than remedy hlth state, unsp	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encntr for proc for purpose oth than remedy hlth state, unsp	UNSPECIFIED SPECIALTY	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Encounter for antineoplastic chemotherapy	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Encounter for assisted reprodctv fertility procedure cycle		Non-formulary/non-preferred 4965-D ID3726	0	1	0	1	0.00%	100.00%	0.00%
Encounter for assisted reprodctv fertility procedure cycle	ENDOCRINOLOGY, REPRODUCTIVE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for assisted reprodctv fertility procedure cycle	ENDOCRINOLOGY, REPRODUCTIVE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Encounter for assisted reprodctv fertility procedure cycle	ENDOCRINOLOGY, REPRODUCTIVE	Non-formulary/non-preferred - Humatrope and Zomacton	0	1	0	1	0.00%	100.00%	0.00%
Encounter for assisted reprodctv fertility procedure cycle	ENDOCRINOLOGY, REPRODUCTIVE	Non-formulary/non-preferred 4964-D ID2853	0	1	0	1	0.00%	100.00%	0.00%
Encounter for assisted reprodctv fertility procedure cycle	ENDOCRINOLOGY, REPRODUCTIVE	Non-formulary/non-preferred 4965-D ID3726	0	1	0	1	0.00%	100.00%	0.00%
Encounter for assisted reprodctv fertility procedure cycle	OBSTETRICS & GYNECOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Encounter for assisted reprodctv fertility procedure cycle	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Encounter for assisted reprodctv fertility procedure cycle	OBSTETRICS & GYNECOLOGY	Non-formulary/non-preferred 4965-D ID3726	0	1	0	1	0.00%	100.00%	0.00%
Encounter for care and examination of mother immediately after delivery	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Encounter for cesarean delivery without indication is a medical classificat	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for contraceptive management, unspecified	OBSTETRICS & GYNECOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Encounter for contraceptive management, unspecified	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Encounter for contraceptive management, unspecified	UNSPECIFIED SPECIALTY	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Encounter for cosmetic surgery	PLASTIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for desensitization to allergens	OTOLARYNGOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for fertility preservation procedure		Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%

Encounter for general adult medical examination with abnormal findings	FAMILY PRACTICE	Non-formulary/non-preferred, over 7 years old	0	1	0	1	0.00%	100.00%	0.00%
Encounter for general adult medical examination without abnormal findings	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for general adult medical examination without abnormal findings	Internal/Family Medicine	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Encounter for general adult medical examination without abnormal findings	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
ENCOUNTER FOR GENERAL COUNSELING AND ADVICE ON CONTRACEPTION		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
ENCOUNTER FOR GENERAL COUNSELING AND ADVICE ON CONTRACEPTION		Zero copay exceptions criteria not met 994-A ID3363	0	1	0	1	0.00%	100.00%	0.00%
Encounter for health counseling related to travel	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for health counseling related to travel	INTERNAL MEDICINE	Diagnosis 681-A ID2077	0	1	0	1	0.00%	100.00%	0.00%
Encounter for health counseling related to travel	UNSPECIFIED SPECIALTY	Diagnosis 681-A ID2077	0	1	0	1	0.00%	100.00%	0.00%
Encounter for HIV pre-exposure prophylaxis		CVSC Medical Director reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Encounter for HIV pre-exposure prophylaxis		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Encounter for HIV pre-exposure prophylaxis		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for HIV pre-exposure prophylaxis	family medicine	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Encounter for HIV pre-exposure prophylaxis	Family Medicine	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Encounter for HIV pre-exposure prophylaxis	FAMILY PRACTICE	Non-formulary/non-preferred – Combo product	0	1	0	1	0.00%	100.00%	0.00%
Encounter for HIV pre-exposure prophylaxis	GENERAL PRACTICE	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Encounter for HIV pre-exposure prophylaxis	INTERNAL MEDICINE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Encounter for HIV pre-exposure prophylaxis	NURSE MIDWIFE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Encounter for HIV pre-exposure prophylaxis	NURSE MIDWIFE	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Encounter for HIV pre-exposure prophylaxis	NURSE PRACTITIONER, ACUTE CARE	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Encounter for HIV pre-exposure prophylaxis	NURSE PRACTITIONER, GERONTOLOGY	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Encounter for HIV pre-exposure prophylaxis	OBSTESTRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for HIV pre-exposure prophylaxis	UNSPECIFIED SPECIALTY	CVSC Medical Director reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Encounter for immunization	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Encounter for initial prescription of contraceptive pills	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for initial prescription of contraceptive pills	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Encounter for initial prescription of contraceptives, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for initial prescription of other contraceptives	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for initial prescription of transdermal patch hormonal contracept	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for initial prescription of vaginal ring hormonal contraceptive	NURSE MIDWIFE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for insertion of intrauterine contraceptive device		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for issue of repeat prescription	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for issue of repeat prescription	FAMILY PRACTICE	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Encounter for issue of repeat prescription	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for issue of repeat prescription	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for issue of repeat prescription	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for oth general cnsl and advice on contraception		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Encounter for oth general cnsl and advice on contraception		Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Encounter for oth general cnsl and advice on contraception	Adult Health - Family medicine *Exact specialty match required by client	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Encounter for oth general cnsl and advice on contraception	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for oth general cnsl and advice on contraception	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for oth general cnsl and advice on contraception	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for other general counseling and advice on procreation		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Encounter for other general counseling and advice on procreation	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Encounter for other orthopedic aftercare		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for other orthopedic aftercare	NEUROLOGICAL SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for other orthopedic aftercare	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Encounter for other plastic and reconstructive surgery following medical p	PLASTIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for other preprocedural examination	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Encounter for other preprocedural examination	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for other procreative management	ENDOCRINOLOGY, REPRODUCTIVE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for other specified surgical aftercare	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for procedure for purposes other than remedying	DERMATOLOGY	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Encounter for procreative management, unspecified	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for prophylactic measures, unspecified	NURSE PRACTITIONER, ACUTE CARE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Encounter for prophylactic measures, unspecified	NURSE PRACTITIONER, ACUTE CARE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Encounter for prophylactic removal of breast	PLASTIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for routine child health examination without abnormal findings	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for routine postpartum follow-up		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for routine postpartum follow-up	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter For Screening For Diabetes Mellitus	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Encounter For Screening For Diabetes Mellitus	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for screening for human immunodeficiency virus [HIV]	NURSE PRACTITIONER, ADULT HEALTH	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Encounter for screening for human immunodeficiency virus [HIV]	OBSTETRICS & GYNECOLOGY	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Encounter for screening for human immunodeficiency virus [HIV]	UNSPECIFIED SPECIALTY	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Encounter for screening for infections with a predominantly sexual mode of	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for screening for infections with a predominantly sexual mode of	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for screening for infections with a predominantly sexual mode of	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Encounter for screening for infections with a predominantly sexual mode of	UNSPECIFIED SPECIALTY	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Encounter for screening for malignant neoplasm of cervix	NURSE MIDWIFE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for screening for malignant neoplasm of colon		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Encounter for screening for malignant neoplasm of colon		Formulary Medical Necessity Laxatives SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Encounter for screening for malignant neoplasm of colon		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for screening for malignant neoplasm of colon	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Encounter for screening for malignant neoplasm of colon	GASTROENTEROLOGY	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Encounter for screening for malignant neoplasm of colon	GASTROENTEROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Encounter for screening for malignant neoplasm of colon	GENERAL SURGERY	Age-Bowel prep	0	1	0	1	0.00%	100.00%	0.00%
Encounter for screening for malignant neoplasm of colon	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for screening for malignant neoplasm of colon	INTERNAL MEDICINE	Age-Bowel prep	0	1	0	1	0.00%	100.00%	0.00%
Encounter for screening for malignant neoplasm of colon	SURGERY, COLON & RECTAL	Age-Bowel prep	0	1	0	1	0.00%	100.00%	0.00%
Encounter for screening for malignant neoplasm of colon	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for screening for malignant neoplasm of colon	UNSPECIFIED SPECIALTY	Disease category/stage/severity 681-A ID2077	0	1	0	1	0.00%	100.00%	0.00%

Encounter for screening for malignant neoplasm of colon	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Encounter for sterilization	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Encounter for supervision of normal pregnancy, unspecified, unspecified tri	OBSTETRICS & GYNECOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Encounter for supervision of normal pregnancy, unspecified, unspecified tri	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for surgical aftercare following surgery on the skin and	DERMATOLOGY	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Encounter for surveillance of contraceptive pills		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for surveillance of contraceptive pills	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for surveillance of contraceptive pills	NURSE MIDWIFE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for surveillance of contraceptive pills	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for surveillance of contraceptives, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for surveillance of contraceptives, unspecified	NURSE MIDWIFE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for surveillance of contraceptives, unspecified	OBSTETRICS & GYNECOLOGY	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Encounter for surveillance of other contraceptives		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Encounter for surveillance of transdermal patch hormonal contraceptive devi	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for surveillance of transdermal patch hormonal contraceptive devi	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for surveillance of vaginal ring hormonal contraceptive device	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for surveillance of vaginal ring hormonal contraceptive device	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Encounter for therapeutic drug level monitoring	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Encounter for therapeutic drug level monitoring	UNSPECIFIED SPECIALTY	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
End stage renal disease	INTERNAL MEDICINE	Lab/test - TSAT less than 20% or not receiving iron therapy	0	1	0	1	0.00%	100.00%	0.00%
End stage renal disease	INTERNAL MEDICINE	Will be on concurrent/duplicate therapy 1616-A ID3237	0	1	0	1	0.00%	100.00%	0.00%
End stage renal disease	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
End stage renal disease	NEPHROLOGY / RENAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
End stage renal disease	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Endocrine disorder, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Endocrine disorder, unspecified		Exclusion, age-related hypogonadism	0	1	0	1	0.00%	100.00%	0.00%
Endocrine disorder, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Endocrine disorder, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Endocrine disorder, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Endocrine disorder, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Endocrine disorder, unspecified	FAMILY PRACTICE	Non-approvable diagnosis 1210-A ID1157	0	1	0	1	0.00%	100.00%	0.00%
Endocrine disorder, unspecified	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Endocrine disorder, unspecified	GENERAL PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Endocrine disorder, unspecified	GENERAL PRACTICE	Education not provided - contraindications and side effects 1210-A ID1157	0	1	0	1	0.00%	100.00%	0.00%
Endocrine disorder, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Endocrine disorder, unspecified	INTERNAL MEDICINE	No approvable diagnosis (all drugs except generic Delatestryl and Testopel) 1210-A ID1157	0	1	0	1	0.00%	100.00%	0.00%
Endocrine disorder, unspecified	NATUROPATH	Non-approvable diagnosis 1210-A ID1157	0	1	0	1	0.00%	100.00%	0.00%
Endocrine disorder, unspecified	OBSTESTRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Endocrine disorder, unspecified	OBSTETRICS & GYNECOLOGY	Diagnosis, not generic Delatestryl and Testopel 1210-A ID3963	0	1	0	1	0.00%	100.00%	0.00%
Endocrine disorder, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Endometriosis of ovary, unspecified side, unspecified depth		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Endometriosis of ovary, unspecified side, unspecified depth	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Endometriosis of pelvic peritoneum		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Endometriosis of pelvic peritoneum, unspecified	ONCOLOGY, GYNECOLOGIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Endometriosis of the uterus, unspecified	GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Endometriosis of the uterus, unspecified	OBSTETRICS & GYNECOLOGY	Exclusion 2634-A ID3468	0	1	0	1	0.00%	100.00%	0.00%
Endometriosis of the uterus, unspecified	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Endometriosis of uterus		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Endometriosis of uterus		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Endometriosis of uterus	GYNECOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Endometriosis of uterus	HOSPITALIST	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Endometriosis of uterus	OB-GYN *specialty match*	Exceeds max duration of use for elagolix-containing and/or relugolix-containing products 4752-A ID934	0	1	0	1	0.00%	100.00%	0.00%
Endometriosis of uterus	OBSTESTRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Endometriosis of uterus	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Endometriosis of uterus	OBSTETRICS & GYNECOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%

Endometriosis of uterus	OBSTETRICS & GYNECOLOGY	Prior therapy exclusion 2634-A ID952	0	1	0	1	0.00%	100.00%	0.00%
Endometriosis of uterus	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Endometriosis, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Endometriosis, unspecified		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Endometriosis, unspecified		Prior therapy exclusion 2634-A ID952	0	1	0	1	0.00%	100.00%	0.00%
Endometriosis, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Endometriosis, unspecified	ENDOCRINOLOGY, REPRODUCTIVE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Endometriosis, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Endometriosis, unspecified	OBSTETRICS & GYNECOLOGY	Dose	0	1	0	1	0.00%	100.00%	0.00%
Enlarged prostate with lower urinary tract symptoms	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Enlarged prostate with lower urinary tract symptoms	EMERGENCY MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Enlarged prostate with lower urinary tract symptoms	FAMILY PRACTICE	Step Therapy 710-E ID1512	0	1	0	1	0.00%	100.00%	0.00%
Enlarged prostate with lower urinary tract symptoms	FAMILY PRACTICE	Step Therapy 710-E ID5720	0	1	0	1	0.00%	100.00%	0.00%
Enlarged prostate with lower urinary tract symptoms	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Enlarged prostate with lower urinary tract symptoms	GENERAL SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Enlarged prostate with lower urinary tract symptoms	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Enlarged prostate with lower urinary tract symptoms	INTERNAL MEDICINE	Diagnosis 865-C ID1508	0	1	0	1	0.00%	100.00%	0.00%
Enlarged prostate with lower urinary tract symptoms	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Enlarged prostate with lower urinary tract symptoms	UNSPECIFIED SPECIALTY	Step Therapy 385-D ID4769	0	1	0	1	0.00%	100.00%	0.00%
Enlarged prostate with lower urinary tract symptoms	UROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Enlarged prostate with lower urinary tract symptoms	UROLOGY	Step Therapy 710-E ID5720	0	1	0	1	0.00%	100.00%	0.00%
Enlarged prostate without lower urinary tract symptoms		Diagnosis 865-C ID1508	0	1	0	1	0.00%	100.00%	0.00%
Enlarged prostate without lower urinary tract symptoms	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Enlarged prostate without lower urinary tract symptoms	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Enlarged prostate without lower urinary tract symptoms	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Enlarged prostate without lower urinary tract symptoms	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Enterocolitis due to Clostridium difficile	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Enterocolitis due to Clostridium difficile	PULMONARY DISEASES	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Enterocolitis due to Clostridium difficile, not specified as recurrent	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Enterocolitis due to Clostridium difficile, not specified as recurrent	EMERGENCY MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Enterocolitis due to Clostridium difficile, not specified as recurrent	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Enterocolitis due to Clostridium difficile, not specified as recurrent	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Enterocolitis due to Clostridium difficile, recurrent		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Enterocolitis due to Clostridium difficile, recurrent	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Enterocolitis due to Clostridium difficile, recurrent	GASTROENTEROLOGY	Diagnosis 5922-A ID3929	0	1	0	1	0.00%	100.00%	0.00%
Enterocolitis due to Clostridium difficile, recurrent	INFECTIOUS DISEASES	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Enteropathic arthropathies, unspecified site	FAMILY PRACTICE	Diagnosis 2005-A ID3408	0	1	0	1	0.00%	100.00%	0.00%
Enteropathic arthropathies, unspecified site	INTERNAL MEDICINE	RA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID4403	0	1	0	1	0.00%	100.00%	0.00%
Enteropathic arthropathies, unspecified site	rheumatology	Diagnosis 2005-A ID3408	0	1	0	1	0.00%	100.00%	0.00%
Enteropathic arthropathies, unspecified site	RHEUMATOLOGY	Diagnosis 2010-A ID4259	0	1	0	1	0.00%	100.00%	0.00%
Eosinophilia, unspecified		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Eosinophilic asthma	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Eosinophilic asthma	INTERNAL MEDICINE, CRITICAL CARE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Eosinophilic asthma	PULMONARY DISEASES	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Eosinophilic asthma	PULMONARY DISEASES	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Eosinophilic Esophagitis		EoE initial - Step therapy - No proton pump inhibitor 1690-A ID4795	0	1	0	1	0.00%	100.00%	0.00%
Eosinophilic Esophagitis		Quantity, Post limit criteria not met 918-J ID1386	0	1	0	1	0.00%	100.00%	0.00%
Eosinophilic Esophagitis		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Eosinophilic Esophagitis	ALLERGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eosinophilic Esophagitis	ALLERGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Eosinophilic Esophagitis	ALLERGY	EoE initial - Step therapy - No systemic corticosteroids or oral topical therapies	0	1	0	1	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	ALLERGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	FAMILY PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Eosinophilic Esophagitis	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Eosinophilic Esophagitis	FAMILY PRACTICE	EoE initial - No esophageal biopsy diagnosis 1690-A ID3910	0	1	0	1	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	FAMILY PRACTICE	Quantity, Post limit criteria not met 169-J ID1385	0	1	0	1	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	FAMILY PRACTICE	Quantity, Post limit criteria not met 918-J ID1386	0	1	0	1	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	Gastro/Allergy/Immun	EoE Continuation - Efficacy 1690-A ID4795	0	1	0	1	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	Gastroenterologist	Patient is able to take alternative dosage form 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	Gastroenterologist or an allergist/immunologist	EoE initial - No dysphagia at least two times a week 1690-A ID4795	0	1	0	1	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	GASTROENTEROLOGY	Concomitant biologic or targeted synthetic drug 1690-A ID3910	0	1	0	1	0.00%	100.00%	0.00%

Eosinophilic Esophagitis	GASTROENTEROLOGY	EoE Continuation - Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	GASTROENTEROLOGY	EoE initial - Step therapy - No systemic corticosteroids or oral topical therapies 1690-A ID3910	0	1	0	1	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	GASTROENTEROLOGY	EoE initial - Step therapy - No systemic corticosteroids or oral topical therapies 1690-A ID4795	0	1	0	1	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	GASTROENTEROLOGY	EoE initial - Step therapy - No systemic corticosteroids or oral topical therapies 1690-A ID5767	0	1	0	1	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	GASTROENTEROLOGY	Patient is able to take alternative dosage form 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	GASTROENTEROLOGY, PEDIATRIC	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Eosinophilic Esophagitis	GASTROENTEROLOGY, PEDIATRIC	EoE initial - No dysphagia at least two times a week 1690-A ID4795	0	1	0	1	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	GASTROENTEROLOGY, PEDIATRIC	EoE initial - Step therapy - No systemic corticosteroids or oral topical therapies 1690-A ID3910	0	1	0	1	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	GASTROENTEROLOGY, PEDIATRIC	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Eosinophilic Esophagitis	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eosinophilic Esophagitis	NURSE PRACTITIONER, ADULT HEALTH	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Eosinophilic Esophagitis	Peds Gastro/Allergy/Immunology or Adult Gastro/Allergy/Immunology comf with peds	EoE initial - No dysphagia at least two times a week 1690-A ID4795	0	1	0	1	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Eosinophilic Esophagitis	UNSPECIFIED SPECIALTY	EoE initial - No dysphagia at least two times a week 1690-A ID4795	0	1	0	1	0.00%	100.00%	0.00%
Eosinophilic Esophagitis	UNSPECIFIED SPECIALTY	EoE initial - Step therapy - No systemic corticosteroids or oral topical therapies 1690-A ID5767	0	1	0	1	0.00%	100.00%	0.00%
Epidermal Cyst		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Epidermal Cyst	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Epidermal Cyst	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Epidermal Cyst	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Epidermal Cyst	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Epidermal cyst	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Epidermal thickening, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Epigastric pain		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Epigastric pain	FAMILY PRACTICE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Epigastric pain	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Epigastric pain	INFECTIOUS DISEASES	Antiemetic 5-HT3 Post Limit PA 16-J 01-2023 05_24_2023_15_51_03 2F	0	1	0	1	0.00%	100.00%	0.00%
Epigastric pain	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Epilepsy and recurrent seizures	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Epilepsy, unsp, intractable, without status epilepticus		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Epilepsy, unsp, intractable, without status epilepticus	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Epilepsy, unsp, not intractable, without status epilepticus	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Epilepsy, unsp, not intractable, without status epilepticus	NEUROLOGY	Diagnosis 3517-C ID1809	0	1	0	1	0.00%	100.00%	0.00%
Epilepsy, unsp, not intractable, without status epilepticus	NEUROLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Epilepsy, unsp, not intractable, without status epilepticus	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Epilepsy, unsp, not intractable, without status epilepticus	NEUROLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Epilepsy, unsp, not intractable, without status epilepticus	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Epilepsy, unsp, not intractable, without status epilepticus	Pediatric Neurology *Specialty Match*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Epilepsy, unsp, not intractable, without status epilepticus	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Epilepsy, unsp, not intractable, without status epilepticus	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Epileptic spasms, intractable, without status epilepticus	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Epileptic spasms, not intractable, without status epilepticus		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Epileptic spasms, not intractable, without status epilepticus	PEDIATRICS	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Epiphora due to excess lacrimation, bilateral lacrimal glands	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Miebo SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Epiphora due to excess lacrimation, bilateral lacrimal glands	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Episcleritis periodica fugax, left eye	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Episodic cluster headache, intractable	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Episodic cluster headache, intractable	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Episodic cluster headache, intractable	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Episodic cluster headache, intractable	NEUROLOGY	Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Episodic cluster headache, intractable	UNSPECIFIED SPECIALTY	Step therapy - Cluster	0	1	0	1	0.00%	100.00%	0.00%
Episodic cluster headache, not intractable	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Episodic paroxysmal hemicrania, intractable	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Episodic tension-type headache, not intractable		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Episodic tension-type headache, not intractable	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Erectile Dysfunction Due to Arterial Insufficiency	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Erectile Dysfunction Due to Arterial Insufficiency	INTERNAL MEDICINE	Diagnosis 1651-A ID1971	0	1	0	1	0.00%	100.00%	0.00%
Erectile Dysfunction Due to Arterial Insufficiency	UROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Erectile Dysfunction Due to Arterial Insufficiency	UROLOGY	Diagnosis 865-C ID1508	0	1	0	1	0.00%	100.00%	0.00%
Erectile Dysfunction Due to Arterial Insufficiency	UROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Erectile dysfunction due to diseases classified elsewhere	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Erectile dysfunction due to diseases classified elsewhere	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Erectile dysfunction due to diseases classified elsewhere	INTERNAL MEDICINE	Diagnosis 865-C ID5024	0	1	0	1	0.00%	100.00%	0.00%
Erectile dysfunction due to diseases classified elsewhere	UROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Erectile dysfunction following radical prostatectomy	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Erectile dysfunction following radical prostatectomy	UROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Erectile dysfunction following radical prostatectomy	UROLOGY	Diagnosis 865-C ID1508	0	1	0	1	0.00%	100.00%	0.00%
Eructation		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eructation	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Eructation	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Erythema annulare centrifugum;		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Erythema intertrigo	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Erythema intertrigo	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Erythema intertrigo	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Erythema multiforme, unspecified	DERMATOLOGY	CVSC Medical Director reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Erythema multiforme, unspecified	DERMATOLOGY	Diagnosis;; 2008-A ID4564	0	1	0	1	0.00%	100.00%	0.00%
Erythema multiforme, unspecified	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Erythematous condition, unspecified		Diagnosis 76-D ID1404	0	1	0	1	0.00%	100.00%	0.00%
Esophageal obstruction	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Esophageal varices with bleeding	HEPATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Esophagitis, unspecified	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Esophagitis, unspecified without bleeding		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Esophagitis, unspecified without bleeding	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Essential (hemorrhagic) thrombocythemia		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Essential (hemorrhagic) thrombocythemia	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Essential (hemorrhagic) thrombocythemia	HEMATOLOGY & ONCOLOGY	Diagnosis 5060-A ID4212	0	1	0	1	0.00%	100.00%	0.00%
Essential (hemorrhagic) thrombocythemia	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Essential (hemorrhagic) thrombocythemia	NURSE PRACTITIONER, ADULT HEALTH	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Essential (primary) hypertension		Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%

Essential (primary) hypertension	CARDIOLOGY	Formulary Medical Necessity Angiotensin II Receptor Antagonists FA-PA CMK STD 02-2021 1T	0	1	0	1	0.00%	100.00%	0.00%
Essential (primary) hypertension	CARDIOLOGY, INTERVENTIONAL	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Essential (primary) hypertension	CLINICAL NURSE SPECIALIST, ADULT HEALTH	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Essential (primary) hypertension	CLINICAL NURSE SPECIALIST, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Essential (primary) hypertension	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Essential (primary) hypertension	FAMILY PRACTICE	Formulary Medical Necessity Calcium Channel Blockers SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Essential (primary) hypertension	GENERAL PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Essential (primary) hypertension	INFECTIOUS DISEASES	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Essential (primary) hypertension	INTERNAL MEDICINE	Formulary Medical Necessity Felodipine SCF, ACF CMK STD 03-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Essential (primary) hypertension	Internal/Family Medicine	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Essential (primary) hypertension	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Essential (primary) hypertension	OBSTETRICS & GYNECOLOGY	Zero copay exceptions criteria not met 994-A ID3363	0	1	0	1	0.00%	100.00%	0.00%
Essential (primary) hypertension	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Essential (primary) hypertension	PEDIATRICS	Formulary Medical Necessity Conjupri, Katerzia, Norliqva, Norvasc SCF CMK STD 02-2024 3F	0	1	0	1	0.00%	100.00%	0.00%
Essential (primary) hypertension	PSYCHIATRY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Essential (primary) hypertension	Specialty match review - Pediatrics	Formulary Medical Necessity Conjupri, Katerzia, Norliqva, Norvasc SCF CMK STD 02-2024 3F	0	1	0	1	0.00%	100.00%	0.00%
Essential (primary) hypertension	Specialty match required with year of initial board certification -Internal Medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Essential (primary) hypertension	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Essential fatty acid [EFA] deficiency	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Estrogen excess		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Excessive and frequent menstruation with regular cycle		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Excessive and frequent menstruation with regular cycle		Zero copay exceptions criteria not met 994-A ID3363	0	1	0	1	0.00%	100.00%	0.00%
Excessive and frequent menstruation with regular cycle		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Excessive and frequent menstruation with regular cycle	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Excessive and frequent menstruation with regular cycle	OBSTETRICS & GYNECOLOGY	Zero copay exceptions criteria not met 994-A ID3363	0	1	0	1	0.00%	100.00%	0.00%
Excessive bleeding in the premenopausal period		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Excoriated acne	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Excoriated acne	DERMATOLOGY	Diagnosis 4915-A ID2138	0	1	0	1	0.00%	100.00%	0.00%
Excoriation (skin-picking) disorder.	PSYCHIATRY	Diagnosis 511-B ID1892	0	1	0	1	0.00%	100.00%	0.00%
Excoriation (skin-picking) disorder.	psychiatry *specialty match*	Diagnosis 511-B ID1892	0	1	0	1	0.00%	100.00%	0.00%
Exercise induced bronchospasm	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Exercise induced bronchospasm	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Exercise induced bronchospasm	PULMONARY DISEASES	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Exercise induced bronchospasm	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Exercise induced bronchospasm	UNSPECIFIED SPECIALTY	Formulary Medical Necessity SABAs SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Exocrine pancreatic insufficiency		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Exocrine pancreatic insufficiency	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Exocrine pancreatic insufficiency	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Exocrine pancreatic insufficiency	FAMILY PRACTICE	Diagnosis 3134-A ID2736	0	1	0	1	0.00%	100.00%	0.00%
Exocrine pancreatic insufficiency	GASTROENTEROLOGY	Diagnosis 3134-A ID2736	0	1	0	1	0.00%	100.00%	0.00%
Exocrine pancreatic insufficiency	HOSPITALIST	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Exocrine pancreatic insufficiency	INTERNAL MEDICINE	Diagnosis 3134-A ID2736	0	1	0	1	0.00%	100.00%	0.00%
Exocrine pancreatic insufficiency	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Exocrine pancreatic insufficiency	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Exocrine pancreatic insufficiency	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Exocrine pancreatic insufficiency	PSYCHIATRY	Diagnosis 3134-A ID2736	0	1	0	1	0.00%	100.00%	0.00%
Exposure to HIV virus	ADOLESCENT MEDICINE, PEDIATRICS	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Exposure to HIV virus	Emergency Medicine or Infectious Disease or Internal Medicine	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Exposure to HIV virus	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Exposure to HIV virus	GENERAL PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Exposure to HIV virus	Infectious and disease	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Exposure to HIV virus	Infectious Disease or Internal Disease	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Exposure to HIV virus	Infectious Disease Preferred or Internal Medicine	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Exposure to HIV virus	Internal Medicine/ Family Medicine/ Infectious Disease	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Exposure to HIV virus	NURSE PRACTITIONER, ACUTE CARE	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Exposure to HIV virus	NURSE PRACTITIONER, ADULT HEALTH	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Exposure to HIV virus	NURSE PRACTITIONER, ADULT HEALTH	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Exposure to HIV virus	NURSE PRACTITIONER, ADULT HEALTH	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Exposure to HIV virus	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Exposure to HIV virus	OBSTESTRICS & GYNECOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Exposure to HIV virus	OBSTETRICS & GYNECOLOGY	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
External hemorrhoids	GASTROENTEROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
External hemorrhoids	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Fabry (-Anderson) disease		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Fabry (-Anderson) disease		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Fabry (-Anderson) disease	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Fabry (-Anderson) disease	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Familial hypercholesterolemia		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Familial hypercholesterolemia		Step therapy - High/moderate intensity statins with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Familial hypercholesterolemia	CARDIAC ELECTROPHYSIOLOGY	Continuation - No response 2494-A ID1298	0	1	0	1	0.00%	100.00%	0.00%
Familial hypercholesterolemia	CARDIAC ELECTROPHYSIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Familial hypercholesterolemia	Cardiologist	Diagnosis 2494-A ID1298	0	1	0	1	0.00%	100.00%	0.00%
Familial hypercholesterolemia	CARDIOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Familial hypercholesterolemia	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Familial hypercholesterolemia	CARDIOLOGY	Continuation - Lab/test - Treated LDL-C level	0	1	0	1	0.00%	100.00%	0.00%
Familial hypercholesterolemia	Cardiology	Continuation - No response 2494-A ID1298	0	1	0	1	0.00%	100.00%	0.00%
Familial hypercholesterolemia	CARDIOLOGY, INTERVENTIONAL	Diagnosis 2494-A ID1298	0	1	0	1	0.00%	100.00%	0.00%
Familial hypercholesterolemia	CARDIOLOGY, INTERVENTIONAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Familial hypercholesterolemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Familial hypercholesterolemia	ENDOCRINOLOGY, DIABETES & METABOLISM	FH - Adult - Lab/test - Untreated LDL-C less than 190 mg/dL	0	1	0	1	0.00%	100.00%	0.00%
Familial hypercholesterolemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Familial hypercholesterolemia	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Familial hypercholesterolemia	FAMILY PRACTICE	Continuation - Lab/test - Treated LDL-C level	0	1	0	1	0.00%	100.00%	0.00%
Familial hypercholesterolemia	INTERNAL MEDICINE	Continuation - Lab/test - Treated LDL-C level	0	1	0	1	0.00%	100.00%	0.00%
Familial hypercholesterolemia	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Familial hypercholesterolemia	UNSPECIFIED SPECIALTY	Continuation - Lab/test - Treated LDL-C level	0	1	0	1	0.00%	100.00%	0.00%

Familial hypophosphatemia		18 years old or older and no documentation of onset of diagnosis prior to the age of 18	0	1	0	1	0.00%	100.00%	0.00%
Familial hypophosphatemia	Endocrinology	18 years old or older and no documentation of onset of diagnosis prior to the age of 18	0	1	0	1	0.00%	100.00%	0.00%
Family history of dis of the bld/bld-form org/immun mechnsm		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Family history of malignant neoplasm of breast	PLASTIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Family history of malignant neoplasm of digestive organs	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Family history of malignant neoplasm of digestive organs	SURGERY, COLON & RECTAL	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Fatigue fracture of vertebra, site unspecified, subsequent encounter f	NURSE PRACTITIONER, ACUTE CARE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Fatty (change of) liver, not elsewhere classifed	HEPATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Fatty (change of) liver, not elsewhere classifed	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Fatty (change of) liver, not elsewhere classifed	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Fatty (change of) liver, not elsewhere classifed	PEDIATRICS	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Fatty (change of) liver, not elsewhere classifed	SPORTS MEDICINE, INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Fatty (change of) liver, not elsewhere classifed	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Fear of Flying	FAMILY PRACTICE	Quantity, Post limit criteria not met 201-J ID3452	0	1	0	1	0.00%	100.00%	0.00%
Female infertility associated with anovulation		Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Female infertility associated with anovulation		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Female infertility associated with anovulation	ENDOCRINOLOGY, REPRODUCTIVE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Female infertility associated with anovulation	NURSE MIDWIFE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Female infertility of other origin		Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Female infertility of tubal origin		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Female infertility of tubal origin		Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Female infertility, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Female infertility, unspecified		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Female infertility, unspecified	ENDOCRINOLOGY, REPRODUCTIVE	Diagnosis 1651-A ID1971	0	1	0	1	0.00%	100.00%	0.00%
Female infertility, unspecified	ENDOCRINOLOGY, REPRODUCTIVE	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Female infertility, unspecified	ENDOCRINOLOGY, REPRODUCTIVE	Non-formulary/non-preferred 6342-D ID3729	0	1	0	1	0.00%	100.00%	0.00%
Female infertility, unspecified	ENDOCRINOLOGY, REPRODUCTIVE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Female infertility, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Female infertility, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Female infertility, unspecified	OBSTETRICS & GYNECOLOGY	Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%

Female infertility, unspecified	OBSTETRICS & GYNECOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Fetus-to-fetus placental transfusion syndrome, second trimester	MATERNAL & FETAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Fever, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Fibromyalgia		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Fibromyalgia		C17531-M Opioids ER - STEP THERAPY WITH QUANTITY LIMIT AND POST LIMIT PRIOR AUTHORIZATION CRITERIA Q12	0	1	0	1	0.00%	100.00%	0.00%
Fibromyalgia	GERIATRIC MEDICINE, FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Fibromyalgia	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Fibromyalgia	PAIN MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Fibromyalgia	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Fibromyalgia	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	C17531-M Opioids ER - STEP THERAPY WITH QUANTITY LIMIT AND POST LIMIT PRIOR AUTHORIZATION CRITERIA Q11	0	1	0	1	0.00%	100.00%	0.00%
Fibromyalgia	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	C17531-M Opioids ER - STEP THERAPY WITH QUANTITY LIMIT AND POST LIMIT PRIOR AUTHORIZATION CRITERIA Q9	0	1	0	1	0.00%	100.00%	0.00%
Fibromyalgia	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Fibromyalgia	RHEUMATOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Fibromyalgia	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Fibromyalgia	UNSPECIFIED SPECIALTY	Diagnosis - Horizant	0	1	0	1	0.00%	100.00%	0.00%
Fibromyalgia	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Fistula of intestine	SURGERY, COLON & RECTAL	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Fistula, other specified site	UNSPECIFIED SPECIALTY	Diagnosis 280-A ID3935	0	1	0	1	0.00%	100.00%	0.00%
Flat foot [pes planus] (acquired), right foot		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Flexural eczema	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Flexural eczema	INFECTIOUS DISEASES	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Flexural eczema	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Flexural eczema	PEDIATRICS	Continuation: Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Flushing	FAMILY PRACTICE	Formulary Medical Necessity Veozah SCF CMK STD 03-2024 1T	0	1	0	1	0.00%	100.00%	0.00%
Flushing	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Flushing	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Follicular disorder, unspecified		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Follicular disorder, unspecified		Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Follicular disorder, unspecified		Quantity, Post limit criteria not met 3697-HJ ID4110	0	1	0	1	0.00%	100.00%	0.00%

Follicular disorder, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Follicular disorder, unspecified	DERMATOLOGY	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Follicular disorder, unspecified	FAMILY PRACTICE	Quantity, Exceeds max limit, Partial denial 2940-HJ ID2582	0	1	0	1	0.00%	100.00%	0.00%
Follicular disorder, unspecified	FAMILY PRACTICE	Quantity, Post limit criteria not met 3697-HJ ID4110	0	1	0	1	0.00%	100.00%	0.00%
Follicular disorder, unspecified	NATUROPATH	Diagnosis - ointment	0	1	0	1	0.00%	100.00%	0.00%
Follicular disorder, unspecified	UNSPECIFIED SPECIALTY	Initial - Step therapy (topical corticosteroid and calcineurin inhibitor)	0	1	0	1	0.00%	100.00%	0.00%
Follicular disorder, unspecified	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 3697-HJ ID4110	0	1	0	1	0.00%	100.00%	0.00%
Follicular disorder, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Folliculitis ulerythematosa reticulata	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Foot drop, right foot	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Foreign body in conjunctival sac, left eye, initial encounter	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Fourth Degree hemorrhoids	GENERAL SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Fourth Degree hemorrhoids	SURGERY, GENERAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Fracture of one rib, left side, initial encounter for closed fracture	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Fracture of other part of scapula, unspecified shoulder, initial encouuser	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Fracture of unsp parts of lumbosacral spine and pelvis, init	SURGERY, TRAUMA	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Fracture of unsp parts of lumbosacral spine and pelvis, init	SURGERY, TRAUMA	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Fracture of unsp parts of lumbosacral spine and pelvis, init	SURGERY, TRAUMA	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Fracture of unspecified carpal bone, left wrist, initial encounter for clo	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Frequency of micturition		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Frequency of micturition	OBSTETRICS & GYNECOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Frequency of micturition	PULMONARY DISEASES	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Frequency of micturition	UROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Frequency of micturition	UROLOGY	Diagnosis 710-E ID1512	0	1	0	1	0.00%	100.00%	0.00%
Frequency of micturition	UROLOGY	Diagnosis 865-C ID5024	0	1	0	1	0.00%	100.00%	0.00%
Frequency of micturition	UROLOGY	Step Therapy 385-D ID4769	0	1	0	1	0.00%	100.00%	0.00%
Friedreich ataxia	NEUROLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Functional diarrhea	NURSE PRACTITIONER, ADULT HEALTH	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Functional dyspepsia	GASTROENTEROLOGY	Formulary Medical Necessity Proton Pump Inhibitors SCF CMK STD 02-2022 2F_v2	0	1	0	1	0.00%	100.00%	0.00%
Functional dyspepsia	GASTROENTEROLOGY	Non-formulary/non-preferred 1175-A ID2556	0	1	0	1	0.00%	100.00%	0.00%
Functional dyspepsia	GASTROENTEROLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Functional dyspepsia	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 918-J ID4015	0	1	0	1	0.00%	100.00%	0.00%

Functional intestinal disorder, unspecified	GASTROENTEROLOGY, PEDIATRIC	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Functional intestinal disorder, unspecified	Specialty match required-Pediatric Gastroenterology	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Furuncle of back [any part, except buttock]	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Furuncle of back any part, except buttock	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
FURUNCLE OF CHEST WALL	DERMATOLOGY	Quantity, Post limit criteria not met 3697-HJ ID5094	0	1	0	1	0.00%	100.00%	0.00%
Furuncle of face		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Furuncle of face	DERMATOLOGY	Diagnosis 4915-A ID2138	0	1	0	1	0.00%	100.00%	0.00%
Furuncle of face	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Furuncle of face	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Furuncle of head [any part, except face]	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Furuncle of head [any part, except face]	UNSPECIFIED SPECIALTY	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Furuncle, unspecified	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Furuncle, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Fusion of spine, cervical region	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ganglion, left hand		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ganglion, left hand	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Gastric intestinal metaplasia without dysplasia, unspecified site	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastric ulcer, unsp as acute or chronic, w/o hemor or perf	CLINICAL NURSE SPECIALIST, GERONTOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Gastric ulcer, unsp as acute or chronic, w/o hemor or perf	GASTROENTEROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Gastric ulcer, unsp as acute or chronic, w/o hemor or perf	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Gastric ulcer, unsp as acute or chronic, w/o hemor or perf	GENERAL PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastric ulcer, unsp as acute or chronic, w/o hemor or perf	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastritis, unspecified, without bleeding		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastritis, unspecified, without bleeding	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastritis, unspecified, without bleeding	INFECTIOUS DISEASES	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastritis, unspecified, without bleeding	INTERNAL MEDICINE	Quantity, Post limit criteria not met 918-J ID1386	0	1	0	1	0.00%	100.00%	0.00%
Gastritis, unspecified, without bleeding	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro esophageal reflux disease	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%

Gastro-esophageal reflux disease w/esophagitis, without bleeding		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding		Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	FAMILY PRACTICE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	FAMILY PRACTICE	Quantity, Post limit criteria not met 169-J ID4016	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	FAMILY PRACTICE	Quantity, Post limit criteria not met 918-J ID4015	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	GASTROENTEROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	GERIATRIC MEDICINE, FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	HOSPITALIST	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	MEDICAL ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	MEDICAL ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	NEPHROLOGY / RENAL MEDICINE	Quantity, Post limit criteria not met 918-J ID1386	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	OTOLARYNGOLOGY	Quantity, Exceeds max limit, Partial denial - NERD	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	OTOLARYNGOLOGY	Step Therapy, On-demand PPI	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	PEDIATRICS	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease w/esophagitis, without bleeding	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease with esophagitis		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease with esophagitis		Quantity, Post limit criteria not met 918-J ID4015	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease with esophagitis		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Gastro-esophageal reflux disease with esophagitis	CLINICAL NURSE SPECIALIST, GERONTOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease with esophagitis	Gerontology *specialty matched MD*	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%

Gastro-esophageal reflux disease with esophagitis	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease with esophagitis	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease with esophagitis	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease with esophagitis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Gastro-esophageal reflux disease with esophagitis, with bleeding		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease with esophagitis, with bleeding	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis		Step therapy 1181-A ID2599	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	ACUPUNCTURIST, UNSPECIFIED	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	ALLERGY & IMMUNOLOGY	Quantity, Post limit criteria not met 918-J ID1386	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	CARDIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Gastro-esophageal reflux disease without esophagitis	EMERGENCY MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Gastro-esophageal reflux disease without esophagitis	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	Family Medicine (specialty match required)	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	FAMILY PRACTICE	Formulary Medical Necessity Carafate FA-PA CMK STD 02-2021 2F	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	FAMILY PRACTICE	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	FAMILY PRACTICE	Quantity, Post limit criteria not met 169-J ID1385	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	FAMILY PRACTICE	Quantity, Post limit criteria not met 169-J ID4016	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	FAMILY PRACTICE	Quantity, Post limit criteria not met 918-J ID1386	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	GASTROENTEROLOGY	*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	GASTROENTEROLOGY	Formulary Medical Necessity Carafate FA-PA CMK STD 02-2021 1T	0	1	0	1	0.00%	100.00%	0.00%

Gastro-esophageal reflux disease without esophagitis	GASTROENTEROLOGY	Formulary Medical Necessity Carafate FA-PA CMK STD 02-2021 4F	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	GASTROENTEROLOGY	Formulary Medical Necessity Proton Pump Inhibitors SCF CMK STD 02-2022 2F_v2	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	GASTROENTEROLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	GASTROENTEROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	Gastroenterology	Quantity, Post limit criteria not met 918-J ID1386	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	Gastroenterology **Specialty Match**	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	GASTROENTEROLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Gastro-esophageal reflux disease without esophagitis	GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	HOSPITALIST	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	INTERNAL MEDICINE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	INTERNAL MEDICINE	Quantity, Post limit criteria not met 169-J ID4016	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	INTERNAL MEDICINE	Quantity, Post limit criteria not met 918-J ID4015	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	MEDICAL ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	NATUROPATH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	OTOLARYNGOLOGY	Quantity, Post limit criteria not met 169-J ID1385	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	OTOLARYNGOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Gastro-esophageal reflux disease without esophagitis	PEDIATRICS	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	PEDIATRICS	Quantity, Post limit criteria not met 169-J ID4016	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	PEDIATRICS	Quantity, Post limit criteria not met 918-J ID1386	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Gastro-esophageal reflux disease without esophagitis	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	RHEUMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	Specialty match *** Gastroenterology ***	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Gastro-esophageal reflux disease without esophagitis	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 918-J ID1386	0	1	0	1	0.00%	100.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 918-J ID4015	0	1	0	1	0.00%	100.00%	0.00%
Gastrointestinal hemorrhage, unspecified	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastrointestinal hemorrhage, unspecified	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastrointestinal stromal tumor of stomach	HEMATOLOGY & ONCOLOGY	Lab/test - GIST- Not PDGFRA exon 18 positive or status unknown	0	1	0	1	0.00%	100.00%	0.00%
Gastrointestinal stromal tumor of stomach	Oncology	Lab/test - GIST- Not PDGFRA exon 18 positive or status unknown	0	1	0	1	0.00%	100.00%	0.00%
Gastrointestinal stromal tumor, unspecified site	HEMATOLOGY & ONCOLOGY	Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Gastrointestinal stromal tumor, unspecified site	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Gastrointestinal stromal tumor, unspecified site	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Gastrointestinal stromal tumor, unspecified site	NURSE PRACTITIONER, ACUTE CARE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Gastroparesis	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastroparesis	Internal Medicine *exact specialty match required by client	Antiemetic 5-HT3 Post Limit PA 16-J 01-2023 05_24_2023_15_51_03 2F	0	1	0	1	0.00%	100.00%	0.00%
Gen idiopathic epilepsy, not intractable, w/o stat epi		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gen idiopathic epilepsy, not intractable, w/o stat epi	NEUROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Gen idiopathic epilepsy, not intractable, w/o stat epi	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Gen idiopathic epilepsy, not intractable, w/o stat epi	NEUROLOGY, PEDIATRIC	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Gen idiopathic epilepsy, not intractable, w/o stat epi	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gen idiopathic epilepsy, not intractable, w/o stat epi	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Gender identity disorder in adolescence and adulthood	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gender identity disorder of childhood	PEDIATRICS	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Gender identity disorder of childhood	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Gender identity disorder, unspecified		Exclusion, comorbidities 1210-A ID3963	0	1	0	1	0.00%	100.00%	0.00%
Gender identity disorder, unspecified		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Gender identity disorder, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Gender identity disorder, unspecified	ADOLESCENT MEDICINE, PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gender identity disorder, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gender identity disorder, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%

Gender identity disorder, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Gender identity disorder, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Gender identity disorder, unspecified	FAMILY PRACTICE	Education not provided - contraindications and side effects 1210-A ID1157	0	1	0	1	0.00%	100.00%	0.00%
Gender identity disorder, unspecified	INFECTIOUS DISEASES	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gender identity disorder, unspecified	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Gender identity disorder, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Gender identity disorder, unspecified	PEDIATRICS	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Gender identity disorder, unspecified	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gender identity disorder, unspecified	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Gender identity disorder, unspecified	UNSPECIFIED SPECIALTY	Non-approvable diagnosis 1210-A ID1157	0	1	0	1	0.00%	100.00%	0.00%
Gender identity disorder, unspecified	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Gender identity disorder, unspecified	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Generalized abdominal pain		Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Generalized abdominal pain		Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Generalized abdominal pain	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Generalized abdominal pain	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Generalized abdominal pain	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Generalized abdominal pain	GENERAL PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Generalized abdominal pain	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Generalized abdominal pain	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Generalized abdominal pain	NURSE PRACTITIONER, GERONTOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Generalized abdominal pain	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Generalized anxiety disorder		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder		Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder		Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Generalized anxiety disorder	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder	INFECTIOUS DISEASES	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder	INTERNAL MEDICINE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder	NEONATAL / PERINATAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Generalized anxiety disorder	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Generalized anxiety disorder	PHYSICIAN, PSYCHIATRY & NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Generalized anxiety disorder	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Generalized anxiety disorder	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Generalized anxiety disorder	PSYCHIATRY	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder	PSYCHIATRY	Diagnosis 511-B ID1892	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder	PSYCHIATRY	Diagnosis 865-C ID5024	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder	PSYCHIATRY	Formulary Medical Necessity Antidepressants SCF CMK STD 09-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder	PSYCHIATRY	No approvable diagnosis 1888-E ID1116	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder	PSYCHIATRY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder	PSYCHIATRY	Over max quantity 1888-E ID1116	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder	Psychiatry	Quantity, No post limit quantity available	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder	Psychiatry (specialty match required)	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder	Psychiatry *Specialty Match*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder	UNSPECIFIED SPECIALTY	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Sertraline Capsules SCF, ACF CMK STD 09-2022 1T	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder	UNSPECIFIED SPECIALTY	No inadequate response, intolerance or contraindication to bupropion, mirtazapine, SNRI or SSRI	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder	UNSPECIFIED SPECIALTY	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Generalized anxiety disorder	UNSPECIFIED SPECIALTY	Step Therapy 384-D ID1926	0	1	0	1	0.00%	100.00%	0.00%
Generalized hyperhidrosis	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Generalized hyperhidrosis	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Generalized hyperhidrosis	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Generalized idiop epilepsy/epileptic syndrome, intractable, wo epilepticus		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Generalized idiop epilepsy/epileptic syndrome, intractable, wo epilepticus	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Generalized idiopathic epilepsy, intractable, w stat epi		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Generalized pustular psoriasis		Concomitant biologic or targeted synthetic drug 1690-A ID3910	0	1	0	1	0.00%	100.00%	0.00%

Generalized pustular psoriasis		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Genetic susceptibility to other disease	ENDOCRINOLOGY, PEDIATRIC	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
GERD (esophageal reflux)		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
GERD (esophageal reflux)		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic		Quantity, Post limit criteria not met 1373-J ID4173	0	1	0	1	0.00%	100.00%	0.00%
Gestational diabetes mellitus in pregnancy, diet controlled		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Gestational diabetes mellitus in pregnancy, diet controlled	MATERNAL & FETAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Gestational diabetes mellitus in pregnancy, diet controlled	OBSTESTRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Gestational diabetes mellitus in pregnancy, diet controlled	OBSTETRICS & GYNECOLOGY	Non-formulary/non-preferred – Product - Documentation	0	1	0	1	0.00%	100.00%	0.00%
Gestational diabetes mellitus in pregnancy, diet controlled	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Gestational diabetes mellitus in pregnancy, diet controlled	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Gestational diabetes mellitus in pregnancy, insulin controlled		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Gestational diabetes mellitus in pregnancy, insulin controlled	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Gestational diabetes mellitus in pregnancy, unspecified control	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Gestational diabetes mellitus in pregnancy, unspecified control	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Gestational diabetes mellitus in pregnancy, unspecified control	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Gestational diabetes mellitus in pregnancy, unspecified control	OBSTETRICS & GYNECOLOGY	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Glaucoma		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Glaucoma		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Glaucoma secondary to eye inflammation, bilateral, severe stage	INTERNAL MEDICINE	Formulary Medical Necessity Ophthalmic, Glaucoma SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Glaucoma secondary to eye inflammation, bilateral, severe stage	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Glaucoma secondary to eye inflammation, right eye, sever stage	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Glaucoma secondary to other eye disorders, bilateral, indeterminate stage		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Glaucoma secondary to other eye disorders, bilateral, indeterminate stage	OPHTHALMOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Glaucoma with increased episcleral venous pressure, bilateral		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Glomerular disease in systemic lupus erythematosus		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Glomerular disease in systemic lupus erythematosus	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Gout, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Gout, unspecified	CARDIOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Gout, unspecified	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Gout, unspecified	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Gout, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Gout, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gout, unspecified	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Gout, unspecified	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Gout, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Gout, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gout, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Granuloma annulare		Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Granuloma annulare	DERMATOLOGY	Diagnosis 1339-C ID2376	0	1	0	1	0.00%	100.00%	0.00%
Granuloma annulare	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Granuloma annulare	UNSPECIFIED SPECIALTY	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Granuloma annulare	UNSPECIFIED SPECIALTY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Granulomatous disorder of the skin and subcutaneous tissue, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Guttate psoriasis		Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Guttate psoriasis		Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	1	0	1	0.00%	100.00%	0.00%
Guttate psoriasis	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Guttate psoriasis	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Guttate psoriasis	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Guttate psoriasis	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Guttate psoriasis	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Guttate psoriasis	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Guttate psoriasis	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	1	0	1	0.00%	100.00%	0.00%
Hallux valgus (acquired), right foot	GENERAL SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hallux valgus (acquired), right foot	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hb-SS disease with crisis, unspecified	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hb-SS disease with crisis, unspecified	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Hb-SS disease with crisis, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Headache, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Headache, unspecified		Diagnosis 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Headache, unspecified	FAMILY PRACTICE	Quantity, Exceeds max limit, Partial denial, acute treatment	0	1	0	1	0.00%	100.00%	0.00%
Headache, unspecified	FAMILY PRACTICE	Quantity, Post limit criteria not met 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Headache, unspecified	FAMILY PRACTICE	Step therapy two triptan 5-HT1 receptor agonists	0	1	0	1	0.00%	100.00%	0.00%
Headache, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Headache, unspecified	INTERNAL MEDICINE	Step therapy two triptan 5-HT1 receptor agonists	0	1	0	1	0.00%	100.00%	0.00%
Headache, unspecified	NEUROLOGY	Diagnosis - all	0	1	0	1	0.00%	100.00%	0.00%
Headache, unspecified	NEUROLOGY	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Headache, unspecified	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Headache, unspecified	NEUROLOGY	Step therapy - Migraine	0	1	0	1	0.00%	100.00%	0.00%
Headache, unspecified	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Headache, unspecified	Neurology *specialty match required*	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Headache, unspecified	NEUROPHYSIOLOGY, CLINICAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Headache, unspecified	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Headache, unspecified	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Headache, unspecified	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Headache, unspecified	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Heart disease, unspecified	CARDIOLOGY, INTERVENTIONAL	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Heart disease, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Heart failure, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Heart transplant status	NURSE PRACTITIONER, ACUTE CARE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Heartburn		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Heartburn	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Heartburn	FAMILY PRACTICE	Quantity, Post limit criteria not met 918-J ID1386	0	1	0	1	0.00%	100.00%	0.00%
Heartburn	FAMILY PRACTICE	Quantity, Post limit criteria not met 918-J ID4015	0	1	0	1	0.00%	100.00%	0.00%
Helicobacter pylori as the cause of diseases classd elswhr		Quantity, Post limit criteria not met 169-J ID4016	0	1	0	1	0.00%	100.00%	0.00%
Helicobacter pylori as the cause of diseases classd elswhr	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Helicobacter pylori as the cause of diseases classd elswhr	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%

Helicobacter pylori as the cause of diseases classd elswhr	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hemiplegia, unspecified affecting left nondominant side	NEUROLOGY, VASCULAR	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hemiplegic migraine, not intractable, without status migrainosus	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hemochromatosis due to repeated red blood cell transfusions	INTERNAL MEDICINE	Chronic iron overload due to blood transfusions or thalassemia - Continuation - Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Hemorrhage of anus and rectum	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hemorrhage of anus and rectum	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hemorrhage of anus and rectum	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hemorrhage of anus and rectum	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Hepatic encephalopathy		Not on required concurrent therapy	0	1	0	1	0.00%	100.00%	0.00%
Hepatic encephalopathy	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hepatic encephalopathy	HEPATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Hepatic encephalopathy	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hepatic encephalopathy	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Hereditary and idiopathic neuropathy, unspecified	NEUROLOGY	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Hereditary and idiopathic neuropathy, unspecified	Neurology (specialty match required)	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Hereditary deficiency of other clotting factors		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hereditary hypogammaglobulinemia	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hereditary spastic paraplegia	NEUROLOGY	Quantity, Post limit criteria not met 16-J ID5128	0	1	0	1	0.00%	100.00%	0.00%
Herpesviral gingivostomatitis and pharyngotonsillitis	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Herpesviral infection of urogenital system, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Herpesviral infection of urogenital system, unspecified	NURSE PRACTITIONER, ADULT HEALTH	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Herpesviral infection of urogenital system, unspecified	OBSTETRICS & GYNECOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Herpesviral infection, unspecified	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Herpesviral infection, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Herpesviral infection, unspecified	INTERNAL MEDICINE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Herpesviral infection, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Herpesviral vesicular dermatitis	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Herpesviral vesicular dermatitis	GERIATRIC MEDICINE, FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Herpesviral vesicular dermatitis	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Herpesviral vesicular dermatitis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hidradenitis suppurativa		Diagnosis 6220-A ID5801	0	1	0	1	0.00%	100.00%	0.00%

Hidradenitis suppurativa		Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa		HS - Step therapy - No antibiotic trial	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa		HS - Step therapy - No antibiotic trial;;	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa		HS - Step therapy - No antibiotics trial;;	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa		HS continuation - No response;; 2008-A ID4096	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa		Lab/test – No initial TB test 2017-A ID4407	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa		Will be on concurrent/duplicate therapy-same indication;;	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa	Derm	Diagnosis 6220-A ID3281	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa	Dermatologist	Diagnosis 6220-A ID3281	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa	Dermatologist	HS - Step therapy - No antibiotics trial;;	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa	Dermatology	Diagnosis 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa	DERMATOLOGY	Diagnosis 6220-A ID3281	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa	dermatology	Diagnosis 6220-A ID5801	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa	dermatology	Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa	Dermatology	Frequency SC and IV - Q4 weeks - Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa	DERMATOLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hidradenitis suppurativa	DERMATOLOGY, PEDIATRIC	HS - Age 2017-A ID4407	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa	DERMATOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hidradenitis suppurativa	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hidradenitis suppurativa	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hidradenitis suppurativa	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Hidradenitis suppurativa	INTERNAL MEDICINE	Diagnosis 6220-A ID3281	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa	INTERNAL MEDICINE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Hidradenitis suppurativa	RHEUMATOLOGY	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa	rheumatology or dermatology	HS - Step therapy - No antibiotic trial	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa	UNSPECIFIED SPECIALTY	Diagnosis 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa	UNSPECIFIED SPECIALTY	Frequency SC and IV - Q4 weeks - Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa	UNSPECIFIED SPECIALTY	HS - No antibiotics trial 2017-A ID3106	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa	UNSPECIFIED SPECIALTY	HS - Step therapy - No antibiotic trial	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa	UNSPECIFIED SPECIALTY	Lab/test – No initial TB test;;	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa	UNSPECIFIED SPECIALTY	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Hidradenitis suppurativa	UNSPECIFIED SPECIALTY	Self-admin - PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID3373	0	1	0	1	0.00%	100.00%	0.00%

High risk bisexual behavior		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
High risk bisexual behavior	Infectious Disease	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
High risk bisexual behavior	INTERNAL MEDICINE	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
High risk heterosexual behavior		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
High risk heterosexual behavior		Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
High risk heterosexual behavior	FAMILY PRACTICE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
High risk heterosexual behavior	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
High risk heterosexual behavior	GENERAL PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
High risk heterosexual behavior	GENERAL PRACTICE	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
High risk heterosexual behavior	Infectious Disease (preferred) or Internal medicine	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
High risk heterosexual behavior	INFECTIOUS DISEASES	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
High risk heterosexual behavior	INFECTIOUS DISEASES	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
High risk heterosexual behavior	INFECTIOUS DISEASES	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
High risk heterosexual behavior	INTERNAL MEDICINE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
High risk homosexual behavior	GENERAL PRACTICE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
High risk homosexual behavior	Infectious Disease	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
High risk homosexual behavior	Infectious Disease or Internal Medicine if unavailable	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
High risk homosexual behavior	Internal Medicine or Infectious Disease	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
High risk homosexual behavior	NEPHROLOGY / RENAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
High risk homosexual behavior	NURSE PRACTITIONER, ADULT HEALTH	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
High risk homosexual behavior	NURSE PRACTITIONER, GERONTOLOGY	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
High risk homosexual behavior	OBSTESTRICS & GYNECOLOGY	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
High risk homosexual behavior	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hirsutism	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
History of uterine scar from previous surgery	UNSPECIFIED SPECIALTY	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Homocystinuria		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Hordeolum externum left lower eyelid		Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Hordeolum externum right lower eyelid	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hormone replacement therapy		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hormone replacement therapy	CLINICAL NURSE SPECIALIST, ADULT HEALTH	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Hormone replacement therapy	Family Medicine *Specialty match required with year of initial board certification*	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Hormone replacement therapy	FAMILY PRACTICE	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%

Hormone replacement therapy	OBSTETRICS & GYNECOLOGY	*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
Hormone replacement therapy	OBSTETRICS & GYNECOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Human herpesvirus 6 encephalitis		Diagnosis 3100-A ID3767	0	1	0	1	0.00%	100.00%	0.00%
Human herpesvirus 6 infection		Diagnosis 3100-A ID3767	0	1	0	1	0.00%	100.00%	0.00%
Human immunodeficiency virus [HIV] counseling	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Human immunodeficiency virus [HIV] counseling	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Human immunodeficiency virus [HIV] counseling	NURSE PRACTITIONER, ADULT HEALTH	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Human immunodeficiency virus [HIV] disease		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Human immunodeficiency virus [HIV] disease		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Human immunodeficiency virus [HIV] disease		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Human immunodeficiency virus [HIV] disease	FAMILY PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Human immunodeficiency virus [HIV] disease	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Human immunodeficiency virus [HIV] disease	GERIATRIC MEDICINE, FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Human immunodeficiency virus [HIV] disease	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Human immunodeficiency virus [HIV] disease	INTERNAL MEDICINE	Non-formulary/non-preferred 6159-D ID2844	0	1	0	1	0.00%	100.00%	0.00%
Human immunodeficiency virus [HIV] disease	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Human immunodeficiency virus [HIV] disease	UNSPECIFIED SPECIALTY	Patient did not have adverse reaction to the separate individual drugs caused by the inactive ingredient and/or documentation not provided	0	1	0	1	0.00%	100.00%	0.00%
Hypercalcemia		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypercalcemia	FAMILY PRACTICE	Diagnosis 1624-A ID3123	0	1	0	1	0.00%	100.00%	0.00%
Hypercalcemia	INTERNAL MEDICINE	Diagnosis 1624-A ID3123	0	1	0	1	0.00%	100.00%	0.00%
Hypercalcemia	NEPHROLOGY / RENAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Hypercalcemia	NEPHROLOGY / RENAL MEDICINE	Secondary hyperparathyroidism - No kidney transplant/dialysis	0	1	0	1	0.00%	100.00%	0.00%
Hyperchylomicronemia	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hyperchylomicronemia	INTERNAL MEDICINE	Formulary Medical Necessity Lovaza, Vascepa SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Hyperemesis gravidarum with metabolic disturbance		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Hyperemesis gravidarum with metabolic disturbance	OBGYN	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Hyperemesis gravidarum with metabolic disturbance	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypereosinophilic syndrome [HES], unspecified		HES - Age 1655-A ID5394	0	1	0	1	0.00%	100.00%	0.00%

Hypereosinophilic syndrome [HES], unspecified	peds allergy/immunology OR allergy/immnology comfortable w/ peds	HES - Age 1655-A ID5394	0	1	0	1	0.00%	100.00%	0.00%
Hyperglycemia, unspecified		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hyperglycemia, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hyperglycemia, unspecified	FAMILY PRACTICE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hyperglycemia, unspecified	INTERNAL MEDICINE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Hyperglycemia, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hyperglycemia, unspecified	Internal Medicine ***specialty match required***	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hyperglycemia, unspecified	NATUROPATH	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hyperglycemia, unspecified	NURSE MIDWIFE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hyperkalemia		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hyperkalemia		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hyperkalemia	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Hyperkalemia	GENERAL SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hyperkalemia	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hyperkalemia	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hyperkalemia	INTERNAL MEDICINE	Diagnosis - Non-formulary/non-preferred	0	1	0	1	0.00%	100.00%	0.00%
Hyperkalemia	NEPHROLOGY / RENAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Hyperkalemia	NURSE PRACTITIONER, ACUTE CARE	Formulary Medical Necessity Lokelma SCF CMK STD 02-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Hyperkalemia	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Hyperkalemia	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hyperlipidemia, unspecified		ASCVD - Lab/test - Current LDL-C less than 70 mg/dL	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified		Continuation - Lab/test - Treated LDL-C level	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified		Continuation - No documentation of LDL	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified		Diagnosis 4660-A ID3241	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified		Diagnosis 6432-A ID4685	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified		FH - Pretreatment LDL-C less than 160 mg/dl or unknown	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified		Non-formulary/non-preferred-Praluent	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified		Step therapy - High/moderate intensity statins with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	CARDIAC ELECTROPHYSIOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Hyperlipidemia, unspecified	CARDIAC ELECTROPHYSIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hyperlipidemia, unspecified	Cardiologist	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	CARDIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Hyperlipidemia, unspecified	Cardiology	ASCVD - Lab/test - Current LDL-C less than 70 mg/dL	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	CARDIOLOGY	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	Cardiology	High-intensity statin - Not in combination with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	CARDIOLOGY	No inadequate response, intolerance or contraindication to statins	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	CARDIOLOGY	Non-formulary/non-preferred-Praluent	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	CARDIOLOGY	Step therapy - High/moderate intensity statins with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	Cardiology- specialty match review	FH - Pretreatment LDL-C less than 160 mg/dl or unknown	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	CARDIOLOGY, INTERVENTIONAL	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Hyperlipidemia, unspecified	CARDIOLOGY, INTERVENTIONAL	FH - Pretreatment LDL-C less than 160 mg/dl or unknown	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	CARDIOLOGY, INTERVENTIONAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hyperlipidemia, unspecified	Cardiovascular	Non-formulary/non-preferred - No intolerable adverse event or contraindication to preferred product	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	Endocrinology	FH - Pretreatment LDL-C less than 160 mg/dl or unknown	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hyperlipidemia, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	FH - LDL-C less than 190 mg/dL but not HeFH or HoFH	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	FH - Pretreatment LDL-C less than 160 mg/dl or unknown	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	Family Medicine	FH - Pretreatment LDL-C less than 160 mg/dl or unknown	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	FAMILY PRACTICE	Continuation - No documentation of LDL	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	FAMILY PRACTICE	FH - Pretreatment LDL-C less than 160 mg/dl or unknown	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	FAMILY PRACTICE	No approvable diagnosis 4660-A ID860	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	FAMILY PRACTICE	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	FAMILY PRACTICE	Not on required concurrent therapy 3648-D ID4319	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	FAMILY PRACTICE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	FAMILY PRACTICE	Primary hyperlipidemia - Lab/test - Untreated LDL-C less than 190 mg/dL	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	FAMILY PRACTICE (specialty match required)	Not on required concurrent therapy 3648-D ID4319	0	1	0	1	0.00%	100.00%	0.00%

Hyperlipidemia, unspecified	GENERAL PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	GENERAL PRACTICE	No inadequate response, intolerance or contraindication to statins	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	GENERAL PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	HOSPITALIST	ASCVD - Lab/test - Current LDL-C less than 70 mg/dL	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	INTERNAL MEDICINE	ASCVD - Lab/test - Current LDL-C less than 70 mg/dL	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	INTERNAL MEDICINE	Continuation - Efficacy 6432-A ID4685	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	INTERNAL MEDICINE	Continuation - No documentation of LDL	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	INTERNAL MEDICINE	High-intensity statin - Not in combination with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	INTERNAL MEDICINE	No approvable diagnosis 4660-A ID860	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	INTERNAL MEDICINE	Non-formulary/non-preferred 4279-D ID4672	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	INTERNAL MEDICINE	Primary hyperlipidemia - Lab/test - Untreated LDL-C less than 190 mg/dL	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	INTERNAL MEDICINE	Step therapy - High/moderate intensity statins with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	Internal Medicine or Cardiology	Primary hyperlipidemia - Lab/test - Untreated LDL-C less than 190 mg/dL	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	Internal Medicine- specialty match review	No inadequate response, intolerance or contraindication to statins	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	NEPHROLOGY / RENAL MEDICINE	Disease category/stage/severity 797-A ID4531	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	NEUROLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Hyperlipidemia, unspecified	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	New to therapy 981-D ID3188	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hyperlipidemia, unspecified	UNSPECIFIED SPECIALTY	Diagnosis 4660-A ID3241	0	1	0	1	0.00%	100.00%	0.00%
Hyperparathyroidism, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hyperparathyroidism, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hypersomnia		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypersomnia disorder related to a known organic factor	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypersomnia disorder related to a known organic factor	NEUROLOGY	Quantity, Exceeds max limit, Partial denial 178-C ID3028	0	1	0	1	0.00%	100.00%	0.00%
Hypersomnia, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hypersomnolence disorder		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Hypersomnolence disorder		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypersomnolence disorder		Lab/test for IH	0	1	0	1	0.00%	100.00%	0.00%
Hypersomnolence disorder	FAMILY PRACTICE	Lab/test for IH 178-C ID3427	0	1	0	1	0.00%	100.00%	0.00%
Hypersomnolence disorder	GERIATRIC MEDICINE, FAMILY PRACTICE	Diagnosis 534-C ID1429	0	1	0	1	0.00%	100.00%	0.00%
Hypersomnolence disorder	NEUROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hypersomnolence disorder	NEUROLOGY	Not on required concurrent therapy with PAP for 1 month	0	1	0	1	0.00%	100.00%	0.00%

Hypersomnolence disorder	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypersomnolence disorder	PSYCHIATRY	Lab/test for OSA	0	1	0	1	0.00%	100.00%	0.00%
Hypersomnolence disorder	PULMONARY DISEASES	Diagnosis 534-C ID1429	0	1	0	1	0.00%	100.00%	0.00%
Hypersomnolence disorder	PULMONARY DISEASES	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hypersomnolence disorder	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypersomnolence disorder	UNSPECIFIED SPECIALTY	Continuation: Not on required concurrent therapy with PAP	0	1	0	1	0.00%	100.00%	0.00%
Hypertensive	GENERAL PRACTICE	Patient did not have adverse reaction to the separate individual drugs caused by the inactive ingredient and/or documentation not provided	0	1	0	1	0.00%	100.00%	0.00%
Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	NEPHROLOGY / RENAL MEDICINE, PEDIATRIC	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Hypertensive heart disease without heart failure	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypertensive heart disease without heart failure	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypertensive heart disease without heart failure	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypertensive heart/kidney disease without heart failure, unspecified chron	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypertrophic scar		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Hypertrophic scar	DERMATOLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Hypertrophic scar	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypertrophic scar	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hypertrophic scar	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Hypertrophic scar	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hypertrophy of breast	PLASTIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypertrophy of nasal turbinates	OTOLARYNGOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hypertrophy of nasal turbinates	OTOLARYNGOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hyperuricemia without signs of inflammatory arthritis and tophaceous diseas	EMERGENCY MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hyperuricemia without signs of inflammatory arthritis and tophaceous diseas	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypoactive sexual desire disorder		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypoactive sexual desire disorder		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hypoactive sexual desire disorder	EMERGENCY MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypoactive sexual desire disorder	ENDOCRINOLOGY, REPRODUCTIVE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hypoactive sexual desire disorder	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Hypoactive sexual desire disorder	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypoactive sexual desire disorder	Obstetrics & Gynecology	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hypoactive sexual desire disorder	OBSTETRICS & GYNECOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Hypoactive sexual desire disorder	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypoactive sexual desire disorder	UROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypoglycemia, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hypoglycemia, unspecified	Family Med *Specialty Match*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hypoglycemia, unspecified	FAMILY PRACTICE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hypoglycemia, unspecified	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 4510-A ID2757	0	1	0	1	0.00%	100.00%	0.00%
Hypoglycemia, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hypokalemia	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hypokalemia	RHEUMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypokalemia	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hypomyelination - hypogonadotropic hypogonadism - hypodontia	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypomyelination - hypogonadotropic hypogonadism - hypodontia	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypomyelination - hypogonadotropic hypogonadism - hypodontia	GYNECOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Hypomyelination - hypogonadotropic hypogonadism - hypodontia	UNSPECIFIED SPECIALTY	Non-approvable diagnosis 1210-A ID1157	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism		Dosing, Exceeds Max Limit - Non-formulary/non-preferred	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism		Non-formulary/non-preferred 4964-D ID2853	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism		Non-formulary/non-preferred 4965-D ID2851	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism		Non-formulary/non-preferred 6342-D ID3729	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism		Pediatric GHD - Continuation - Current height not provided	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism		Pediatric GHD - Lab/test - Pretreatment 1-year height velocity not greater than 1 or 2 standard deviation	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism	endocrinology	Non-formulary/non-preferred 6342-D ID3729	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism	ENDOCRINOLOGY, DIABETES & METABOLISM	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Hypopituitarism	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred 6342-D ID3729	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism	ENDOCRINOLOGY, PEDIATRIC	Continuation: No clinical reason for lack of efficacy 1742-A ID1453	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism	ENDOCRINOLOGY, PEDIATRIC	Diagnosis 1742-A ID5044	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism	ENDOCRINOLOGY, PEDIATRIC	Non-formulary/non-preferred 6342-D ID3729	0	1	0	1	0.00%	100.00%	0.00%

Hypopituitarism	ENDOCRINOLOGY, PEDIATRIC	Pediatric GHD - Lab/test - Pretreatment 1-year height velocity not greater than 1 or 2 standard deviation	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism	ENDOCRINOLOGY, PEDIATRIC	Pediatric GHD - Pretreatment height and age 4210-A ID4189	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypopituitarism	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypopituitarism	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Hypopituitarism	INTERNAL MEDICINE	Adult GHD: Lab report of pretreatment provocative GH and IGF-1 levels not provided	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hypopituitarism	Pediatric Endo or Adult Endo comfortable with Peds	Pediatric GHD - Lab/test - Pretreatment 1-year height velocity not greater than 1 or 2 standard deviation	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism	Pediatric Endocrinologist with at least 5 years of experience.	Pediatric GHD - Lab/test - Pretreatment 1-year height velocity not greater than 2 standard deviations 1742-A ID3752	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism	pediatric endocrinology	Non-formulary/non-preferred 6342-D ID3729	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism	PEDIATRICS	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism	PEDIATRICS	Non-formulary/non-preferred 6342-D ID3729	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism	PEDIATRICS	Pediatric GHD - Lab/test - Pretreatment 1-year height velocity not greater than 1 or 2 standard deviation	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism	PEDIATRICS	Pediatric GHD - Pituitary or CNS disorder not appropriate 1742-A ID5044	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism	PEDIATRICS	Pediatric GHD: Pretreatment 1-year height velocity not greater than 1 standard deviation 1742-A ID1453	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism	peds endo	Pediatric GHD: Pretreatment 1-year height velocity not greater than 1 standard deviation 1742-A ID1453	0	1	0	1	0.00%	100.00%	0.00%
Hypopituitarism	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Hypoplastic left heart syndrome		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Hypothalamic dysfunction, not elsewhere classified	ENDOCRINOLOGY, PEDIATRIC	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hypothyroidism, unspecified		Formulary Medical Necessity Tirosint SCF CMK STD 02-2024 1T	0	1	0	1	0.00%	100.00%	0.00%
Hypothyroidism, unspecified		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Hypothyroidism, unspecified	EMERGENCY MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hypothyroidism, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Hypothyroidism, unspecified	FAMILY PRACTICE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Hypothyroidism, unspecified	INTERNAL MEDICINE	Formulary Medical Necessity Tirosint SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Hypothyroidism, unspecified	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%

Hypothyroidism, unspecified	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Hypothyroidism, unspecified	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hypothyroidism, unspecified	NURSE PRACTITIONER, GERONTOLOGY	Formulary Medical Necessity Adthyza, Thyroid Tablets ACF, SCF CMK STD 09-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Hypothyroidism, unspecified	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Hypothyroidism, unspecified	OTOLARYNGOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Hypothyroidism, unspecified	OTOLARYNGOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Idiopathic aseptic necrosis of left femur	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic aseptic necrosis of left femur	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Idiopathic aseptic necrosis of right femur	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic aseptic necrosis of unspecified femur		Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic aseptic necrosis of unspecified femur	INTERNAL MEDICINE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic chronic gout, multiple sites, without tophus (tophi)		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Idiopathic chronic gout, multiple sites, without tophus (tophi)		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Idiopathic chronic gout, multiple sites, without tophus (tophi)	FAMILY PRACTICE	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic chronic gout, multiple sites, without tophus (tophi)	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Idiopathic chronic gout, multiple sites, without tophus (tophi)	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Idiopathic chronic gout, multiple sites, without tophus (tophi)	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic chronic gout, multiple sites, without tophus (tophi)	RHEUMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Idiopathic chronic gout, multiple sites, without tophus (tophi)	RHEUMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic chronic gout, multiple sites, without tophus (tophi)	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Idiopathic chronic gout, right ankle and foot, without tophus (tophi)	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic gout, left ankle and foot	family medicine (Specialty match required with year of initial board certification)	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic gout, left ankle and foot	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic gout, left ankle and foot	GENERAL SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Idiopathic gout, multiple sites	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Idiopathic gout, multiple sites	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic gout, right ankle and foot	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Idiopathic gout, right knee	ORTHOPEDIC SURGERY, SPORTS MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Idiopathic gout, unspecified ankle and foot	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Idiopathic gout, unspecified site	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Idiopathic gout, unspecified site	RHEUMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Idiopathic hypereosinophilic syndrome [IHES]	PULMONOLOGY, PEDIATRIC	HES - Exclusion - Secondary to non-hematologic cause	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic hypersomnia with long sleep time		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Idiopathic hypersomnia with long sleep time		Continuation: Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic hypersomnia with long sleep time		IH - Lab/test - Mean sleep latency on MSLT greater than 8 minutes, or total 24-hour sleep time less than 660 minutes 4045-A ID3746	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic hypersomnia with long sleep time	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Idiopathic hypersomnia with long sleep time	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Idiopathic hypersomnia with long sleep time	FAMILY PRACTICE	Diagnosis 534-C ID1429	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic hypersomnia with long sleep time	FAMILY PRACTICE	Diagnosis 534-C ID3426	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic hypersomnia with long sleep time	FAMILY PRACTICE	IH - Lab/test - Mean sleep latency on MSLT greater than 8 minutes, or total 24-hour sleep time less than 660 minutes 4045-A ID3746	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic hypersomnia with long sleep time	FAMILY PRACTICE	Not on required concurrent therapy with PAP for 1 month	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic hypersomnia with long sleep time	FAMILY PRACTICE	Quantity, Exceeds max limit, Partial denial 534-C ID1429	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic hypersomnia with long sleep time	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Idiopathic hypersomnia with long sleep time	HOSPITALIST	IH - Lab/test - Mean sleep latency on MSLT greater than 8 minutes, or total 24-hour sleep time less than 660 minutes	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic hypersomnia with long sleep time	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Idiopathic hypersomnia with long sleep time	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Idiopathic hypersomnia with long sleep time	NEUROLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Idiopathic hypersomnia with long sleep time	NEUROLOGY	IH - Lab/test - Mean sleep latency on MSLT greater than 8 minutes, or total 24-hour sleep time less than 660 minutes	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic hypersomnia with long sleep time	NEUROLOGY	IH - Lab/test - Mean sleep latency on MSLT greater than 8 minutes, or total 24-hour sleep time less than 660 minutes 4045-A ID3746	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic hypersomnia with long sleep time	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Idiopathic hypersomnia with long sleep time	PEDIATRICS	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Idiopathic hypersomnia with long sleep time	PEDIATRICS	Age - IH	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic hypersomnia with long sleep time	PEDIATRICS	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic hypersomnia with long sleep time	PULMONARY DISEASES	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Idiopathic hypersomnia with long sleep time	PULMONARY DISEASES	Continuation: Not on required concurrent therapy with PAP	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic hypersomnia with long sleep time	PULMONARY DISEASES	Exclusion for IH, Cataplexy	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic hypersomnia with long sleep time	PULMONARY DISEASES	IH - Sleep issues for less than 3 months	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic hypersomnia with long sleep time	PULMONARY DISEASES	Quantity, Post limit criteria not met 683-J ID4615	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic hypersomnia with long sleep time	Sleep Medicine	IH - Lab/test - Mean sleep latency on MSLT greater than 8 minutes, or total 24-hour sleep time less than 660 minutes	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic hypersomnia without long sleep time	FAMILY PRACTICE	Lab/test for IH 178-C ID3427	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic hypersomnia without long sleep time	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Idiopathic interstitial pneumonia, not otherwise specified	PULMONARY DISEASES	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Idiopathic pulmonary fibrosis		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Idiopathic urticaria		CSU - Initial - Step therapy - No second-generation H1 antihistamine trial	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic urticaria		CSU - Initial - Symptoms less than 6 weeks	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic urticaria		Will be on concurrent/duplicate therapy 1656-A ID4251	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic urticaria	ALLERGY & IMMUNOLOGY	CVSC Medical Director reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Idiopathic urticaria	ALLERGY & IMMUNOLOGY	Continuation: Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic urticaria	ALLERGY & IMMUNOLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic urticaria	ALLERGY & IMMUNOLOGY	Will be on concurrent/duplicate therapy 1656-A ID4251	0	1	0	1	0.00%	100.00%	0.00%
Idiopathic urticaria	HEMATOLOGY & ONCOLOGY, PEDIATRIC	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Idiopathic urticaria	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Illness, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Illness, unspecified		PsA - No prior therapy and no enthesitis 2002-A ID1300	0	1	0	1	0.00%	100.00%	0.00%
Immune thrombocytopenic purpura	FAMILY PRACTICE	Will be on concurrent/duplicate therapy 1928-A ID2337	0	1	0	1	0.00%	100.00%	0.00%
Immune thrombocytopenic purpura	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Immune thrombocytopenic purpura	HEMATOLOGY & ONCOLOGY	CVSC Medical Director reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Immune thrombocytopenic purpura	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Immune thrombocytopenic purpura	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Immune thrombocytopenic purpura	HEMATOLOGY & ONCOLOGY, PEDIATRIC	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Immune thrombocytopenic purpura	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Immune thrombocytopenic purpura	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Immunodeficiency, unspecified	ALLERGY & IMMUNOLOGY, CLINICAL & LABORATORY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Impacted teeth	SURGERY, ORAL & MAXILLOFACIAL	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Impacted teeth	SURGERY, ORAL & MAXILLOFACIAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Impacted teeth	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Impaired fasting glucose		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Impaired fasting glucose		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Impaired fasting glucose	CLINICAL NURSE SPECIALIST, ADULT HEALTH	Non-formulary/non-preferred - Member can switch to a preferred product 4510-A ID2757	0	1	0	1	0.00%	100.00%	0.00%
Impaired fasting glucose	CLINICAL NURSE SPECIALIST, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Impaired fasting glucose	Family Medicine (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Impaired fasting glucose	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Impaired fasting glucose	UNSPECIFIED SPECIALTY	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Impaired fasting glucose	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Mounjaro SCF, ACF, BF CMK STD 02-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Impaired glucose tolerance (oral)	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Impaired glucose tolerance (oral)	INTERNAL MEDICINE	Diagnosis 1009-D ID5289	0	1	0	1	0.00%	100.00%	0.00%
Impaired glucose tolerance (oral)	OBSTESTRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Impaired glucose tolerance (oral)	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Impetigo	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Impetigo	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Impingement syndrome of right shoulder		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Impingement syndrome of right shoulder		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Impulsiveness		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Inappropriate Sinus Tachycardia (IST) Causes and Treatment	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Inappropriate Sinus Tachycardia (IST) Causes and Treatment	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Inappropriate Sinus Tachycardia (IST) Causes and Treatment	INTERNAL MEDICINE	Lab/test: LVEF	0	1	0	1	0.00%	100.00%	0.00%
Inappropriate sinus tachycardia, so stated		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Inappropriate sinus tachycardia, so stated	CARDIAC ELECTROPHYSIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Induration penis plastica	UROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Induration penis plastica	UROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Infantile (acute) (chronic) eczema	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Infantile (acute) (chronic) eczema	DERMATOLOGY	Quantity, Post limit criteria not met, Partial denial 3199-E ID1302	0	1	0	1	0.00%	100.00%	0.00%
Infantile (acute) (chronic) eczema	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Infect/inflm reaction due to unsp int joint prosth, init	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Infection following a procedure, other surgical site, subsequent encounter	HOSPITALIST	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Infectious gastroenteritis and colitis, unspecified	FAMILY PRACTICE	Antiemetic 5-HT3 Post Limit PA 16-J 01-2023 05_24_2023_15_51_03 2F	0	1	0	1	0.00%	100.00%	0.00%
Infectious gastroenteritis and colitis, unspecified	GASTROENTEROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Infectious gastroenteritis and colitis, unspecified	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Infectious gastroenteritis and colitis, unspecified	UNSPECIFIED SPECIALTY	Diagnosis 681-A ID4095	0	1	0	1	0.00%	100.00%	0.00%
Inflamed seborrheic keratosis		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Inflamed seborrheic keratosis	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Inflammation (infection) of postprocedural bleb, stage 1	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Inflammatory polyarthropathy		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Inflammatory polyarthropathy		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Inflammatory polyarthropathy	GASTROENTEROLOGY	Enhanced RA - Prescriber specialty	0	1	0	1	0.00%	100.00%	0.00%
Inflammatory polyarthropathy	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Inflammatory polyarthropathy	RHEUMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Inflammatory polyarthropathy	Rheumatology	RA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3874	0	1	0	1	0.00%	100.00%	0.00%
Inflammatory polyarthropathy	UNSPECIFIED SPECIALTY	Continuation - Efficacy 3047-A ID5108	0	1	0	1	0.00%	100.00%	0.00%
Inflammatory polyarthropathy	UNSPECIFIED SPECIALTY	RA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3874	0	1	0	1	0.00%	100.00%	0.00%
Inflammatory polyneuropathy, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Ingrowing nail	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Inj conjunctiva and corneal abrasion w/o fb, right eye, init	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Injury, unspecified, initial encounter	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Insomnia		Quantity, Post limit criteria not met 201-J ID3449	0	1	0	1	0.00%	100.00%	0.00%
Insomnia		Quantity, Post limit criteria not met 201-J ID3452	0	1	0	1	0.00%	100.00%	0.00%
Insomnia	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Insomnia due to a Mental Disorder	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Insomnia due to a Mental Disorder	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Insomnia due to a Mental Disorder	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Insomnia due to a Mental Disorder	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
insomnia due to medical condition		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
insomnia due to medical condition		Diagnosis 3677-A ID2434	0	1	0	1	0.00%	100.00%	0.00%
insomnia due to medical condition		Quantity, Post limit criteria not met 201-J ID3452	0	1	0	1	0.00%	100.00%	0.00%
insomnia due to medical condition		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
insomnia due to medical condition	ENDOCRINOLOGY, REPRODUCTIVE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
insomnia due to medical condition	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
insomnia due to medical condition	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
insomnia due to medical condition	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
insomnia due to medical condition	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
insomnia due to medical condition	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
insomnia due to medical condition	NURSE PRACTITIONER, ADULT HEALTH	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
insomnia due to medical condition	Psychiatry & Neurology	Quantity, Post limit criteria not met 201-J ID3452	0	1	0	1	0.00%	100.00%	0.00%
insomnia due to medical condition	pulmonary disease	Non-formulary/non-preferred 6178-D ID3722	0	1	0	1	0.00%	100.00%	0.00%
insomnia due to medical condition	sleep medicine/Neurology	Diagnosis 3677-A ID2434	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified		Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified		Quantity, Exceeds max limit, Partial denial - Ambien, Lunesta, Rozerem, zolpidem tartrate capsules	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified	ADDICTION MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Insomnia, unspecified	CLINICAL NURSE SPECIALIST, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Insomnia, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified	FAMILY PRACTICE	Continuation: Not on required concurrent therapy with PAP	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified	FAMILY PRACTICE	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified	FAMILY PRACTICE	Quantity, Post limit criteria not met 201-J ID3452	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified	GENERAL PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified	GENERAL PRACTICE	Quantity, Post limit criteria not met 201-J ID3449	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified	GENERAL PRACTICE	Quantity, Post limit criteria not met 201-J ID3452	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified	GENERAL PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Insomnia, unspecified	INFECTIOUS DISEASES	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Insomnia, unspecified	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified	INTERNAL MEDICINE	Diagnosis 534-C ID3426	0	1	0	1	0.00%	100.00%	0.00%

Insomnia, unspecified	INTERNAL MEDICINE, CRITICAL CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Insomnia, unspecified	Internal/Family Medicine	Quantity, Post limit criteria not met 201-J ID3449	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified	NEUROLOGY	Quantity, Exceeds max limit, Partial denial - Ambien, Lunesta, Rozerem, zolpidem tartrate capsules	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Insomnia, unspecified	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Insomnia, unspecified	PHYSICAL MEDICINE & REHABILITATION	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Insomnia, unspecified	PSYCHIATRY	Diagnosis 178-C ID3427	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified	PSYCHIATRY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified	PSYCHIATRY	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified	PSYCHIATRY	Quantity, Post limit criteria not met 201-J ID3449	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified	PSYCHIATRY	Quantity, Post limit criteria not met 201-J ID3452	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified	PULMONARY DISEASES	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified	RHEUMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Insomnia, unspecified	RHEUMATOLOGY	Quantity, Exceeds max limit, Partial denial - Ambien, Lunesta, Rozerem, zolpidem tartrate capsules	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified	SLEEP MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Insomnia, unspecified	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Insomnia, unspecified	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 201-J ID3449	0	1	0	1	0.00%	100.00%	0.00%
Instability of internal right knee prosthesis, sequela		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Insufficient sleep syndrome	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Insulin resistance syndrome, Type A	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Insulin resistance, unspecified		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Insulin resistance, unspecified	CARDIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Insulin resistance, unspecified	CARDIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Insulin resistance, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Insulin resistance, unspecified	OBSTESTRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Insulin resistance, unspecified	PEDIATRICS	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Intercostal pain		Safely take requested dose	0	1	0	1	0.00%	100.00%	0.00%
Interstitial cystitis (chronic) without hematuria		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Interstitial cystitis (chronic) without hematuria	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Interstitial cystitis (chronic) without hematuria	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Interstitial cystitis (chronic) without hematuria	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Interstitial lung disease with progressive fibrotic phenotype in diseases c	INTERNAL MEDICINE, CRITICAL CARE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Interstitial pulmonary disease, unspecified		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Interstitial pulmonary disease, unspecified	INTERNAL MEDICINE, CRITICAL CARE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Intervertebral disc disorders with radiculopathy	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Intervertebral disc disorders with radiculopathy	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Intervertebral disc disorders with radiculopathy, lumbar region	ANESTHESIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Intervertebral disc disorders with radiculopathy, lumbar region	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Intervertebral disc disorders with radiculopathy, lumbar region	FAMILY PRACTICE	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Intervertebral disc disorders with radiculopathy, lumbar region	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Intervertebral disc disorders with radiculopathy, lumbar region	GENERAL PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Intervertebral disc disorders with radiculopathy, lumbar region	GENERAL PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Intervertebral disc disorders with radiculopathy, lumbar region	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Intestinal methanogen overgrowth, unspecified	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Intraductal carcinoma in situ of left breast	GENERAL SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Intraductal carcinoma in situ of unspecified breast	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Intrahepatic bile duct carcinoma	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Intrahepatic bile duct carcinoma	NURSE PRACTITIONER, ACUTE CARE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Intramural leiomyoma of uterus	GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Intramural leiomyoma of uterususer	OBSTESTRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Intrinsic (allergic) eczema		Continuation- No Response	0	1	0	1	0.00%	100.00%	0.00%
Intrinsic (allergic) eczema		Diagnosis 3199-E ID1302	0	1	0	1	0.00%	100.00%	0.00%
Intrinsic (allergic) eczema		Disease severity, Atopic Dermatitis 5018-C ID4123	0	1	0	1	0.00%	100.00%	0.00%
Intrinsic (allergic) eczema		Will be on concurrent therapy	0	1	0	1	0.00%	100.00%	0.00%
Intrinsic (allergic) eczema	ALLERGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Intrinsic (allergic) eczema	ALLERGY & IMMUNOLOGY	Age/No sensitive areas/ No trial	0	1	0	1	0.00%	100.00%	0.00%
Intrinsic (allergic) eczema	ALLERGY & IMMUNOLOGY	Continuation - Efficacy 1743-A ID4039	0	1	0	1	0.00%	100.00%	0.00%
Intrinsic (allergic) eczema	ALLERGY & IMMUNOLOGY	Diagnosis 1690-A ID4795	0	1	0	1	0.00%	100.00%	0.00%
Intrinsic (allergic) eczema	ALLERGY & IMMUNOLOGY	Initial - Step therapy (topical corticosteroid or calcineurin inhibitor) 1743-A ID5064	0	1	0	1	0.00%	100.00%	0.00%

Intrinsic (allergic) eczema	DERMATOLOGY	Age/No sensitive areas/ No trial	0	1	0	1	0.00%	100.00%	0.00%
Intrinsic (allergic) eczema	DERMATOLOGY	Continuation - Efficacy 1743-A ID5064	0	1	0	1	0.00%	100.00%	0.00%
Intrinsic (allergic) eczema	DERMATOLOGY	Diagnosis - Cream	0	1	0	1	0.00%	100.00%	0.00%
Intrinsic (allergic) eczema	DERMATOLOGY	Initial - Step therapy (topical corticosteroid or calcineurin inhibitor) 1743-A ID5064	0	1	0	1	0.00%	100.00%	0.00%
Intrinsic (allergic) eczema	DERMATOLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Intrinsic (allergic) eczema	Dermatology **Specialty Match Required	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Intrinsic (allergic) eczema	FAMILY PRACTICE	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Intrinsic (allergic) eczema	Internal Medicine	Continuation- No Response	0	1	0	1	0.00%	100.00%	0.00%
Intrinsic (allergic) eczema	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Intrinsic (allergic) eczema	NEPHROLOGY / RENAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Intrinsic (allergic) eczema	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Intrinsic (allergic) eczema	UNSPECIFIED SPECIALTY	Continuation - Efficacy 1743-A ID5064	0	1	0	1	0.00%	100.00%	0.00%
Intrinsic (allergic) eczema	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Invasive pulmonary aspergillosis	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Iron deficiency		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Iron deficiency		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Iron deficiency	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Iron deficiency	MEDICAL ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Iron deficiency	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Iron deficiency	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Iron deficiency anemia secondary to blood loss (chronic)	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Iron deficiency anemia secondary to blood loss (chronic)	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Iron deficiency anemia secondary to blood loss (chronic)	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Iron deficiency anemia secondary to blood loss (chronic)	OBSTESTRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Iron deficiency anemia secondary to blood loss (chronic)	OBSTESTRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Iron deficiency anemia, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Iron deficiency anemia, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Iron deficiency anemia, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Iron deficiency anemia, unspecified	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Iron deficiency anemia, unspecified	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Iron deficiency anemia, unspecified	MEDICAL ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Iron deficiency anemia, unspecified	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Iron deficiency anemia, unspecified	NURSE PRACTITIONER, ACUTE CARE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Iron deficiency anemia, unspecified	OBSTESTRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Iron deficiency anemia, unspecified	OBSTESTRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Iron deficiency anemia, unspecified	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Iron deficiency anemia, unspecified	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Iron deficiency anemia, unspecified	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Irregular menstruation, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Irregular menstruation, unspecified	OBSTETRICS & GYNECOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Irreversible pulpitis	DENTIST, ENDODONTICS (ROOT CANAL TREATMENT)	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Irritable bowel syndrome		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with constipation		Formulary Medical Necessity Ibsrela SCF, ACF, BF CMK STD 02-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with constipation		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Irritable bowel syndrome with constipation	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Irritable bowel syndrome with constipation	GASTROENTEROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with constipation	GASTROENTEROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with constipation	GASTROENTEROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with constipation	Internal Med *specialty match*	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with constipation	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with constipation	OBSTESTRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Irritable bowel syndrome with constipation	Specialty match required - Internal Medicine	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with constipation	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Ibsrela SCF, ACF, BF CMK STD 02-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with constipation	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea		Disease severity 690-A ID2709	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	Family Medicine	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	GASTROENTEROLOGY	Disease category/stage/severity 681-A ID4095	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	gastroenterology (Specialty match required with year of initial board certification **Reviewer must be actively licensed in DC, MD, or VA)	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%

Irritable bowel syndrome with diarrhea	Gastroenterology (specialty match required)	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	Gastroenterology **actively licensed in either DC, MD, or VA**	Exceeds maximum duration of therapy	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	Gastroenterology *actively licensed in DC, MD, or VA *exact specialty match required by client	Exceeds maximum duration of therapy	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	gastroenterology *specialty match required*	Disease category/stage/severity 681-A ID2077	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	Gastroenterology *specialty match*	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	GENERAL SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Irritable bowel syndrome with diarrhea	INFECTIOUS DISEASES	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	Internal Medicine (specialty match required)	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	Internal Medicine *exact specialty match required by client	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	MEDICAL ONCOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	NATUROPATH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Irritable bowel syndrome with diarrhea	UNSPECIFIED SPECIALTY	Disease category/stage/severity 681-A ID2077	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome with diarrhea	UNSPECIFIED SPECIALTY	Exceeds maximum duration of therapy	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome without diarrhea		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Irritable bowel syndrome without diarrhea		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Irritable bowel syndrome without diarrhea	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Irritable bowel syndrome without diarrhea	GASTROENTEROLOGY	Disease severity 690-A ID2709	0	1	0	1	0.00%	100.00%	0.00%
Irritable bowel syndrome without diarrhea	GASTROENTEROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Irritant contact dermatitis due to other agents		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Irritant contact dermatitis, unspecified cause		Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	1	0	1	0.00%	100.00%	0.00%
Irritant contact dermatitis, unspecified cause	DERMATOLOGY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Irritant contact dermatitis, unspecified cause	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Irritant contact dermatitis, unspecified cause	Dermatology (specialty match and actively licensed in DC, MD, or VA required)	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%

Irritant contact dermatitis, unspecified cause	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Irritant contact dermatitis, unspecified cause	UNSPECIFIED SPECIALTY	Diagnosis 351-C ID2112	0	1	0	1	0.00%	100.00%	0.00%
Ischemia and infarction of kidney	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Jaw pain	UNSPECIFIED SPECIALTY	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Joint pain-shlder		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Joint pain-shlder		Safely take requested dose	0	1	0	1	0.00%	100.00%	0.00%
Joint pain-shlder	FAMILY PRACTICE	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
Joint pain-shlder	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Joint pain-shlder	Orthopaedic Surgery OR Sports Medicine *specialty match*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Joint pain-shlder	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Joint pain-shlder	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Joint pain-shlder	PHYSICAL MEDICINE & REHABILITATION	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Juvenile ankylosing spondylitis	RHEUMATOLOGY	AS/nr-axSpA - Age;; 2008-A ID4564	0	1	0	1	0.00%	100.00%	0.00%
Juvenile arthritis, unspecified		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Juvenile arthritis, unspecified, unspecified site		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Juvenile arthritis, unspecified, unspecified site		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Juvenile arthritis, unspecified, unspecified site	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Juvenile arthritis, unspecified, unspecified site	RHEUMATOLOGY	JIA continuation - No specific positive response	0	1	0	1	0.00%	100.00%	0.00%
Juvenile dermatopolymyositis, organ involvement unspec	RHEUMATOLOGY, PEDIATRIC	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Juvenile dermatopolymyositis, organ involvement unspec	RHEUMATOLOGY, PEDIATRIC	Generic MTX trial 2018-A ID907	0	1	0	1	0.00%	100.00%	0.00%
Juvenile myoclonic epilepsy, not intractable, with status epilepticus	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Juvenile rheumatoid polyarthritis (seronegative)	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Keratitis		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Keratoconjunct sicca, not specified as Sjogrens, unsp eye		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Keratoconjunct sicca, not specified as Sjogrens, unsp eye	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Keratoconjunct sicca, not specified as Sjogrens, unsp eye	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Miebo SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Keratoconjunct sicca, not specified as Sjogrens, unsp eye	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Keratoconjunct sicca, not specified as Sjogrens, unsp eye	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	AEROSPACE MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	ophthalmologist (specialty match required)	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	OPHTHALMOLOGY	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	OPHTHALMOLOGY	Patient is able to take alternative dosage form 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	Optometry	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	optometry(specialty match required)	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Miebo SCF, ACF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Miebo SCF, ACF CMK STD 03-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Miebo SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Tyrvaya SCF, ACF CMK STD 09-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Vevye SCF, ACF CMK STD 09-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjögren's, right eye	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogrens, unspecified eye	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Keratoconus, unstable, bilateral		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Keratoconus, unstable, bilateral	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Keratoconus, unstable, left eye	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Kidney transplant status		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Kidney transplant status		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Kidney transplant status	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Kidney transplant status	NEPHROLOGY / RENAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Kidney transplant status	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Krabbe disease	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Krabbe disease	NEUROLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Krabbe disease	NEUROLOGY, PEDIATRIC	Formulary Medical Necessity Baclofen Susp, Fleqsuvy, Ozobax SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Krabbe disease	NEUROLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Laceration of long flexor muscle, fascia and tendon of right thumb at	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Laceration without foreign body of other part of head, initial encounter	GENERAL PRACTICE	Diagnosis 1358-E ID3405	0	1	0	1	0.00%	100.00%	0.00%

Lambert-Eaton syndrome, unspecified		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Latent syphilis, unspecified as early or late	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Lateral epicondylitis, right elbow	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Lateral epicondylitis, right elbow	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Left lower quadrant pain	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Left sided colitis with rectal bleeding		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Left sided colitis with rectal bleeding		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Left sided colitis with rectal bleeding	GASTROENTEROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Left sided colitis with rectal bleeding	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Left sided colitis with rectal bleeding	Gastroenterology (specialty match required)	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Left sided colitis with rectal bleeding	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Left sided colitis with rectal bleeding	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Left sided colitis without complications		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Left sided colitis without complications		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Left sided colitis without complications		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Left sided colitis without complications	GASTROENTEROLOGY	Self-admin - CD - Non-preferred (biosimilar) - No adverse event to active ingredient 4250-D ID4620	0	1	0	1	0.00%	100.00%	0.00%
Left sided colitis without complications	GASTROENTEROLOGY	UC - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID4403	0	1	0	1	0.00%	100.00%	0.00%
Left sided colitis without complications	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Left sided colitis without complications	GASTROENTEROLOGY, PEDIATRIC	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Left testicular pain	UROLOGY	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
Left upper quadrant pain	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Left ventricular failure		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Leiomyoma of uterus, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Leiomyoma of uterus, unspecified	GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Leiomyoma of uterus, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Lennox-Gastaut syndrome, intractable, without status epilepticus		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Lennox-Gastaut syndrome, intractable, without status epilepticus	NEUROLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Lennox-Gastaut syndrome, intractable, without status epilepticus	PEDIATRICS	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Lennox-Gastaut syndrome, not intractable, without status epilepticus	NEUROPHYSIOLOGY, CLINICAL	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Lesion of plantar nerve, right lower limb	GENERAL SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Lesion of ulnar nerve, left upper limb	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Leukoderma, not elsewhere classified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Leukoderma, not elsewhere classified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Leukoderma, not elsewhere classified	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Leukoderma, not elsewhere classified	DERMATOLOGY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Leukoderma, not elsewhere classified	PEDIATRICS	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Lichen planopilaris	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Lichen planopilaris	DERMATOLOGY	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Lichen planopilaris	UNSPECIFIED SPECIALTY	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Lichen planopilaris, unspecified	DERMATOLOGY	Diagnosis 76-D ID4113	0	1	0	1	0.00%	100.00%	0.00%
Lichen planopilaris, unspecified	DERMATOLOGY	Formulary Medical Necessity Topical Corticosteroids SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Lichen planopilaris, unspecified	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Lichen planus, unspecified		Diagnosis 224-A ID4827	0	1	0	1	0.00%	100.00%	0.00%
Lichen planus, unspecified	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Lichen planus, unspecified	DERMATOLOGY	Diagnosis 3173-A ID4944	0	1	0	1	0.00%	100.00%	0.00%
Lichen sclerosus et atrophicus		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Lichen sclerosus et atrophicus	DERMATOLOGY	Diagnosis 76-D ID4113	0	1	0	1	0.00%	100.00%	0.00%
Lichen sclerosus et atrophicus	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Lichen simplex chronicus		Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Lichen striatus	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Linear scleroderma	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Lipid storage disorder, unspecified	NATUROPATH	Not on required concurrent therapy 797-A ID4531	0	1	0	1	0.00%	100.00%	0.00%
Lipodystrophy, not elsewhere classified		Quantity, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Lipodystrophy, not elsewhere classified	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Lipodystrophy, not elsewhere classified	Infectious Disease	Quantity, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Lipodystrophy, not elsewhere classified	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Lipodystrophy, not elsewhere classified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Lipoid dermatoarthritis	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Liver cell carcinoma		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Liver cell carcinoma	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Liver cell carcinoma	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Liver transplant status		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Liver transplant status		Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Liver transplant status	Hepatology *exact specialty match required by client	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Liver transplant status	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Liver transplant status	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Lobar pneumonia, unspecified organism	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Loc skin eruption due to drugs and meds taken internally	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Loc skin eruption due to drugs and meds taken internally	DERMATOLOGY	Diagnosis 76-D ID1404	0	1	0	1	0.00%	100.00%	0.00%

Loc skin eruption due to drugs and meds taken internally	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Local infection of the skin and subcutaneous tissue, unsp	INFECTIOUS DISEASES, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Local infection of the skin and subcutaneous tissue, unsp	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Localization-related (focal) (partial) idiopathic epilepsy and epileptic sy	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Localization-related (focal) (partial) idiopathic epilepsy and epileptic sy	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Localization-related (focal) (partial) idiopathic epilepsy and epileptic sy	Neurology (specialty match required)	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Localization-related (focal) (partial) idiopathic epilepsy and epileptic sy	NEUROLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Localized enlarged lymph nodes		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Localized osteoporosis (Lequesne)	FAMILY PRACTICE	Non-formulary/non-preferred 3284-D ID3507	0	1	0	1	0.00%	100.00%	0.00%
Localized osteoporosis (Lequesne)	Internal Medicine	Non-formulary/non-preferred 3284-D ID3507	0	1	0	1	0.00%	100.00%	0.00%
Localized swelling, mass and lump, unspecified	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Local-rel symptc epi w cmplx part seiz, ntrct, w/o stat epi		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Local-rel symptc epi w cmplx part seiz, ntrct, w/o stat epi	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Local-rel symptc epi w cmplx part seiz, ntrct, w/o stat epi	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Local-rel symptc epi w cmplx prt seiz, not ntrct, w stat epi	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Local-rel symptc epi w cmplx prt seiz,not ntrct,w/o stat epi	FAMILY PRACTICE	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Local-rel symptc epi w cmplx prt seiz,not ntrct,w/o stat epi	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Local-rel symptc epi w cmplx prt seiz,not ntrct,w/o stat epi	NEUROLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Local-rel symptc epi w cmplx prt seiz,not ntrct,w/o stat epi	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Local-rel symptc epi w cmplx prt seiz,not ntrct,w/o stat epi	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Local-rel symptc epi w simp prt seiz,not ntrct, w/o stat epi		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Local-rel symptc epi w simp prt seiz,not ntrct, w/o stat epi	NURSE PRACTITIONER, ADULT HEALTH	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Local-rel(focal) (partial) idiopathic epi and epi syndromes w sei local, no	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Local-rel(focal) (partial) idiopathic epi and epi syndromes w sei local, no	NEUROLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Local-rel(focal) (partial) idiopathic epi and epi syndromes w sei local, no	NEUROLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Long chain/very long chain acyl CoA dehydrogenase deficiency	PEDIATRICS	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Long term (current) use of anticoagulants	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Long term (current) use of hormonal contraceptives	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Long term (current) use of hormonal contraceptives	INFECTIOUS DISEASES	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Long term (current) use of hormonal contraceptives	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Long term (current) use of inhaled steroids	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Long term (current) use of insulin		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Long term (current) use of insulin	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Long term (current) use of insulin	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Long term (current) use of opiate analgesic		Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Long term (current) use of opiate analgesic	ANESTHESIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Long term (current) use of opiate analgesic	ANESTHESIOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Long term (current) use of opiate analgesic	ANESTHESIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Long term (current) use of opiate analgesic	FAMILY PRACTICE	Not pregnant or breastfeeding	0	1	0	1	0.00%	100.00%	0.00%
Long term (current) use of selective estrogen receptor modulators (SERMs)	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Long term (current) use of systemic steroids	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Long term use of antibiotics		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Long-term (current) use of injectable non-insulin antidiabetic drugs	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Long-term (current) use of injectable non-insulin antidiabetic drugs	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Low back pain		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Low back pain, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Low back pain, unspecified		Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Low back pain, unspecified	ANESTHESIOLOGY	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
Low back pain, unspecified	ANESTHESIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Low back pain, unspecified	FAMILY PRACTICE	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Low back pain, unspecified	GENERAL PRACTICE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Low back pain, unspecified	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Low back pain, unspecified	INTERNAL MEDICINE	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
Low back pain, unspecified	INTERNAL MEDICINE	Safely take requested dose	0	1	0	1	0.00%	100.00%	0.00%
Low back pain, unspecified	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Low back pain, unspecified	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Low back pain, unspecified	PHYSICAL MEDICINE & REHABILITATION	Diagnosis - Horizant	0	1	0	1	0.00%	100.00%	0.00%
Low back pain, unspecified	PHYSICAL MEDICINE & REHABILITATION	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Low back pain, unspecified	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Low back pain, unspecified	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Low back pain, unspecified	UNSPECIFIED SPECIALTY	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Lower abdominal pain, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Low-tension glaucoma, bilateral, mild stage	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Low-tension glaucoma, bilateral, moderate stage		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Low-tension glaucoma, bilateral, moderate stage		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Low-tension glaucoma, bilateral, moderate stage	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Low-tension glaucoma, bilateral, moderate stage	OPHTHALMOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Low-tension glaucoma, bilateral, moderate stage	OPHTHALMOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Low-tension glaucoma, bilateral, moderate stage	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Low-tension glaucoma, bilateral, moderate stage	Ophthalmology *actively licensed in DC, MD, or VA *exact specialty match required by client	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Low-tension glaucoma, left eye, moderate stage	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Low-tension glaucoma, right eye, severe stage	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Lumbago with sciatica		Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Lumbago with sciatica, left side	FAMILY PRACTICE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Lumbago with sciatica, left side	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Lumbago with sciatica, left side	OBSTETRICS	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Lumbago with sciatica, right side		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Lumbago with sciatica, right side	CARDIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Lumbago with sciatica, right side	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Lumbago with sciatica, right side	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Lumbago with sciatica, right side	INTERNAL MEDICINE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Lumbago with sciatica, right side	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
lumbago with sciatica, unspecified	RHEUMATOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY	ANESTHESIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Lung transplant status	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Lymphocytic colitis	GASTROENTEROLOGY	Diagnosis;; 2008-A ID3519	0	1	0	1	0.00%	100.00%	0.00%
Lymphocytic colitis	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Lymphocytic colitis	Gastroenterology OR internal medicine	Diagnosis;; 2008-A ID3519	0	1	0	1	0.00%	100.00%	0.00%
Lymphoma of abdominal wall	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Macular hole of left eye	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Madarosis of left eye, unspecified eyelid and periocular area	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Madarosis of right upper eyelid and periocular area	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Madarosis of unspecified eye, unspecified eyelid and periocular area	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Major depressive disorder, recurrent		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features		Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features		Formulary Medical Necessity SSRIs SCF CMK STD 02-2021 2F	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features		No approvable diagnosis 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features		TRD Continuation: Response to Treatment	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	ADDICTION MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	ADDICTION MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Major depressive disorder, recurrent severe without psychotic features	ANESTHESIOLOGY	Prescriber specialty 2889-A ID3872	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	Family or Internal medicine (Specialty match required with year of initial board certification)	Quantity, No post limit quantity available	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Major depressive disorder, recurrent severe without psychotic features	GENERAL PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	INTERNAL MEDICINE	Exclusion: Alcohol or substance use disorder	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	NEONATAL / PERINATAL MEDICINE	Greater than 12 months postpartum	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	CVSC Medical Director reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	Continuation 2889-A ID1001	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%

Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	Diagnosis 178-C ID3427	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	MDD Without Intent	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	No inadequate response, intolerance or contraindication to bupropion, mirtazapine, SNRI or SSRI	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	psychiatry	Prescriber specialty 2889-A ID3872	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	PSYCHIATRY	TRD Continuation: Response to Treatment	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	Psychiatry **Specialty Match is Required	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	Psychiatry-specialty match review	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	UNSPECIFIED SPECIALTY	Confirmed Diagnosis by Standardized Rating Scale	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	UNSPECIFIED SPECIALTY	Diagnosis 2889-A ID3872	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	UNSPECIFIED SPECIALTY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	UNSPECIFIED SPECIALTY	MDD: No Immediate Risk of Confinement	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	UNSPECIFIED SPECIALTY	Prescriber specialty 2889-A ID3872	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent severe without psychotic features	UNSPECIFIED SPECIALTY	Quantity, No post limit quantity available	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, in full remission	FAMILY PRACTICE	Over max quantity 1888-E ID1116	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, in full remission	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, in full remission	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Major depressive disorder, recurrent, in full remission	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, in full remission	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, in partial remission		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, in partial remission		Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, in partial remission		Formulary Medical Necessity Auvelity SCF, ACF CMK STD 02-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, in partial remission	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Major depressive disorder, recurrent, in partial remission	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, in remission unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, in remission unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Major depressive disorder, recurrent, in remission unspecified	NEONATAL / PERINATAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, in remission unspecified	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, mild		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, mild	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, mild	NEONATAL / PERINATAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Major depressive disorder, recurrent, mild	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, mild	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	No inadequate response, intolerance or contraindication to bupropion, mirtazapine, SNRI or SSRI	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, mild	PSYCHIATRY	Diagnosis 178-C ID3427	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, mild	PSYCHIATRY	Formulary Medical Necessity Auvelity SCF, ACF CMK STD 02-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, mild	PSYCHIATRY	Formulary Medical Necessity Auvelity SCF, ACF CMK STD 03-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, mild	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, mild	UNSPECIFIED SPECIALTY	Step Therapy 384-D ID1926	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate		No inadequate response, intolerance or contraindication to bupropion, mirtazapine, SNRI or SSRI	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate		Quantity, Post limit criteria not met, Partial denial - amitriptyline	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate	DEVELOPMENTAL-BEHAVIORAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate	Family Medicine or Psychiatry	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate	FAMILY PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, moderate	FAMILY PRACTICE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate	FAMILY PRACTICE	Over max quantity 1888-E ID1116	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate	FAMILY PRACTICE	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%

Major depressive disorder, recurrent, moderate	GENERAL PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, moderate	GENERAL PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, moderate	PHYSICIAN, PSYCHOSOMATIC MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, moderate	PSYCHIATRY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, moderate	PSYCHIATRY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate	PSYCHIATRY	Formulary Medical Necessity Auvelity SCF, ACF CMK STD 03-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate	PSYCHIATRY	Not pregnant or breastfeeding	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate	PSYCHIATRY	Quantity, Post limit criteria not met 201-J ID3449	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate	PSYCHIATRY	TRD: Antidepressant Trial	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate	PSYCHIATRY (specialty match required)	Dosing, Exceeds Max Limit 2970-HJ ID1805	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate	Psychiatry (specialty match required)	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate	PSYCHIATRY *Specialty Match Reviewer*	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Auvelity SCF, ACF CMK STD 02-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate	UNSPECIFIED SPECIALTY	Over max quantity 1888-E ID1116	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, moderate	UNSPECIFIED SPECIALTY	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, severe with psychotic symptoms		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, severe with psychotic symptoms	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, severe with psychotic symptoms	PSYCHIATRY	No approvable diagnosis 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, unspecified		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, unspecified	FAMILY PRACTICE	No inadequate response, intolerance or contraindication to generic formulary alternatives	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, recurrent, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Major depressive disorder, recurrent, unspecified	PEDIATRICS	Confirmed Diagnosis by Standardized Rating Scale	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, unspecified	PEDIATRICS	Diagnosis confirmed by depression rating scale	0	1	0	1	0.00%	100.00%	0.00%

Major depressive disorder, recurrent, unspecified	PSYCHIATRY	Diagnosis 178-C ID3028	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, unspecified	Psychiatry	Diagnosis confirmed by depression rating scale	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, unspecified	PSYCHIATRY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, unspecified	PSYCHIATRY	Over max quantity 1888-E ID1116	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, unspecified	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, unspecified	psychiatry *specialty match*	No inadequate response, intolerance or contraindication to bupropion, mirtazapine, SNRI or SSRI	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, unspecified	UNSPECIFIED SPECIALTY	No inadequate response, intolerance or contraindication to bupropion, mirtazapine, SNRI or SSRI	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, unspecified	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, recurrent, unspecified	UNSPECIFIED SPECIALTY	Step Therapy 384-D ID1926	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, in partial remission		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, single episode, in partial remission	PSYCHIATRY	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, in partial remission	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Major depressive disorder, single episode, mild	FAMILY PRACTICE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, mild	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, single episode, mild	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Major depressive disorder, single episode, mild	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Major depressive disorder, single episode, mild	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, moderate		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, single episode, moderate	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, moderate	FAMILY PRACTICE	Non-formulary/non-preferred – Combo product	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, moderate	INTERNAL MEDICINE	Formulary Medical Necessity Citalopram HBr SCF, ACF CMK STD 09-2022 1T	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, moderate	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, moderate	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, moderate	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Major depressive disorder, single episode, moderate	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, severe with psychotic features	psychiatris	Not on required concurrent therapy: Oral Antidepressant	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, severe with psychotic features	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, single episode, severe with psychotic features	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, severe with psychotic features	PSYCHIATRY	Not on required concurrent therapy: Oral Antidepressant	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, severe without psychotic feature		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, single episode, severe without psychotic feature		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, severe without psychotic feature	FAMILY PRACTICE	Over max quantity 1888-E ID1116	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, severe without psychotic feature	PSYCHIATRY	Diagnosis 178-C ID3427	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, severe without psychotic feature	PSYCHIATRY	Formulary Medical Necessity Auvelity SCF, ACF CMK STD 02-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, severe without psychotic feature	PSYCHIATRY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, severe without psychotic feature	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, severe without psychotic feature	UNSPECIFIED SPECIALTY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, unspecified		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Major depressive disorder, single episode, unspecified		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, unspecified		Diagnosis 178-C ID3427	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, unspecified		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Major depressive disorder, single episode, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Major depressive disorder, single episode, unspecified	INFECTIOUS DISEASES	Augmentation step therapy - Other	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, unspecified	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, unspecified	NEUROLOGY	Diagnosis 178-C ID3427	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, unspecified	Psychiatry	Augmentation step therapy - Other	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, unspecified	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, unspecified	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%

Major depressive disorder, single episode, unspecified	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, unspecified	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Major depressive disorder, single episode, unspecified	UNSPECIFIED SPECIALTY	TRD: Antidepressant Trial	0	1	0	1	0.00%	100.00%	0.00%
Malabsorption due to intolerance, not elsewhere classified	ALLERGY & IMMUNOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Malabsorption due to intolerance, not elsewhere classified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Male erectile disorder		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Male erectile disorder	CARDIOLOGY	Step Therapy 710-E ID1512	0	1	0	1	0.00%	100.00%	0.00%
Male erectile disorder	FAMILY PRACTICE	Diagnosis 865-C ID1508	0	1	0	1	0.00%	100.00%	0.00%
Male erectile disorder	FAMILY PRACTICE	Diagnosis 865-C ID5024	0	1	0	1	0.00%	100.00%	0.00%
Male erectile disorder	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Male erectile disorder	INTERNAL MEDICINE	Diagnosis 1651-A ID1971	0	1	0	1	0.00%	100.00%	0.00%
Male erectile disorder	UNSPECIFIED SPECIALTY	Diagnosis 865-C ID5024	0	1	0	1	0.00%	100.00%	0.00%
Male erectile disorder	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Erectile Dysfunction Agents FA-PA CMK STD 02-2021 2F	0	1	0	1	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified		Continuation: Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified		Diagnosis 1651-A ID1971	0	1	0	1	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified		Quantity, Exceeds max limit, Partial denial 1716-C ID5145	0	1	0	1	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	CARDIOLOGY	Diagnosis 865-C ID5024	0	1	0	1	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	EMERGENCY MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	FAMILY PRACTICE	Diagnosis 1651-A ID4998	0	1	0	1	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	FAMILY PRACTICE	Quantity, Exceeds max limit, Partial denial 1716-C ID5145	0	1	0	1	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	FAMILY PRACTICE	Step Therapy 710-E ID1512	0	1	0	1	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	FAMILY PRACTICE	Step Therapy 710-E ID5025	0	1	0	1	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	GERIATRIC MEDICINE, FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Male erectile dysfunction, unspecified	INTERNAL MEDICINE	Diagnosis 1651-A ID4998	0	1	0	1	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	INTERNAL MEDICINE	Exclusion, age-related hypogonadism	0	1	0	1	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	INTERNAL MEDICINE	Quantity, Exceeds max limit, Partial denial	0	1	0	1	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	NEPHROLOGY / RENAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Male erectile dysfunction, unspecified	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Male erectile dysfunction, unspecified	SPORTS MEDICINE, FAMILY PRACTICE	Diagnosis 865-C ID1508	0	1	0	1	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	SPORTS MEDICINE, FAMILY PRACTICE	Diagnosis 865-C ID5024	0	1	0	1	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	UNSPECIFIED SPECIALTY	Diagnosis 1640-A ID4999	0	1	0	1	0.00%	100.00%	0.00%

Male erectile dysfunction, unspecified	UNSPECIFIED SPECIALTY	Step Therapy 710-E ID1512	0	1	0	1	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	UNSPECIFIED SPECIALTY	Step Therapy 710-E ID5720	0	1	0	1	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Male erectile dysfunction, unspecified	UROLOGY	Diagnosis 865-C ID1508	0	1	0	1	0.00%	100.00%	0.00%
Male erectile dysfunction, unspecified	UROLOGY	Step Therapy 710-E ID5025	0	1	0	1	0.00%	100.00%	0.00%
Male infertility, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Male infertility, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Male infertility, unspecified	ENDOCRINOLOGY, REPRODUCTIVE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Male infertility, unspecified	FAMILY PRACTICE	Diagnosis 118-A ID2113	0	1	0	1	0.00%	100.00%	0.00%
Malignant carcinoid tumor of the bronchus and lung	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant carcinoid tumor of the bronchus and lung	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant carcinoid tumor of unspecified site	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant melanoma of overlapping sites of skin		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of base of tongue	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of base of tongue	RADIATION ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of bilateral ovaries	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of bilateral ovaries	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of bilateral ovaries	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of bilateral ovaries	Oncology	Advanced (stage II-IV) epithelial ovarian, fallopian tube, or primary peritoneal cancer - Not received bevacizumab during primary therapy 1810-A ID2049	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of bilateral ovaries	oncology	Diagnosis 1639-A ID3781	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of bilateral ovaries	ONCOLOGY, GYNECOLOGIC	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of bilateral ovaries	ONCOLOGY, GYNECOLOGIC	Diagnosis 1639-A ID3781	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of bilateral ovaries	ONCOLOGY, GYNECOLOGIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of bladder, unspecified	UROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of body of stomach	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of body of stomach	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of brain, unspecified		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of brain, unspecified	MEDICAL ONCOLOGY	Diagnosis 1665-A ID5092	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of brain, unspecified	PEDIATRICS	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of brain, unspecified	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of breast of unspecified site	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Malignant neoplasm of breast of unspecified site	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of cardia	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of central portion of left female breast		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of central portion of right female breast	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of central portion of right female breast	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of colon, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of colon, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of colon, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of colon, unspecified	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of colon, unspecified	HEMATOLOGY & ONCOLOGY	Colorectal cancer, RAS wild type - No progression on anti-EGFR therapy 1896-A ID3245	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of colon, unspecified	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of colon, unspecified	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of colon, unspecified	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of connective and soft tissue of abdomen	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of connective and soft tissue, unspecified		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of connective and soft tissue, unspecified		GIST – Failure of at least for FDA- approved therapies	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of connective and soft tissue, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of connective and soft tissue, unspecified	HEMATOLOGY & ONCOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of connective and soft tissue, unspecified	MEDICAL ONCOLOGY	uLMS - Not a single agent 1810-A ID4255	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of connective and soft tissue, unspecified	MEDICAL ONCOLOGY	uLMS – Lab/test BRCA2-altered status negative or unknown	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of connective and soft tissue, unspecified	Oncology	GIST – Failure of at least for FDA- approved therapies	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of connective and soft tissue, unspecified	Oncology	uLMS – Lab/test BRCA2-altered status negative or unknown	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of connective and soft tissue, unspecified	PEDIATRICS	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of connective and soft tissue, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of duodenum	MEDICAL ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of duodenum	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of duodenum	MEDICAL ONCOLOGY	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of duodenum	MEDICAL ONCOLOGY	Pancreatic adenocarcinoma - Disease progression during first-line platinum-based chemotherapy 1810-A ID4255	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of esophagus, unspecified	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of esophagus, unspecified	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Malignant neoplasm of esophagus, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of gallbladder		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of glottis	NURSE PRACTITIONER, GERONTOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of glottis	NURSE PRACTITIONER, GERONTOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of head of pancreas		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of head of pancreas	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of left orbit	RADIATION ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of lower lobe, right bronchus or lung		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of lower-inner quadrant of left female breast		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of lower-inner quadrant of left female breast	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of lower-inner quadrant of left male breast	HEMATOLOGY & ONCOLOGY	Breast Cancer - Hormone receptor status negative/unknown 1639-A ID5856	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of lower-inner quadrant of right female breast	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of lower-outer quadrant of left female breast	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of lower-outer quadrant of left female breast	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of lower-outer quadrant of right female breast		No response to preoperative systemic therapy, recurrent, advanced, or metastatic breast cancer-Not in combination with capecitabine	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of lower-outer quadrant of right female breast	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of lower-outer quadrant of right female breast	HEMATOLOGY & ONCOLOGY	Early-stage breast cancer-Not used as a single agent	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of lower-outer quadrant of right female breast	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of middle third of esophagus	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of mouth, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of overlapping sites of bladder	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of overlapping sites of colon	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of overlapping sites of colon	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of overlapping sites of left female breast		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of overlapping sites of left female breast	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of overlapping sites of left female breast	MEDICAL ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of overlapping sites of right female breast	FAMILY PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of overlapping sites of right female breast	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Malignant neoplasm of overlapping sites of right female breast	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of overlapping sites of right female breast	MEDICAL ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of overlapping sites of right female breast	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of overlapping sites of right female breast	MEDICAL ONCOLOGY	Formulary Medical Necessity Veozah ACF CMK STD 3.13 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of overlapping sites of right female breast	MEDICAL ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of overlapping sites of right female breast	NURSE PRACTITIONER, ADULT HEALTH	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of pancreas, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of pancreas, unspecified	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of pancreas, unspecified	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of pancreas, unspecified	MEDICAL ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of pancreas, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of peritoneum, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of peritoneum, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of prostate		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of prostate		Combination use with a restricted medication 1934-A ID3078	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of prostate		Diagnosis 865-C ID5024	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of prostate		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of prostate		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of prostate	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of prostate	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of prostate	MEDICAL ONCOLOGY	Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of prostate	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of prostate	MEDICAL ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of prostate	UNSPECIFIED SPECIALTY	Diagnosis 865-C ID5024	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of prostate	UROLOGY	Not being used as a single agent 4411-A ID2010	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of prostate	UROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of prostate	Urology or Oncology	Not being used as a single agent 4411-A ID2010	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of rectum		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of rectum		Colorectal cancer, RAS wild type - No progression on anti-EGFR therapy 1896-A ID3245	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of rectum	FAMILY PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of rectum	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Malignant neoplasm of rectum	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of rectum	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of rectum	MEDICAL ONCOLOGY	Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of rectum	MEDICAL ONCOLOGY	Colorectal cancer – appropriate for intensive therapy or no disease progression 3782-A ID3671	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of rectum	Oncology	Colorectal cancer, RAS wild type - No progression on anti-EGFR therapy 1896-A ID3245	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of rectum	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of right kidney, except renal pelvis	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of right kidney, except renal pelvis	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of sigmoid colon	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of sigmoid colon	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of thymus	GENERAL SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of thyroid gland		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of thyroid gland	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of tonsil, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of transverse colon	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of transverse colon	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unsp kidney, except renal pelvis		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unsp kidney, except renal pelvis		RCC – Not used in combination with everolimus or pembrolizumab 1865-A ID4009	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of unsp part of unsp bronchus or lung		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of unsp part of unsp bronchus or lung		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of unsp part of unsp bronchus or lung	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unsp part of unsp bronchus or lung	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unsp part of unsp bronchus or lung	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unsp part of unspecified adrenal gland		CVSC Medical Director reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unsp part of unspecified adrenal gland	HEMATOLOGY & ONCOLOGY, PEDIATRIC	CVSC Medical Director reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unsp part of unspecified adrenal gland	HEMATOLOGY & ONCOLOGY, PEDIATRIC	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unsp part of unspecified adrenal gland	HEMATOLOGY & ONCOLOGY, PEDIATRIC	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of unsp site of unspecified female breast		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Malignant neoplasm of unsp site of unspecified female breast		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unsp site of unspecified female breast		Neutropenia due to chemotherapy – Administered with weekly chemotherapy regimen 1931-A ID3203	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of unsp site of unspecified female breast	HEMATOLOGY & ONCOLOGY	Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unsp site of unspecified female breast	HEMATOLOGY & ONCOLOGY	Formulary Medical Necessity SABAs SCF CMK STD 09-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of unsp site of unspecified female breast	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of unsp site of unspecified female breast	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unsp site of unspecified female breast	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unsp site of unspecified female breast	MEDICAL ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unsp site of unspecified female breast	NURSE PRACTITIONER, ACUTE CARE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unsp site of unspecified female breast	NURSE PRACTITIONER, ADULT HEALTH	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unsp site of unspecified female breast	ONCOLOGY, GYNECOLOGIC	Diagnosis 1639-A ID3781	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of unsp site of unspecified female breast	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unspecified ovary	ONCOLOGY, GYNECOLOGIC	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unspecified part of right bronchus or lung		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unspecified part of right bronchus or lung	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unspecified part of right bronchus or lung	MEDICAL ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unspecified site of left female breast		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unspecified site of left female breast		Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of unspecified site of left female breast	GENERAL SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of unspecified site of left female breast	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of unspecified site of left female breast	Hematology & Oncology or Internal/Family Med	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of unspecified site of left female breast	NURSE PRACTITIONER, ACUTE CARE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of unspecified site of right female breast	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unspecified site of right female breast	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unspecified site of right female breast	HEMATOLOGY & ONCOLOGY	Breast cancer - Not recurrent, advanced or metastatic disease 1639-A ID3781	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of unspecified site of right female breast	HEMATOLOGY & ONCOLOGY	Non-preferred - No adverse event to active ingredient 5906-D ID2707	0	1	0	1	0.00%	100.00%	0.00%

Malignant neoplasm of unspecified site of right female breast	HEMATOLOGY & ONCOLOGY	Secondary prophylaxis: Not the same dose and schedule as previous chemotherapy cycle 1930-A ID3205	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of unspecified site of right female breast	HEMATOLOGY & ONCOLOGY	Secondary prophylaxis: Not the same dose and schedule as previous chemotherapy cycle 1931-A ID3203	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of unspecified site of right female breast	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unspecified site of right female breast	MEDICAL ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unspecified site of right female breast	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of unspecified site of right female breast	Medical Oncology (specialty match required)	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of unspecified site of right female breast	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of upper lobe, left bronchus or lung	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of upper-inner quadrant of left female breast	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of upper-inner quadrant of left female breast	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of upper-inner quadrant of left female breast	MEDICAL ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of upper-inner quadrant of left female breast	MEDICAL ONCOLOGY	Breast Cancer - HER2 status positive/unknown 1639-A ID3781	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of upper-inner quadrant of right female breast		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of upper-inner quadrant of right female breast		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of upper-inner quadrant of right female breast	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of upper-outer quadrant of left female breast		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of upper-outer quadrant of left female breast		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of upper-outer quadrant of left female breast		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of upper-outer quadrant of left female breast	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of upper-outer quadrant of left female breast	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of upper-outer quadrant of left female breast	HEMATOLOGY & ONCOLOGY	Adjuvant treatment of early-stage breast cancer – Received for 12 months or more 1810-A ID3551	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of upper-outer quadrant of left female breast	HEMATOLOGY & ONCOLOGY	Continuation, adjuvant, early-stage - Received requested drug for 12 months or more 2178-A ID3718	0	1	0	1	0.00%	100.00%	0.00%
Malignant neoplasm of upper-outer quadrant of left female breast	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Malignant neoplasm of upper-outer quadrant of right female breast		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of upper-outer quadrant of right female breast	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Malignant neoplasm of upper-outer quadrant of right female breast	PHYSICIAN ASSISTANT, UNSPECIFIED	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Malignant neoplasm of upper-outer quadrant of right female breast	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Mantle cell lymphoma, lymph nodes of multiple sites	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Mast cell activation syndrome and related disorders		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mast cell activation, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mast cell activation, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mastitis without abscess	INFECTIOUS DISEASES	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Maternal care for benign tumor of corpus uteri, unspecified trimester	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Maternal care for low transverse scar from previous cesarean delivery	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Maternal care for low transverse scar from previous cesarean delivery	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Maternal care for other known or suspected poor fetal growth, unspecif	ENDOCRINOLOGY, PEDIATRIC	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Maternal care for other known or suspected poor fetal growth, unspecif	ENDOCRINOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Mechanical ptosis of left eyelid		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mechanical ptosis of right eyelid	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Meibomian gland dysfunction left eye, upper and lower eyelids	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Meibomian gland dysfunction left lower eyelid	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Miebo SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Meibomian gland dysfunction of right eye, unspecified eyelid	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Meibomian gland dysfunction of right eye, unspecified eyelid	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Meibomian gland dysfunction of right eye, unspecified eyelid	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Meibomian gland dysfunction of unspecified eye, unspecified eyelid		Formulary Medical Necessity Miebo SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Meibomian gland dysfunction of unspecified eye, unspecified eyelid		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Meibomian gland dysfunction of unspecified eye, unspecified eyelid	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Meibomian gland dysfunction of unspecified eye, unspecified eyelid	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Meibomian gland dysfunction right eye, upper and lower eyelids	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Miebo SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Meibomian gland dysfunction right eye, upper and lower eyelids	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Meibomian gland dysfunction right eye, upper and lower eyelids	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Meibomian gland dysfunction right lower eyelid	UNSPECIFIED SPECIALTY	Diagnosis 1175-A ID2556	0	1	0	1	0.00%	100.00%	0.00%
Meibomian gland dysfunction right lower eyelid	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Miebo SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%

Meibomian gland dysfunction right lower eyelid	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Meibomian gland dysfunction right upper eyelid	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Meibomian gland dysfunction right upper eyelid	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Miebo SCF, ACF CMK STD 03-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Melanocytic nevi, unspecified	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Melasma		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Melasma	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Melasma	DERMATOLOGY	Diagnosis 4915-A ID4919	0	1	0	1	0.00%	100.00%	0.00%
Melasma	DERMATOLOGY	Formulary Medical Necessity Dermatology, Acne SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Melasma	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Melasma	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Melasma	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Melasma	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Melasma	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Melasma	UNSPECIFIED SPECIALTY	Diagnosis 4915-A ID2138	0	1	0	1	0.00%	100.00%	0.00%
Melasma	UNSPECIFIED SPECIALTY	No approvable diagnosis 237-A ID406	0	1	0	1	0.00%	100.00%	0.00%
Melena	GASTROENTEROLOGY	Non-formulary/non-preferred - No inadequate response, intolerance, or contraindication to avoid formulary alternative(s) 2427-D ID2307	0	1	0	1	0.00%	100.00%	0.00%
Melena	GASTROENTEROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Melena	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Melena	NURSE PRACTITIONER, ADULT HEALTH	Age-Bowel prep	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states		Exclusion - topical	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states		Formulary Medical Necessity Prometrium SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states		Formulary Medical Necessity Veozah ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states		Formulary Medical Necessity Veozah ACF CMK STD 03-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states		Formulary Medical Necessity Veozah ACF CMK STD 3.13 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states		Non-formulary/non-preferred – Combo product	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states		Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	EMERGENCY MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Menopausal and female climacteric states	ENDOCRINOLOGY, DIABETES & METABOLISM	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%

Menopausal and female climacteric states	ENDOCRINOLOGY, REPRODUCTIVE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Menopausal and female climacteric states	ENDOCRINOLOGY, REPRODUCTIVE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	Family Medicine- specialty match required	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	FAMILY PRACTICE	Formulary Medical Necessity Veozah ACF CMK STD 03-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	Family Practice (specialty match required)	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Menopausal and female climacteric states	GYNECOLOGY	Patient did not have adverse reaction to the separate individual drugs caused by the inactive ingredient and/or documentation not provided	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Menopausal and female climacteric states	INFECTIOUS DISEASES	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Menopausal and female climacteric states	INTERNAL MEDICINE	Formulary Medical Necessity Menopausal Agents, Transdermal SCF CMK STD 09-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	INTERNAL MEDICINE	Formulary Medical Necessity Veozah ACF CMK STD 03-2024 1T	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	INTERNAL MEDICINE	Formulary Medical Necessity Veozah ACF CMK STD 03-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	INTERNAL MEDICINE	Formulary Medical Necessity Veozah ACF CMK STD 3.13 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	INTERNAL MEDICINE	Formulary Medical Necessity Veozah SCF CMK STD 03-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	INTERNAL MEDICINE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	MEDICAL ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Menopausal and female climacteric states	NATUROPATH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Menopausal and female climacteric states	NURSE MIDWIFE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	NURSE MIDWIFE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Menopausal and female climacteric states	OB/GYN *exact specialty match required by client	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	OBSTETRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Menopausal and female climacteric states	OBSTETRICS	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	OBSTETRICS	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%

Menopausal and female climacteric states	OBSTETRICS & GYNECOLOGY	Formulary Medical Necessity Veozah ACF CMK STD 03-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	OBSTETRICS & GYNECOLOGY	Formulary Medical Necessity Veozah ACF CMK STD 3.13 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	OBSTETRICS & GYNECOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	OBSTETRICS & GYNECOLOGY	Patient is able to take alternative dosage form 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	Obstetrics & Gynecology (specialty match required)	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	ONCOLOGY, GYNECOLOGIC	No approvable diagnosis (all drugs except generic Delatestryl and Testopel) 1210-A ID1157	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	ONCOLOGY, GYNECOLOGIC	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	PHYSICIAN ASSISTANT, UNSPECIFIED	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Menopausal and female climacteric states	PHYSICIAN ASSISTANT, UNSPECIFIED	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Menopausal and female climacteric states	UROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Menopausal and female climacteric states	UROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Menstrual migraine, intractable, with status migrainosus	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Menstrual migraine, intractable, without status migrainosus	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Menstrual migraine, not intractable, without status migrainosus		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Menstrual migraine, not intractable, without status migrainosus	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Menstrual migraine, not intractable, without status migrainosus	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Menstrual migraine, not intractable, without status migrainosus	INTERNAL MEDICINE	Quantity, Exceeds max limit, Partial denial, acute treatment 3481-E ID4681	0	1	0	1	0.00%	100.00%	0.00%
Menstrual migraine, not intractable, without status migrainosus	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Menstrual migraine, not intractable, without status migrainosus	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Meralgia paresthetica, left lower limb	SPORTS MEDICINE, PHYSICAL MEDICINE & REHABILITATION	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Meralgia paresthetica, unspecified lower limb	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Metabolic syndrome		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Metabolic syndrome	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Metabolic syndrome	Family Medicine (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Metabolic syndrome	FAMILY PRACTICE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Metabolic syndrome	Gastroenterology (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Metabolic syndrome	HOSPITALIST	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Metabolic syndrome	INFECTIOUS DISEASES	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Metabolic syndrome	INTERNAL MEDICINE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Metabolic syndrome	PSYCHIATRY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Methicillin sscptble Staphylococcus aureus infection, cause of dse class ew	CARDIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus		Will be on concurrent/duplicate therapy 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus	EMERGENCY MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine w/o aura, intractable, without status migrainosus	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus	INTERNAL MEDICINE	Will be on concurrent/duplicate therapy 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine w/o aura, intractable, without status migrainosus	NEUROLOGY	Formulary Medical Necessity Aimovig, Vyepti SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus	NEUROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus	NEUROLOGY	Quantity, Exceeds max limit, Partial denial, acute treatment	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus	Neurology(specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus	NEUROPHYSIOLOGY, CLINICAL	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus	NURSE PRACTITIONER, GERONTOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus	PHYSICAL MEDICINE & REHABILITATION	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine w/o aura, intractable, without status migrainosus	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, intractable, without status migrainosus	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus		Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus		Formulary Medical Necessity Headache Agents SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%

Migraine w/o aura, not intractable, w/o status migrainosus		Step therapy two triptan 5-HT1 receptor agonists	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus		Step therapy, Antiepileptic drugs, Beta-adrenergic blocking agents, Antidepressants 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus		Will be on concurrent/duplicate therapy 2761-E ID1659	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus		Will be on concurrent/duplicate therapy 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	ANESTHESIOLOGY	Quantity, Exceeds max limit, Partial denial, acute treatment	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	FAMILY PRACTICE	Quantity, Post limit criteria not met, Partial denial 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	FAMILY PRACTICE	Step therapy - Migraine	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	FAMILY PRACTICE	Will be on concurrent/duplicate therapy 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	GENERAL PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	GENERAL PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, w/o status migrainosus	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	INTERNAL MEDICINE	Quantity, Post limit criteria not met 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	Internal Medicine **Specialty Match Required	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGICAL SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGICAL SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGY	Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGY	Formulary Medical Necessity Drizalma FA-PA CMK STD 02-2021 1T	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGY	Formulary Medical Necessity Elyxyb, Migranow, Nerivio, Tosymra ACF CMK STD 09-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGY	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGY	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGY	Quantity, Exceeds max limit, Partial denial, acute treatment 3481-E ID4681	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGY	Step therapy two triptan 5-HT1 receptor agonists	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGY	Will be on concurrent/duplicate therapy 2761-E ID1659	0	1	0	1	0.00%	100.00%	0.00%

Migraine w/o aura, not intractable, w/o status migrainosus	Neurology (specialty match required)	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	Neurology - specialty match required	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	Neurology (Specialty match required with year of initial board certification ** **Reviewer must be actively licensed in DC, MD, or VA)	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROLOGY (specialty match required)	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	Neurology (specialty match required)	Will be on concurrent/duplicate therapy 2761-E ID1659	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	Neurology **Specialty Match Required	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	Neurology *exact specialty match required	Formulary Medical Necessity Headache Agents SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	Neurology *exact specialty match required by client	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NEUROPHYSIOLOGY, CLINICAL	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NURSE MIDWIFE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NURSE PRACTITIONER, ACUTE CARE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, w/o status migrainosus	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, w/o status migrainosus	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, w/o status migrainosus	Obstetrics & Gynecology *exact specialty match required by client	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	PEDIATRICS	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	PEDIATRICS	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	Specialty match *** Family Medicine ***	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	Specialty match required - Family Medicine	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%

Migraine w/o aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	Quantity, Exceeds max limit, Partial denial, acute treatment	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	Step therapy - sumatriptan and naproxen	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	Step therapy two triptan 5-HT1 receptor agonists	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	Will be on concurrent/duplicate therapy 2761-E ID1659	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	Will be on concurrent/duplicate therapy 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus		Will be on concurrent/duplicate therapy 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	ENDOCRINOLOGY, DIABETES & METABOLISM	Step therapy two triptan 5-HT1 receptor agonists	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, with status migrainosus	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	FAMILY PRACTICE	Will be on concurrent/duplicate therapy 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	INTERNAL MEDICINE	Step therapy two triptan 5-HT1 receptor agonists	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	NEUROLOGICAL SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, with status migrainosus	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	NEUROLOGY	Quantity, Exceeds max limit, Partial denial – Continuation, Migraine	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	NEUROLOGY	Quantity, Post limit criteria not met, Partial denial 1-J ID4462	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	NEUROLOGY, VASCULAR	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	NEUROPHYSIOLOGY, CLINICAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, with status migrainosus	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	OBSTETRICS & GYNECOLOGY	Quantity, Exceeds max limit, Partial denial, acute treatment	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	PEDIATRICS	Quantity, Post limit criteria not met 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%

Migraine w/o aura, not intractable, with status migrainosus	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, with status migrainosus	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine w/o aura, not intractable, with status migrainosus	Specialty match required with year of initial board certification Neurology	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine w/o aura, not intractable, with status migrainosus	UNSPECIFIED SPECIALTY	Step therapy two triptan 5-HT1 receptor agonists	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, intractable, with status migrainosus		Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, intractable, with status migrainosus	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine with aura, intractable, with status migrainosus	FAMILY PRACTICE	Quantity, Exceeds max limit, Partial denial, acute treatment	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, intractable, with status migrainosus	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine with aura, intractable, with status migrainosus	NEPHROLOGY / RENAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, intractable, with status migrainosus	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine with aura, intractable, with status migrainosus	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine with aura, intractable, without status migrainosus		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, intractable, without status migrainosus	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine with aura, intractable, without status migrainosus	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, intractable, without status migrainosus	FAMILY PRACTICE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, intractable, without status migrainosus	NEUROLOGICAL SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine with aura, intractable, without status migrainosus	NEUROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, intractable, without status migrainosus	NEUROLOGY	Quantity, Post limit criteria not met 3373-E ID1872	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, intractable, without status migrainosus	NEUROLOGY	Will be on concurrent/duplicate therapy 2761-E ID1659	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, intractable, without status migrainosus	Psychiatry & Neurology - Neurology *Exact specialty match required by client	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, intractable, without status migrainosus	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	Family Medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	Family Medicine **specialty match for reviewer is REQUIRED	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%

Migraine with aura, not intractable, w/o status migrainosus	FAMILY PRACTICE	No approvable dose and quantity 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	FAMILY PRACTICE	Step therapy two triptan 5-HT1 receptor agonists	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	INTERNAL MEDICINE	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	INTERNAL MEDICINE	Quantity, Exceeds max limit, Partial denial, acute treatment	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	INTERNAL MEDICINE	Quantity, Post limit criteria not met 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	Neurologist	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	NEUROLOGY	Antiemetic 5-HT3 Post Limit PA 16-J 01-2023 05_24_2023_15_51_03 2F	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	Neurology	Diagnosis - all	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	Neurology	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	NEUROLOGY	Quantity, Post limit criteria not met 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	NEUROLOGY	Quantity, Post limit criteria not met 3373-E ID1872	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	NEUROLOGY	Quantity, Post limit criteria not met, Partial denial 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	NEUROLOGY	Step therapy two triptan 5-HT1 receptor agonists	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	NEUROLOGY	Will be on concurrent/duplicate therapy 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	Neurology **Specialty Match**	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	NEUROLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	NEUROLOGY, PEDIATRIC	Diagnosis - all	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	NEUROLOGY, PEDIATRIC	Quantity, Post limit criteria not met 16-J ID5694	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	NEUROPHYSIOLOGY, CLINICAL	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	OSTEOPATHIC MANIPULATIVE MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Migraine with aura, not intractable, w/o status migrainosus	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine with aura, not intractable, w/o status migrainosus	Specialty match *NEUROLOGY ***	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	Specialty match review - Family or Internal Medicine	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met, Partial denial 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	Step therapy two triptan 5-HT1 receptor agonists	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, w/o status migrainosus	UNSPECIFIED SPECIALTY	Will be on concurrent/duplicate therapy 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, with status migrainosus		Quantity, Post limit criteria not met 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, with status migrainosus		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine with aura, not intractable, with status migrainosus	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, with status migrainosus	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine with aura, not intractable, with status migrainosus	INTERNAL MEDICINE	Quantity, Exceeds max limit, Partial denial, acute treatment	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, with status migrainosus	NEUROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, with status migrainosus	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, with status migrainosus	NEUROLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine with aura, not intractable, with status migrainosus	NEUROLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine with aura, not intractable, with status migrainosus	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine with aura, not intractable, with status migrainosus	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine with aura, not intractable, with status migrainosus	UNSPECIFIED SPECIALTY	Quantity, Exceeds max limit, Partial denial, acute treatment 3481-E ID4681	0	1	0	1	0.00%	100.00%	0.00%
Migraine with aura, not intractable, without status migrainosus		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine with aura, not intractable, without status migrainosus	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Migraine without aura		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine without aura, intractable, with status migrainosus		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine without aura, intractable, with status migrainosus		Diagnosis - all	0	1	0	1	0.00%	100.00%	0.00%
Migraine without aura, intractable, with status migrainosus		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine without aura, intractable, with status migrainosus		Step therapy two triptan 5-HT1 receptor agonists	0	1	0	1	0.00%	100.00%	0.00%
Migraine without aura, intractable, with status migrainosus	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine without aura, intractable, with status migrainosus	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Migraine without aura, intractable, with status migrainosus	FAMILY PRACTICE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine without aura, intractable, with status migrainosus	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine without aura, intractable, with status migrainosus	NEUROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine without aura, intractable, with status migrainosus	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine without aura, intractable, with status migrainosus	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine without aura, not intractable, without status migrainosus		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine without aura, not intractable, without status migrainosus	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine, unspecified, intractable, with status migrainosus		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine, unspecified, intractable, with status migrainosus		Diagnosis - all	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, intractable, with status migrainosus	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine, unspecified, intractable, with status migrainosus	PAIN MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine, unspecified, intractable, with status migrainosus	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine, unspecified, intractable, without status migrainosus		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine, unspecified, intractable, without status migrainosus		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, intractable, without status migrainosus	GERIATRIC MEDICINE, FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, intractable, without status migrainosus	INTERNAL MEDICINE	Quantity, Post limit criteria not met 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, intractable, without status migrainosus	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, with status migrainosus		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Migraine, unspecified, not intractable, with status migrainosus		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, with status migrainosus		Step therapy, Antiepileptic drugs, Beta-adrenergic blocking agents, Antidepressants 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, with status migrainosus	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, with status migrainosus	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, with status migrainosus	INTERNAL MEDICINE	Step therapy, Antiepileptic drugs, Beta-adrenergic blocking agents, Antidepressants 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, with status migrainosus	NEUROLOGY	Will be on concurrent/duplicate therapy 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, with status migrainosus	NEUROLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, with status migrainosus	NEUROLOGY, PEDIATRIC	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, with status migrainosus	NEUROLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine, unspecified, not intractable, with status migrainosus	OBSTESTRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, with status migrainosus	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, with status migrainosus	specialty match review	Will be on concurrent/duplicate therapy 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine, unspecified, not intractable, without status migrainosus.		Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.		No approvable diagnosis (all drugs except generic Delatestryl and Testopel) 1210-A ID1157	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.		Quantity, Exceeds max limit, Partial denial, acute treatment 3481-E ID4681	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.		Step therapy - Migraine	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	FAMILY PRACTICE	Diagnosis 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	FAMILY PRACTICE	Step therapy, Antiepileptic drugs, Beta-adrenergic blocking agents, Antidepressants 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%

Migraine, unspecified, not intractable, without status migrainosus.	GENERAL PRACTICE	Quantity, Post limit criteria not met, Partial denial 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	HOSPITALIST	Quantity, Post limit criteria not met, Partial denial 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	Internal med	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	INTERNAL MEDICINE	Quantity, Exceeds max limit, Partial denial, acute treatment	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	INTERNAL MEDICINE	Quantity, Post limit criteria not met 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	NEUROLOGY	Formulary Medical Necessity Auvelity SCF, ACF CMK STD 03-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	NEUROLOGY	Quantity, Exceeds max limit, Partial denial – Initial, Migraine - Aimovig, Ajovy, Vyepti	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	NEUROLOGY	Quantity, Exceeds max limit, Partial denial, acute treatment	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	NEUROLOGY	Quantity, Exceeds max limit, Partial denial, acute treatment 3481-E ID4681	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	NEUROLOGY	Will be on concurrent/duplicate therapy 2761-E ID1659	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	Neurology - specialty match required	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	Neurology (Specialty match required with year of initial board certification **Reviewer must be actively licensed in DC, MD, or VA)	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	Neurology (specialty match required)	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	Neurology (specialty match required)	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	Neurology **Specialty Match Required	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	NEUROLOGY, VASCULAR	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	NEUROPHYSIOLOGY, CLINICAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine, unspecified, not intractable, without status migrainosus.	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Migraine, unspecified, not intractable, without status migrainosus.	OBSTESTRICS & GYNECOLOGY	Will be on concurrent/duplicate therapy 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	OBSTETRICS & GYNECOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%

Migraine, unspecified, not intractable, without status migrainosus.	OTOLARYNGOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	RHEUMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	Specialty match required - Family Medicine	Step therapy two triptan 5-HT1 receptor agonists	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	UNSPECIFIED SPECIALTY	Diagnosis 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met, Partial denial 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Migraine, unspecified, not intractable, without status migrainosus.	UNSPECIFIED SPECIALTY	Will be on concurrent/duplicate therapy 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Mild hyperemesis gravidarum		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mild hyperemesis gravidarum	ENDOCRINOLOGY, REPRODUCTIVE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mild hyperemesis gravidarum	OBSTESTRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mild hyperemesis gravidarum	OBSTESTRICS & GYNECOLOGY	Antiemetic 5-HT3 Post Limit PA 16-J 01-2023 05_24_2023_15_51_03 4F	0	1	0	1	0.00%	100.00%	0.00%
Mild hyperemesis gravidarum	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mild intermittent asthma with (acute) exacerbation		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mild intermittent asthma with (acute) exacerbation	FAMILY PRACTICE	Quantity, Post limit criteria not met 2495-J ID4097	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma with (acute) exacerbation	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Mild intermittent asthma with (acute) exacerbation	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mild intermittent asthma with (acute) exacerbation	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Mild intermittent asthma with (acute) exacerbation	INTERNAL MEDICINE, CRITICAL CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mild intermittent asthma with (acute) exacerbation	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mild intermittent asthma with (acute) exacerbation	PEDIATRICS	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma with (acute) exacerbation	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Mild intermittent asthma with (acute) exacerbation	PULMONARY DISEASES	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Mild intermittent asthma with (acute) exacerbation	PULMONOLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mild intermittent asthma with (acute) exacerbation	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Mild intermittent asthma with status asthmaticus	GERIATRIC MEDICINE, FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Mild intermittent asthma, uncomplicated		Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated		Formulary Medical Necessity Steroid-Beta Agonist Combinations SCF CMK STD 09-2023 2F v2	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated		Non-formulary/non-preferred, over 7 years old	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	ALLERGY	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mild intermittent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	FAMILY PRACTICE	EoE documentation	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	FAMILY PRACTICE	Formulary Medical Necessity AirDuo Digihaler, Breyna, Budesonide-Formoterol Inh, Fluticasone-Vilanterol, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	FAMILY PRACTICE	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	FAMILY PRACTICE	Formulary Medical Necessity SABAs SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	FAMILY PRACTICE	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	FAMILY PRACTICE	Non-formulary/non-preferred, over 7 years old 5842-A ID4040	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	FAMILY PRACTICE	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	GENERAL PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	GENERAL PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Mild intermittent asthma, uncomplicated	INFECTIOUS DISEASES	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Mild intermittent asthma, uncomplicated	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mild intermittent asthma, uncomplicated	INTERNAL MEDICINE	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	INTERNAL MEDICINE	Formulary Medical Necessity SABAs SCF CMK STD 02-2024 1T	0	1	0	1	0.00%	100.00%	0.00%

Mild intermittent asthma, uncomplicated	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	PEDIATRICS	Non-formulary/non-preferred - Member can be treated with a preferred drug, over 7 years old 5842-A ID4040	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	PEDIATRICS	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	PEDIATRICS	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	PULMONARY DISEASES	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	PULMONARY DISEASES	Formulary Medical Necessity Steroid-Beta Agonist Combinations SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	PULMONARY DISEASES	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	PULMONARY DISEASES	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	PULMONARY DISEASES	Patient is able to take alternative dosage form 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	PULMONOLOGY, PEDIATRIC	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	PULMONOLOGY, PEDIATRIC	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred, over 7 years old	0	1	0	1	0.00%	100.00%	0.00%
Mild Persistant Asthma		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Mild Persistant Asthma		Non-formulary/non-preferred - Member can be treated with a preferred drug, over 7 years old 5842-A ID4040	0	1	0	1	0.00%	100.00%	0.00%
Mild Persistant Asthma	Internal Medicine (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Mild Persistent Asthma with acute exacerbation	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mild Persistent Asthma with acute exacerbation	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Mild Persistent Asthma with acute exacerbation	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Mild Persistent Asthma with acute exacerbation	PULMONOLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mild Persistent Asthma with acute exacerbation	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Mild persistent asthma, uncomplicated		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Mild persistent asthma, uncomplicated		Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	ADOLESCENT MEDICINE, PEDIATRICS	Formulary Medical Necessity Breyna, Budesonide-Formoterol Inh, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Mild persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mild persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	CRITICAL CARE, PEDIATRICS	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mild persistent asthma, uncomplicated	FAMILY PRACTICE	Formulary Medical Necessity SABAs SCF CMK STD 09-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	FAMILY PRACTICE	Non-formulary/non-preferred - Member can be treated with a preferred drug, over 7 years old 5842-A ID4040	0	1	0	1	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	FAMILY PRACTICE	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	FAMILY PRACTICE	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mild persistent asthma, uncomplicated	Pediatric Pulmonologist	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	Pediatrician	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	PEDIATRICS	Non-formulary/non-preferred, over 7 years old 5842-A ID4040	0	1	0	1	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	PEDIATRICS	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	Pediatrics *Specialty Match*	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	PULMONARY DISEASES	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Mild persistent asthma, uncomplicated	PULMONOLOGY, PEDIATRIC	Formulary Medical Necessity AirDuo Digihaler, Breyna, Budesonide-Formoterol Inh, Fluticasone-Vilanterol, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	PULMONOLOGY, PEDIATRIC	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Miliaria, unspecified	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Miliaria, unspecified	FAMILY PRACTICE	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Missed abortion	NURSE MIDWIFE	Antiemetic 5-HT3 Post Limit PA 16-J 01-2023 05_24_2023_15_51_03 2F	0	1	0	1	0.00%	100.00%	0.00%
Missed abortion	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Mitochondrial metabolism disorder, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mixed hyperlipidemia		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Mixed hyperlipidemia		FH - Pretreatment LDL-C less than 160 mg/dl or unknown	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia	CARDIOLOGY	Continuation - Efficacy 6432-A ID4685	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia	CARDIOLOGY	Continuation - Lab/test - Treated LDL-C level	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia	CARDIOLOGY	FH - Pretreatment LDL-C less than 160 mg/dl or unknown	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia	Cardiology	No inadequate response, intolerance or contraindication to statins	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia	CARDIOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia	CARDIOLOGY	Primary hyperlipidemia - Lab/test - Untreated LDL-C less than 190 mg/dL	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia	CARDIOLOGY, INTERVENTIONAL	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Mixed hyperlipidemia	CARDIOLOGY, INTERVENTIONAL	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mixed hyperlipidemia	CARDIOLOGY, INTERVENTIONAL	Continuation - Lab/test - Treated LDL-C level	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mixed hyperlipidemia	ENDOCRINOLOGY, DIABETES & METABOLISM	No approvable diagnosis 4660-A ID860	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Step therapy - High/moderate intensity statins with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia	FAMILY PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Mixed hyperlipidemia	FAMILY PRACTICE	Diagnosis 797-A ID4531	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia	FAMILY PRACTICE	No approvable diagnosis 4660-A ID860	0	1	0	1	0.00%	100.00%	0.00%

Mixed hyperlipidemia	FAMILY PRACTICE	Step therapy - High/moderate intensity statins with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Mixed hyperlipidemia	INTERNAL MEDICINE	Continuation - Lab/test - Treated LDL-C level	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia	INTERNAL MEDICINE	Continuation - No documentation of LDL	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia	INTERNAL MEDICINE	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia	INTERNAL MEDICINE	FH - LDL-C less than 190 mg/dL but not HeFH or HoFH	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia	INTERNAL MEDICINE	No inadequate response, intolerance or contraindication to statins	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia	Internal Medicine **Specialty Match Required	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia	NATUROPATH	Diagnosis 797-A ID4531	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia	NEPHROLOGY / RENAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Mixed hyperlipidemia	NURSE PRACTITIONER, ADULT HEALTH	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia	Pediatric Endocrinology (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia	PEDIATRICS	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Mixed hyperlipidemia	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mixed hyperlipidemia	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Mixed incontinence	GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mixed incontinence	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mixed incontinence	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Mixed irritable bowel syndrome	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mixed simple and mucopurulent chronic bronchitis	HOSPITALIST	Formulary Medical Necessity SABAs SCF CMK STD 09-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Moderate Persistant Asthma with status asthmaticus		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Moderate Persistant Asthma with status asthmaticus	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Moderate Persistant Asthma with status asthmaticus	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Moderate Persistant Asthma with status asthmaticus	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Moderate persistent asthma		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Moderate persistent asthma with acute exacerbation		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma with acute exacerbation	ALLERGY	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma with acute exacerbation	ALLERGY & IMMUNOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma with acute exacerbation	EMERGENCY MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Moderate persistent asthma with acute exacerbation	EMERGENCY MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Moderate persistent asthma with acute exacerbation	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Moderate persistent asthma with acute exacerbation	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Moderate persistent asthma with acute exacerbation	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma with acute exacerbation	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma with acute exacerbation	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Moderate persistent asthma with acute exacerbation	Pediatrics OR Pediatric Pulmonology *specialty match*	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma with acute exacerbation	PULMONOLOGY, PEDIATRIC	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma with status asthmaticus		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Moderate persistent asthma with status asthmaticus		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Moderate persistent asthma, uncomplicated		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Moderate persistent asthma, uncomplicated		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Moderate persistent asthma, uncomplicated		Asthma - Initial - Not optimized previous asthma treatment 1656-A ID4251	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated		Asthma Continuation - Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated		Asthma initial - Did not receive ICS plus controller for 3 months 1690-A ID3910	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated		Asthma initial - Eosinophil level 150 or greater without prereq drugs 1690-A ID4795	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated		Formulary Medical Necessity Breyna, Budesonide-Formoterol Inh, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated		Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated		Non-formulary/non-preferred 3230-D ID4810	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	ALLERGY	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	ALLERGY	Non-formulary/non-preferred, less than 7 years old 5842-A ID4040	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	ALLERGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Moderate persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Moderate persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Moderate persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Asthma - Not on required concurrent therapy 1690-A ID3910	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Asthma initial - Eosinophil level less than 150 without prereq drugs	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Non-formulary/non-preferred, over 7 years old 5842-A ID4040	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	Allergy or Pulmonology	Asthma initial - Eosinophil level less than 150 without prereq drugs 1690-A ID3910	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	Allergy/Immunology OR pulmonology	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	CRITICAL CARE, PEDIATRICS	Asthma initial - Eosinophil level less than 150 without prereq drugs 1690-A ID5767	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	CRITICAL CARE, PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Moderate persistent asthma, uncomplicated	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Moderate persistent asthma, uncomplicated	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	FAMILY PRACTICE	Formulary Medical Necessity AirDuo Digihaler, Breyna, Budesonide-Formoterol Inh, Fluticasone-Vilanterol, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 03-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	FAMILY PRACTICE	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	FAMILY PRACTICE	Formulary Medical Necessity SABAs SCF CMK STD 09-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	FAMILY PRACTICE	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	FAMILY PRACTICE	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	FAMILY PRACTICE	Non-formulary/non-preferred, over 7 years old	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Moderate persistent asthma, uncomplicated	INTERNAL MEDICINE	Formulary Medical Necessity AirDuo Digihaler, Breyna, Budesonide-Formoterol Inh, Fluticasone-Vilanterol, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	INTERNAL MEDICINE	Non-formulary/non-preferred - Nasal polyps or age less than 12	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	Pediatric Allergy/Immunology or Allergy/Imm comfortable with peds	Asthma initial - Eosinophil level 150 or greater without prereq drugs 1690-A ID4795	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	Pediatric Pulmonology (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Moderate persistent asthma, uncomplicated	PEDIATRICS	Formulary Medical Necessity Breyna, Budesonide-Formoterol Inh, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	PEDIATRICS	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	PULMONARY DISEASES	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Moderate persistent asthma, uncomplicated	PULMONARY DISEASES	Dosing, Exceeds Max Limit – Formulary, Exceeds Initial Limit	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	pulmonology	Non-formulary/non-preferred - Nasal polyps or age less than 12	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	Pulmonology comfortable with peds	Asthma initial - Eosinophil level less than 150 without prereq drugs 1690-A ID5767	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	PULMONOLOGY, PEDIATRIC	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Moderate persistent asthma, uncomplicated	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	UNSPECIFIED SPECIALTY	Asthma initial - Eosinophil level less than 150 without prereq drugs 1690-A ID3910	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	UNSPECIFIED SPECIALTY	EoE documentation	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	UNSPECIFIED SPECIALTY	Formulary Medical Necessity AirDuo Digihaler, Breyna, Budesonide-Formoterol Inh, Fluticasone-Vilanterol, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Moderate persistent asthma, uncomplicated	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Molluscum contagiosum	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Molluscum contagiosum	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Molluscum contagiosum	INTERNAL MEDICINE	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Molluscum contagiosum	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Molluscum contagiosum	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Molluscum contagiosum	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Monoarthritis, not elsewhere classified, left wrist	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Mononeuropathy, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mood Disorder due to known physiological condition with major depressive -	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Morbid (severe) obesity due to excess calories		Diagnosis 4774-C ID4438	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories		Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Morbid (severe) obesity due to excess calories		Not used with lifestyle modification per indication	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	CARDIAC ELECTROPHYSIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	CARDIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Morbid (severe) obesity due to excess calories	EMERGENCY MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	ENDOCRINOLOGY, DIABETES & METABOLISM	Continuation: Efficacy, Positive Response, Stable or Not Worsening	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Morbid (severe) obesity due to excess calories	Endocrinology, Diabetes & Metabolism *Specialty Match*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	Family Medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	Family Medicine **Specialty Match Required	Continuation: Efficacy, Positive Response, Stable or Not Worsening	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	Family Medicine **Specialty Match**	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	Family or Internal medicine(Specialty match required with year of initial board certification)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	FAMILY PRACTICE	*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	FAMILY PRACTICE	BMI Documentation 6192-C ID4205	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	FAMILY PRACTICE	Diagnosis 676-D ID3025	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	FAMILY PRACTICE	No comprehensive weight management program	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	GASTROENTEROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	GENERAL SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Morbid (severe) obesity due to excess calories	GENERAL SURGERY	Continuation: Efficacy, Positive Response, Stable or Not Worsening	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	INFECTIOUS DISEASES	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Morbid (severe) obesity due to excess calories	INTERNAL MEDICINE	BMI Documentation	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	INTERNAL MEDICINE	BMI Documentation 6192-C ID4205	0	1	0	1	0.00%	100.00%	0.00%

Morbid (severe) obesity due to excess calories	Internal Medicine **Specialty match required** Reviewer needs to be actively licensed in either DC, MD, or VA.	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	Internal/Family Medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	Nephrology (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	NEUROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	NURSE PRACTITIONER, ACUTE CARE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Morbid (severe) obesity due to excess calories	NURSE PRACTITIONER, GERONTOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Morbid (severe) obesity due to excess calories	OBSTESTRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity due to excess calories	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Morbid (severe) obesity with Alveolar hypoventilation	CARDIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity with Alveolar hypoventilation	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Morbid (severe) obesity with Alveolar hypoventilation	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Multiple endocrine neoplasia [MEN] type I	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Multiple fractures of ribs, left side, initial encounter for closed fractur	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Multiple myeloma in remission	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Multiple myeloma in remission	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Multiple myeloma not having achieved remission		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Multiple myeloma not having achieved remission	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Multiple myeloma not having achieved remission	HEMATOLOGY & ONCOLOGY	Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Multiple myeloma not having achieved remission	HEMATOLOGY & ONCOLOGY	Quantity, Post limit criteria not met 201-J ID3452	0	1	0	1	0.00%	100.00%	0.00%
Multiple myeloma not having achieved remission	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Multiple myeloma not having achieved remission	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Multiple myeloma not having achieved remission	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Multiple myeloma not having achieved remission	MEDICAL ONCOLOGY	Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%

Multiple sclerosis		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Multiple sclerosis		Avonex, Plegridy, or Rebif - Non-formulary/non-preferred 3260-D ID2834	0	1	0	1	0.00%	100.00%	0.00%
Multiple sclerosis		Bafiertam or Vumerity - Non-formulary/non-preferred 3260-D ID2834	0	1	0	1	0.00%	100.00%	0.00%
Multiple sclerosis		Copaxone 20 mg - Non-formulary/non-preferred - Same ingredient generic 4263-D ID2898	0	1	0	1	0.00%	100.00%	0.00%
Multiple sclerosis		Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Multiple sclerosis		Diagnosis 1845-A ID1758	0	1	0	1	0.00%	100.00%	0.00%
Multiple sclerosis		Mavenclad - Non-formulary/non-preferred 3260-D ID2834	0	1	0	1	0.00%	100.00%	0.00%
Multiple sclerosis		Received treatment in the last 43 weeks	0	1	0	1	0.00%	100.00%	0.00%
Multiple sclerosis	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Multiple sclerosis	FAMILY PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Multiple sclerosis	FAMILY PRACTICE	Bafiertam or Vumerity - Non-formulary/non-preferred 3260-D ID2834	0	1	0	1	0.00%	100.00%	0.00%
Multiple sclerosis	HEMATOLOGY & ONCOLOGY	Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Multiple sclerosis	NEUROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Multiple sclerosis	NEUROLOGY	Continuation: Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Multiple sclerosis	NEUROLOGY	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Multiple sclerosis	NEUROLOGY	Diagnosis 1841-A ID1763	0	1	0	1	0.00%	100.00%	0.00%
Multiple sclerosis	NEUROLOGY	Diagnosis 3395-A ID3128	0	1	0	1	0.00%	100.00%	0.00%
Multiple sclerosis	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Multiple sclerosis	Neurology	Received treatment in the last 43 weeks	0	1	0	1	0.00%	100.00%	0.00%
Multiple sclerosis	NEUROLOGY	Will be on concurrent/duplicate therapy 1808-A ID1770	0	1	0	1	0.00%	100.00%	0.00%
Multiple sclerosis	NURSE PRACTITIONER, ACUTE CARE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Multiple sclerosis	NURSE PRACTITIONER, ADULT HEALTH	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Multiple sclerosis	PSYCHIATRY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Multiple sclerosis	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Multiple sclerosis	UNSPECIFIED SPECIALTY	Diagnosis 1841-A ID1763	0	1	0	1	0.00%	100.00%	0.00%
Multiple sclerosis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Multi-system degeneration of the autonomic nervous system		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Multi-system degeneration of the autonomic nervous system	PEDIATRICS	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
muscle spasm of back	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
muscle spasm of back	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
muscle spasm of back	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
muscle spasm of back	UNSPECIFIED SPECIALTY	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Muscle wasting and atrophy, NEC, unsp site	FAMILY PRACTICE	Diagnosis 621-C ID1901	0	1	0	1	0.00%	100.00%	0.00%

Myalgia, other site		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Myalgia, other site		Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Myalgia, other site	ANESTHESIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Myalgia, other site	INTERNAL MEDICINE	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
Myalgia, other site	PHYSICAL MEDICINE & REHABILITATION	Quantity, Post limit criteria not met 1330-J ID2762	0	1	0	1	0.00%	100.00%	0.00%
Myalgia, other site	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Myalgia, other site	PSYCHIATRY	Diagnosis 511-B ID1892	0	1	0	1	0.00%	100.00%	0.00%
Myalgia, unspecified site	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Myalgia, unspecified site	PHYSICAL MEDICINE & REHABILITATION	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Myalgia, unspecified site	RHEUMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Myalgic encephalomyelitis/chronic fatigue syndrome	RHEUMATOLOGY	Diagnosis 178-C ID3427	0	1	0	1	0.00%	100.00%	0.00%
Myasthenia gravis without (acute) exacerbation	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Mycosis fungoides, extranodal and solid organ sites		Quantity, Post limit criteria not met 2324-HJ ID2600	0	1	0	1	0.00%	100.00%	0.00%
Mycosis fungoides, unspecified site		Quantity, Post limit criteria not met 2324-HJ ID2600	0	1	0	1	0.00%	100.00%	0.00%
Mycosis fungoides, unspecified site	DERMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Mycosis fungoides, unspecified site	DERMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Mycosis fungoides, unspecified site	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Mycosis fungoides, unspecified site	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Mycosis fungoides, unspecified site	MEDICAL ONCOLOGY	Non-formulary/non-preferred 5708-D ID2657	0	1	0	1	0.00%	100.00%	0.00%
Myeloid leukemia, unspecified in remission	HEMATOLOGY & ONCOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Myopia, bilateral	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nail disorder, unspecified	SURGERY, DERMATOLOGIC	Diagnosis 224-A ID2293	0	1	0	1	0.00%	100.00%	0.00%
Nail disorder, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nail disorder, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Narcolepsy in conditions classified elsewhere without cataplexy	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Narcolepsy with cataplexy		Cataplexy - Severity 3176-A ID5040	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy with cataplexy		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy with cataplexy		Prescriber specialty 3677-A ID2434	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy with cataplexy		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Narcolepsy with cataplexy	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Narcolepsy with cataplexy	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Narcolepsy with cataplexy	INTERNAL MEDICINE	Continuation - Efficacy 3677-A ID2434	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy with cataplexy	INTERNAL MEDICINE	Quantity, Exceeds max limit, Partial denial 178-C ID3427	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy with cataplexy	NEUROLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Narcolepsy with cataplexy	NEUROLOGY	Continuation - Efficacy (EDS)	0	1	0	1	0.00%	100.00%	0.00%

Narcolepsy with cataplexy	NEUROLOGY	Diagnosis 3176-A ID5040	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy with cataplexy	NEUROLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy with cataplexy	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Narcolepsy with cataplexy	PULMONARY DISEASES	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Narcolepsy with cataplexy	PULMONARY DISEASES	Cataplexy - Severity	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy with cataplexy	PULMONARY DISEASES	Lab/test - No sleep lab evaluation confirming narcolepsy (Cataplexy) 3677-A ID3748	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy with cataplexy	PULMONARY DISEASES	Non-formulary/non-preferred - Expected adverse event to active ingredient - Lumryz	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy with cataplexy	PULMONARY DISEASES	Non-formulary/non-preferred - Expected adverse event to active ingredient 6181-D ID3725	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy with cataplexy	Pulmonology or Neurology	Cataplexy - Severity	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy with cataplexy	Sleep medicine	Non-formulary/non-preferred 6178-D ID3722	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy with cataplexy	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy with cataplexy	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred 6178-D ID3722	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy with cataplexy	UNSPECIFIED SPECIALTY	Quantity, Exceeds max limit, Partial denial 178-C ID3028	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy without cataplexy		Continuation: Not on required concurrent therapy with PAP	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy without cataplexy		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy without cataplexy		Non-formulary/non-preferred - Expected adverse event to active ingredient - Lumryz	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy without cataplexy		Non-formulary/non-preferred - No inadequate response, intolerance, or contraindication to avoid formulary alternative(s) 2427-D ID2307	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy without cataplexy		Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy without cataplexy		Non-formulary/non-preferred 6178-D ID3722	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy without cataplexy		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Narcolepsy without cataplexy	ALLERGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Narcolepsy without cataplexy	CARDIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Narcolepsy without cataplexy	DEVELOPMENTAL-BEHAVIORAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Narcolepsy without cataplexy	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Narcolepsy without cataplexy	FAMILY PRACTICE	Prescriber specialty	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy without cataplexy	GENERAL PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Narcolepsy without cataplexy	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Narcolepsy without cataplexy	INTERNAL MEDICINE, CRITICAL CARE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Narcolepsy without cataplexy	NEUROLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Narcolepsy without cataplexy	NEUROLOGY	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy without cataplexy	NEUROLOGY	Quantity, Exceeds max limit, Partial denial 534-C ID3426	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy without cataplexy	OTOLARYNGOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Narcolepsy without cataplexy	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Narcolepsy without cataplexy	Psychiatry	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Narcolepsy without cataplexy	PULMONOLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Narcolepsy without cataplexy	RADIOLOGY, DIAGNOSTIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Narcolepsy without cataplexy	sleep medicine	Non-formulary/non-preferred 6178-D ID3722	0	1	0	1	0.00%	100.00%	0.00%
Narrow angle glaucoma	OPHTHALMOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Narrow angle glaucoma	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nasal & sinus dis NEC	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Nasal & sinus dis NEC	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nasal polyp, unspecified		CRSwNP - Not on required concurrent therapy 1690-A ID3910	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified		CRSwNP Continuation - Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified		CRSwNP initial - Not bilateral/chronic 1690-A ID4795	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified		Step Therapy 4364-C ID4225	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified	ALLERGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Nasal polyp, unspecified	ALLERGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified	ALLERGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified	ALLERGY & IMMUNOLOGY	CRSwNP Continuation - Efficacy 1690-A ID4795	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified	ALLERGY & IMMUNOLOGY	CRSwNP initial - Does not meet polyp location on endoscopy/rhinoscopy/CT or Meltzer/NPS scoring system 1690-A ID4795	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified	ALLERGY & IMMUNOLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified	ALLERGY & IMMUNOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified	ALLERGY & IMMUNOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified	allergy and immunology	CRSwNP initial - Not bilateral/chronic 1690-A ID4795	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Nasal polyp, unspecified	HEMATOLOGY & ONCOLOGY, PEDIATRIC	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Nasal polyp, unspecified	INTERNAL MEDICINE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified	OTOLARYNGOLOGY	Continuation - Efficacy 1655-A ID5394	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified	OTOLARYNGOLOGY	Continuation - Efficacy 1690-A ID1984	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified	OTOLARYNGOLOGY	CRSwNP initial - No systemic corticosteroids within last 2 years or surgery 1690-A ID3910	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified	OTOLARYNGOLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified	OTOLARYNGOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified	PLASTIC SURGERY, HEAD & NECK	CRSwNP Continuation - Not on required concurrent therapy	0	1	0	1	0.00%	100.00%	0.00%
Nasal polyp, unspecified	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Nasal polyp, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nasal polyp, unspecified	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Nausea		Antiemetic 5-HT3 Post Limit PA 16-J 01-2023 05_24_2023_15_51_03 2F	0	1	0	1	0.00%	100.00%	0.00%
Nausea	ENDOCRINOLOGY, REPRODUCTIVE	Antiemetic 5-HT3 Post Limit PA 16-J 01-2023 05_24_2023_15_51_03 2F	0	1	0	1	0.00%	100.00%	0.00%
Nausea	FAMILY PRACTICE	Quantity, Post limit criteria not met 16-J ID3407	0	1	0	1	0.00%	100.00%	0.00%
Nausea	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Nausea	GASTROENTEROLOGY	Not on required concurrent therapy	0	1	0	1	0.00%	100.00%	0.00%
Nausea	GASTROENTEROLOGY	Quantity, Post limit criteria not met 16-J ID5128	0	1	0	1	0.00%	100.00%	0.00%
Nausea	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nausea	INTERNAL MEDICINE	Quantity, Post limit criteria not met 16-J ID5128	0	1	0	1	0.00%	100.00%	0.00%
Nausea	INTERNAL MEDICINE	Quantity, Post limit criteria not met 16-J ID5694	0	1	0	1	0.00%	100.00%	0.00%
Nausea	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Nausea	OBSTESTRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nausea	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nausea	OBSTETRICS & GYNECOLOGY	Quantity, Post limit criteria not met 16-J ID3407	0	1	0	1	0.00%	100.00%	0.00%
Nausea	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Nausea	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nausea	PSYCHIATRY	Antiemetic 5-HT3 Post Limit PA 16-J 01-2023 05_24_2023_15_51_03 2F	0	1	0	1	0.00%	100.00%	0.00%
Nausea	PSYCHIATRY	Quantity, Post limit criteria not met 16-J ID5128	0	1	0	1	0.00%	100.00%	0.00%
Nausea	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nausea	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Nausea with vomiting, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Nausea with vomiting, unspecified	FAMILY PRACTICE	Quantity, Post limit criteria not met 16-J ID5128	0	1	0	1	0.00%	100.00%	0.00%
Nausea with vomiting, unspecified	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nausea with vomiting, unspecified	GASTROENTEROLOGY	Antiemetic 5-HT3 Post Limit PA 16-J 01-2023 05_24_2023_15_51_03 2F	0	1	0	1	0.00%	100.00%	0.00%
Nausea with vomiting, unspecified	GASTROENTEROLOGY	Quantity, Post limit criteria not met 16-J ID3407	0	1	0	1	0.00%	100.00%	0.00%
Nausea with vomiting, unspecified	GASTROENTEROLOGY	Quantity, Post limit criteria not met 169-J ID4016	0	1	0	1	0.00%	100.00%	0.00%
Nausea with vomiting, unspecified	GASTROENTEROLOGY, PEDIATRIC	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Nausea with vomiting, unspecified	GASTROENTEROLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Nausea with vomiting, unspecified	HEMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nausea with vomiting, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nausea with vomiting, unspecified	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nausea with vomiting, unspecified	OBSTESTRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nausea with vomiting, unspecified	OBSTESTRICS & GYNECOLOGY	Antiemetic 5-HT3 Post Limit PA 16-J 01-2023 05_24_2023_15_51_03 2F	0	1	0	1	0.00%	100.00%	0.00%
Nausea with vomiting, unspecified	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nausea with vomiting, unspecified	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Nausea with vomiting, unspecified	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nausea with vomiting, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nausea with vomiting, unspecified	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 16-J ID3407	0	1	0	1	0.00%	100.00%	0.00%
Neoplasm of uncertain behavior of bone/artic cartl		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Neoplasm of uncertain behavior of other specified sites	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Neoplasm of uncertain behavior of unspecified ovary	HEMATOLOGY & ONCOLOGY	Diagnosis 1726-A ID1309	0	1	0	1	0.00%	100.00%	0.00%
Neoplasm of uncertain behavior of unspecified ovary	Oncologist	Diagnosis 1726-A ID1309	0	1	0	1	0.00%	100.00%	0.00%
Neoplasm of uncertain behavior, unspecified	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Neoplasm of unsp behavior of bone, soft tissue, and skin	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Neoplasm of unspecified behavior of unspecified site	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Neoplasm related pain (acute) (chronic)		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Neoplasm related pain (acute) (chronic)		Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Neoplasm related pain (acute) (chronic)	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Neoplasm related pain (acute) (chronic)	HOSPITALIST	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Neoplasm related pain (acute) (chronic)	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Neoplasm related pain (acute) (chronic)	MEDICAL ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Neoplasm related pain (acute) (chronic)	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Neoplasm related pain (acute) (chronic)	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Neoplasm related pain (acute) (chronic)	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Neoplasm related pain (acute) (chronic)	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Neoplastic (malignant) related fatigue	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Neoplastic (malignant) related fatigue	UNSPECIFIED SPECIALTY	Diagnosis 178-C ID3427	0	1	0	1	0.00%	100.00%	0.00%
Nerve root and plexus disorder, unspecified	NURSE PRACTITIONER, ACUTE CARE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Neuralgia and neuritis, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Neuralgia and neuritis, unspecified	ANESTHESIOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Neuralgia and neuritis, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Neuralgia and neuritis, unspecified	FAMILY PRACTICE	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Neuralgia and neuritis, unspecified	GENERAL PRACTICE	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Neuralgia and neuritis, unspecified	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Neuralgia and neuritis, unspecified	PAIN MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Neuralgia and neuritis, unspecified	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
neuritis, radiculitis or radiculopathy		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
neuritis, radiculitis or radiculopathy	ANESTHESIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
neuritis, radiculitis or radiculopathy	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Neurofibromatosis, unspecified		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Neuromuscular dysfunction of bladder, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Neuromuscular scoliosis, lumbar region	INTERNAL MEDICINE	Diagnosis 1716-C ID5145	0	1	0	1	0.00%	100.00%	0.00%
Neuromyelitis optica [Devic]	NEUROLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Neurotrophic keratoconjunctivitis, bilateral		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Neurotrophic keratoconjunctivitis, right eye		Disease severity 2869-A ID4655	0	1	0	1	0.00%	100.00%	0.00%
Neurotrophic keratoconjunctivitis, right eye	OPHTHALMOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Neurotrophic keratoconjunctivitis, right eye	Optometry or ophthalmology	Disease severity 2869-A ID4655	0	1	0	1	0.00%	100.00%	0.00%
Neutropenia due to infection	NURSE PRACTITIONER, ADULT HEALTH	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Neutropenia, unspecified		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Neutropenia, unspecified		CVSC Medical Director reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Neutropenia, unspecified	HEMATOLOGY & ONCOLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Neutropenia, unspecified	NURSE PRACTITIONER, ADULT HEALTH	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Neutropenia, unspecified	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
New daily persistent headache (NDPH)	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
New daily persistent headache (NDPH)	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Newborn affected by slow intrauterine growth, unspecified	ENDOCRINOLOGY, PEDIATRIC	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Newborn small for gestational age, unspecified weight		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Newborn small for gestational age, unspecified weight	PEDIATRICS	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Newborn small for gestational age, unspecified weight	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Nicotine dependence, cigarettes, uncomplicated	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Nicotine dependence, cigarettes, uncomplicated	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Nicotine dependence, unspecified, uncomplicated	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Nightmare disorder	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Nocturia	UROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nodular prostate with lower urinary tract symptoms	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nodular prostate with lower urinary tract symptoms	INTERNAL MEDICINE	Diagnosis 1651-A ID1971	0	1	0	1	0.00%	100.00%	0.00%
Nodular sclerosis classic Hodgkin lymphoma, lymph node of head, face, neck	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Nonalcoholic steatohepatitis (NASH)	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Nonalcoholic steatohepatitis (NASH)	HEPATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nonalcoholic steatohepatitis (NASH)	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nonalcoholic steatohepatitis (NASH)	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nondisplaced fracture of greater tuberosity of right humerus, subsq encount	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nondisplaced fracture of second metatarsal bone, right foot, subsequen		Monitored regularly	0	1	0	1	0.00%	100.00%	0.00%
Nondisplaced intertrochanteric fracture of left femur, initial encount	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nondisplaced longitudinal fracture of right patella, subsequent encounuser	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Noninfective gastroenteritis and colitis, unspecified	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Noninfective gastroenteritis and colitis, unspecified	FAMILY PRACTICE	Quantity, Post limit criteria not met 16-J ID5694	0	1	0	1	0.00%	100.00%	0.00%
Noninfective gastroenteritis and colitis, unspecified	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Noninfective gastroenteritis and colitis, unspecified	INFECTIOUS DISEASES	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Noninfective gastroenteritis and colitis, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Noninfective gastroenteritis and colitis, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Noninflammatory disorder of vagina, unspecified	NURSE PRACTITIONER, ADULT HEALTH	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Non-pressure chronic ulcer of other part of left foot limited to breakdown	GENERAL SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Non-pressure chronic ulcer of other part of left foot limited to breakdown	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Non-pressure chronic ulcer of other part of left foot with fat layer expose	GENERAL SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Non-pressure chronic ulcer of other part of left foot with unspecified seve	GENERAL SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Non-pressure chronic ulcer of other part of right foot limited to breakdown	UROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Non-pressure chronic ulcer of other part of unspecified foot with fat la		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Non-pressure chronic ulcer of right ankle with fat layer exposed	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Non-pressure chronic ulcer of skin of sites w unsp severity	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Non-pressure chronic ulcer of skin of sites w unsp severity	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Non-radiographic axial spondyloarthritis of lumbar region		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Non-radiographic axial spondyloarthritis of lumbar region	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Non-radiographic axial spondyloarthritis of multiple sites in spine	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Non-radiographic axial spondyloarthritis of unspecified sites in spine		AS/nr-axSpA continuation - No response;; 2008-A ID5303	0	1	0	1	0.00%	100.00%	0.00%
Non-radiographic axial spondyloarthritis of unspecified sites in spine	FAMILY PRACTICE	AS/nr-axSpA continuation - No response;; 2008-A ID5303	0	1	0	1	0.00%	100.00%	0.00%
Non-radiographic axial spondyloarthritis of unspecified sites in spine	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Non-radiographic axial spondyloarthritis of unspecified sites in spine	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Nonrheumatic aortic (valve) insufficiency	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nonrheumatic aortic valve disorder, unspecified	CARDIOLOGY, INTERVENTIONAL	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Nonscarring hair loss, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nonscarring hair loss, unspecified	DERMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Nonscarring hair loss, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Non-ST elevation (NSTEMI) myocardial infarction	CARDIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Non-ST elevation (NSTEMI) myocardial infarction	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Nontoxic single thyroid nodule	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Nontraumatic hematoma of soft tissue	UROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Nontraumatic intracerebral hemorrhage, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Nontraumatic intracerebral hemorrhage, unspecified	INTERNAL MEDICINE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Nontraumatic intracerebral hemorrhage, unspecified	NEUROLOGY, VASCULAR	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Nontraumatic subarachnoid hemorrhage, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nummular dermatitis		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Nummular dermatitis		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Nummular dermatitis		Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Nummular dermatitis	DERMATOLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Nummular dermatitis	FAMILY PRACTICE	Quantity, Post limit criteria not met 3172-HJ ID2446	0	1	0	1	0.00%	100.00%	0.00%
Nummular dermatitis	UNSPECIFIED SPECIALTY	Continuation: Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Obesity, class 1		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Obesity, class 1		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, class 1	FAMILY PRACTICE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, class 1	INTERNAL MEDICINE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, class 1	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Obesity, class 2		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, class 2	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, class 2	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Obesity, class 3		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, class 3	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Obesity, class 3	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified		Formulary Medical Necessity Diabetic Pen Needles and Syringes FA-PA CMK STD 02-2021 2F	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified		Formulary Medical Necessity Mounjaro SCF, ACF, BF CMK STD 02-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	CARDIOLOGY	Quantity, Post limit criteria not met 918-J ID4015	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	CARDIOLOGY, INTERVENTIONAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Obesity, unspecified	Cardiovascular Disease **Specialty Match Required	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	EMERGENCY MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Obesity, unspecified	EMERGENCY MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	EMERGENCY MEDICINE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	Family Medicine **Specialty Match Required	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	Family Medicine *actively licensed in DC, MD, or VA *exact specialty match required by plan	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Obesity, unspecified	Family Medicine(**Specialty match required with year of initial board certification **Reviewer must be actively licensed in DC, MD, or VA)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	Family medicine(specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	family or internal medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	FAMILY PRACTICE	*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	FAMILY PRACTICE	BMI Documentation 6192-C ID4205	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	FAMILY PRACTICE	Continuation: Efficacy, Positive Response, Stable or Not Worsening	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	FAMILY PRACTICE	Diagnosis - adult 4774-C ID4438	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	FAMILY PRACTICE	Diagnosis 6192-C ID3562	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	FAMILY PRACTICE	Formulary Medical Necessity Mounjaro SCF, ACF, BF CMK STD 02-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	FAMILY PRACTICE	Formulary Medical Necessity Zepbound SCF, ACF CMK STD 03-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	FAMILY PRACTICE	No comprehensive weight management program	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	FAMILY PRACTICE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Obesity, unspecified	GENERAL PREVENTIVE MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	GERIATRIC MEDICINE, FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Obesity, unspecified	INFECTIOUS DISEASES, PEDIATRIC	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	INTERNAL MEDICINE	Diagnosis - adult 4774-C ID4438	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	INTERNAL MEDICINE	Lab/test for weight with documentation 4774-C ID3565	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	INTERNAL MEDICINE	Lab/test for weight with documentation 4774-C ID4438	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	INTERNAL MEDICINE	No comprehensive weight management program	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	INTERNAL MEDICINE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%

Obesity, unspecified	Internal Medicine - Endocrinology, Diabetes & Metabolism **Specialty match required with year of initial board certification **Reviewer must be actively licensed in DC, MD, or VA	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	Internal Medicine **Specialty Match**	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	Internal Medicine *specialty match required*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	Internal Medicine or Family Medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	Internal medicine(specilaty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	Internal or Family Medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	NATUROPATH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Obesity, unspecified	NURSE PRACTITIONER, ACUTE CARE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	NURSE PRACTITIONER, GERONTOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	OBSTESTRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Obesity, unspecified	OBSTESTRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	PEDIATRICS	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Obesity, unspecified	PUBLIC HEALTH & GENERAL PREVENTIVE MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Obesity, unspecified	SPORTS MEDICINE, FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Obesity, unspecified	UNSPECIFIED SPECIALTY	Antiobesity Agents PA 18-A 08-2022 11_14_2022_09_55_21 1T	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	UNSPECIFIED SPECIALTY	Diagnosis 676-D ID3025	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Mounjaro SCF, ACF, BF CMK STD 02-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	UNSPECIFIED SPECIALTY	No approvable dose and quantity 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	UROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obsessive-compulsive disorder, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Obsessive-compulsive disorder, unspecified	INTERNAL MEDICINE	No approvable diagnosis 1888-E ID1116	0	1	0	1	0.00%	100.00%	0.00%
Obsessive-compulsive disorder, unspecified	Internal/Family Medicine	No approvable diagnosis 1888-E ID1116	0	1	0	1	0.00%	100.00%	0.00%
Obsessive-compulsive disorder, unspecified	NATUROPATH	Diagnosis 511-B ID1892	0	1	0	1	0.00%	100.00%	0.00%
Obsessive-compulsive disorder, unspecified	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Obsessive-compulsive disorder, unspecified	PSYCHIATRY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Obstructive and reflux uropathy, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Obstructive hypertrophic cardiomyopathy		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Obstructive hypertrophic cardiomyopathy	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Obstructive hypertrophic cardiomyopathy	CARDIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Obstructive sleep apnea (adult) (pediatric)		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)		Quantity, Post limit criteria not met 201-J ID3449	0	1	0	1	0.00%	100.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)	Family Medicine *actively licensed in DC, MD or VA	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)	FAMILY PRACTICE	Lab/test for OSA	0	1	0	1	0.00%	100.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)	FAMILY PRACTICE	Quantity, Post limit criteria not met 201-J ID3449	0	1	0	1	0.00%	100.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)	GENERAL SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Obstructive sleep apnea (adult) (pediatric)	INTERNAL MEDICINE	Continuation: Not on required concurrent therapy with PAP	0	1	0	1	0.00%	100.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)	INTERNAL MEDICINE	Prescriber specialty	0	1	0	1	0.00%	100.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)	Internal Medicine actively licensed in DC, MD, or VA *exact specialty match required	Continuation: Not on required concurrent therapy with PAP	0	1	0	1	0.00%	100.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)	INTERNAL MEDICINE, CRITICAL CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)	OTOLARYNGOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)	PSYCHIATRY	Continuation: Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)	PULMONARY DISEASES	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Obstructive sleep apnea (adult) (pediatric)	RADIOLOGY, DIAGNOSTIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Occipital neuralgia		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Occlusion and stenosis of left carotid artery		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Occlusion and stenosis of unspecified carotid artery	CARDIOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Occlusion and stenosis of unspecified carotid artery	CARDIOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Occlusion and stenosis of unspecified carotid artery	CARDIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ocular hypertension, bilateral		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Ocular hypertension, bilateral	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Ophthalmic, Glaucoma SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Ocular hypertension, right eye	OPHTHALMOLOGY	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Ocular hypertension, unspecified eye	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Old myocardial infarction	CARDIAC ELECTROPHYSIOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Old myocardial infarction	CARDIOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Old myocardial infarction	Cardiology	High-intensity statin - Not in combination with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Old myocardial infarction	CARDIOLOGY	Non-formulary/non-preferred - No intolerable adverse event or contraindication to preferred product	0	1	0	1	0.00%	100.00%	0.00%
Old myocardial infarction	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Old myocardial infarction	INTERNAL MEDICINE	High-intensity statin - Not in combination with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Onycholysis	INTERNAL MEDICINE	Lab/test 1160-C ID2578	0	1	0	1	0.00%	100.00%	0.00%
Onycholysis	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Onycholysis	UNSPECIFIED SPECIALTY	Lab/test 1160-C ID2578	0	1	0	1	0.00%	100.00%	0.00%
Onycholysis	UNSPECIFIED SPECIALTY	Step therapy 1160-C ID2578	0	1	0	1	0.00%	100.00%	0.00%
Open angle with borderline findings, high risk, left eye	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Open angle with borderline findings, low risk, bilateral	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Ophiasis	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ophthalmoplegic migraine, not intractable	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Opioid Dependence with withdrawl		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Opioid dependence, in remission		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Opioid dependence, in remission	PSYCHIATRY	Quantity, Post limit criteria not met 2328-HJ ID3275	0	1	0	1	0.00%	100.00%	0.00%
Opioid dependence, uncomplicated	Family Medicine **Specialty Match Required	Quantity, Post limit criteria not met 2328-HJ ID3275	0	1	0	1	0.00%	100.00%	0.00%
Opioid dependence, uncomplicated	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Opioid dependence, uncomplicated	FAMILY PRACTICE	Quantity, Post limit criteria not met 2328-HJ ID3275	0	1	0	1	0.00%	100.00%	0.00%
Opioid dependence, uncomplicated	PSYCHIATRY	Not pregnant or breastfeeding	0	1	0	1	0.00%	100.00%	0.00%
Opioid dependence, uncomplicated	PSYCHIATRY	Quantity, Post limit criteria not met 2328-HJ ID3275	0	1	0	1	0.00%	100.00%	0.00%
Organic azoospermia	FAMILY PRACTICE	Diagnosis 118-A ID2113	0	1	0	1	0.00%	100.00%	0.00%
Organ-limited amyloidosis	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Organ-limited amyloidosis	NURSE PRACTITIONER, ADULT HEALTH	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Orthostatic hypotension		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Orthostatic hypotension	UNSPECIFIED SPECIALTY	Lab/test: LVEF	0	1	0	1	0.00%	100.00%	0.00%
Osteoarthritis of hip, unspecified	PAIN MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Osteoarthritis of knee, unspecified	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Osteochondritis dissecans, left knee		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Osteochondropathy, unspecified, right ankle and foot	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Osteonecrosis, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Osteonecrosis, unspecified		Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Osteophyte, right foot		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Osteophyte, right foot	GENERAL SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Otalgia, left ear	OTOLARYNGOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Otalgia, left ear	OTOLARYNGOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Oth acute skin changes due to ultraviolet radiation	UNSPECIFIED SPECIALTY	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Oth aplastic anemias and other bone marrow failure syndromes	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Oth complications of procedures, NEC, init		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Oth disrd involving the immune mechanism, NEC	INTERNAL MEDICINE	Diagnosis 2597-A ID2294	0	1	0	1	0.00%	100.00%	0.00%
Oth disrd of the skin and subcutaneous tissue		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Oth disrd of the skin and subcutaneous tissue	DERMATOLOGY	Formulary Medical Necessity Dermatology, Acne SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Oth disrd of the skin and subcutaneous tissue	DERMATOLOGY	No approvable diagnosis 237-A ID406	0	1	0	1	0.00%	100.00%	0.00%
Oth disrd of the skin and subcutaneous tissue	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Oth disrd of the skin and subcutaneous tissue	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Oth disrd of the skin and subcutaneous tissue	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Oth generalized epilepsy, not intractable, w/o stat epi	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Oth generalized epilepsy, not intractable, w/o stat epi	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Oth personal risk factors, not elsewhere classified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Oth personal risk factors, not elsewhere classified	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Oth personal risk factors, not elsewhere classified	MEDICAL ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Oth personal risk factors, not elsewhere classified	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Oth symptoms and signs involving the circ and resp systems	PULMONARY DISEASES	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other abnormal glucose		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other abnormal glucose		*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
Other abnormal glucose	Cardiology actively licensed in either DC, MD, or VA *exact specialty match required	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other abnormal glucose	CARDIOLOGY, INTERVENTIONAL	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other abnormal glucose	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other abnormal glucose	Family medicine *actively licensed in DC, MD, or VA	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Other abnormal glucose	family medicine(Specialty match required with year of initial board certification)	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other abnormal glucose	HOSPITALIST	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other abnormal glucose	INFECTIOUS DISEASES	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other abnormal glucose	Internal Medicine - specialty match required	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other abnormal glucose	NATUROPATH	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other abnormal glucose	NURSE MIDWIFE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other abnormal glucose	OBSTESTRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other abnormal glucose	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other abnormal glucose	Pediatrics **actively licensed in DC, MD, or VA	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other abnormal glucose	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other abnormal glucose	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other abnormal glucose	UROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other abnormalities of breathing		Formulary Medical Necessity Breyna, Budesonide-Formoterol Inh, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Other abnormalities of breathing		Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Other abnormalities of gait and mobility	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other acariasis		Diagnosis 1486-A ID4918	0	1	0	1	0.00%	100.00%	0.00%
Other acariasis		No approvable condition 4831-D ID1060	0	1	0	1	0.00%	100.00%	0.00%
Other acariasis		No approvable diagnosis 1486-A ID2139	0	1	0	1	0.00%	100.00%	0.00%
Other acariasis	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other acne	DERMATOLOGY	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Other acne	DERMATOLOGY	Diagnosis 4915-A ID4919	0	1	0	1	0.00%	100.00%	0.00%
Other acne	Dermatology *exact specialty match required by client	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other acne	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other acne	INTERNAL MEDICINE	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Other acne	NURSE PRACTITIONER, ADULT HEALTH	Diagnosis 4915-A ID2138	0	1	0	1	0.00%	100.00%	0.00%
Other acne	UNSPECIFIED SPECIALTY	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Other acne	UNSPECIFIED SPECIALTY	Diagnosis 4915-A ID4919	0	1	0	1	0.00%	100.00%	0.00%
Other acne	UNSPECIFIED SPECIALTY	Duration, Exceeds Max Limit	0	1	0	1	0.00%	100.00%	0.00%
Other acute postprocedural pain		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other acute postprocedural pain	ALLERGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Other acute postprocedural pain	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other acute postprocedural pain	ANESTHESIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other acute postprocedural pain	GASTROENTEROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other acute postprocedural pain	GENERAL SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other acute postprocedural pain	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other acute postprocedural pain	INTERNAL MEDICINE	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Other acute postprocedural pain	NURSE PRACTITIONER, ADULT HEALTH	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Other acute postprocedural pain	OBSTESTRICS & GYNECOLOGY	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Other acute postprocedural pain	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other acute postprocedural pain	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other acute postprocedural pain	OBSTETRICS & GYNECOLOGY	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Other acute postprocedural pain	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other acute postprocedural pain	OSTEOPATHIC MANIPULATIVE MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other acute postprocedural pain	PAIN MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other acute postprocedural pain	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other acute postprocedural pain	PLASTIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other acute postprocedural pain	PLASTIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other acute postprocedural pain	SURGERY, COLON & RECTAL	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other acute postprocedural pain	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other acute postprocedural pain	UROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other acute postprocedural pain	UROLOGY	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
Other adrenocortical insufficiency	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other adverse food reactions, not elsewhere classified, initial encounter	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other adverse food reactions, not elsewhere classified, initial encounter	PEDIATRICS	Formulary Medical Necessity Anaphylaxis Treatment SCF CMK STD 09-2023 1T v2	0	1	0	1	0.00%	100.00%	0.00%
Other allergic rhinitis		Formulary Medical Necessity Nasal Steroids SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Other allergic rhinitis		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other allergic rhinitis		Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other allergic rhinitis	ALLERGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other allergic rhinitis	ALLERGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%

Other allergic rhinitis	ALLERGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other allergic rhinitis	INFECTIOUS DISEASES	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other allergic rhinitis	INTERNAL MEDICINE	Formulary Medical Necessity Breyna, Budesonide-Formoterol Inh, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Other allergic rhinitis	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other allergic rhinitis	PEDIATRICS	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other allergy status, other than to drugs and biological substances	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other allergy status, other than to drugs and biological substances	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other allergy, initial encounter	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other allergy, subsequent encounter	OTOLARYNGOLOGY	Formulary Medical Necessity Ryaltris SCF, ACF CMK STD 09-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Other allergy, subsequent encounter	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other alopecia areata		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other alopecia areata		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other alopecia areata		Alopecia areata - Has other forms of alopecia	0	1	0	1	0.00%	100.00%	0.00%
Other alopecia areata		Alopecia areata - Other forms of alopecia not ruled out	0	1	0	1	0.00%	100.00%	0.00%
Other alopecia areata		Diagnosis 5018-C ID3345	0	1	0	1	0.00%	100.00%	0.00%
Other alopecia areata		Lab/test - No initial TB test	0	1	0	1	0.00%	100.00%	0.00%
Other alopecia areata		Lab/test – No initial TB test	0	1	0	1	0.00%	100.00%	0.00%
Other alopecia areata		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other alopecia areata	DERMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other alopecia areata	DERMATOLOGY	Alopecia areata - Not 50% hair loss 6064-A ID3560	0	1	0	1	0.00%	100.00%	0.00%
Other alopecia areata	Dermatology	Alopecia areata - Other forms of alopecia not ruled out	0	1	0	1	0.00%	100.00%	0.00%
Other alopecia areata	DERMATOLOGY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Other alopecia areata	DERMATOLOGY	Diagnosis 5018-C ID4123	0	1	0	1	0.00%	100.00%	0.00%
Other alopecia areata	DERMATOLOGY	Diagnosis 76-D ID1404	0	1	0	1	0.00%	100.00%	0.00%
Other alopecia areata	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other alopecia areata	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other alopecia areata	Dermatology (specialty match required)	Diagnosis 5018-C ID3345	0	1	0	1	0.00%	100.00%	0.00%
Other alopecia areata	FAMILY PRACTICE	Diagnosis 76-D ID4113	0	1	0	1	0.00%	100.00%	0.00%
Other alopecia areata	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other alopecia areata	UNSPECIFIED SPECIALTY	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Other alopecia areata	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other androgenic alopecia		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Other androgenic alopecia	DERMATOLOGY	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Other articular cartilage disorders, left wrist	INTERNAL MEDICINE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Other articular cartilage disorders, left wrist	ORTHOPEDIC SURGERY	C17533-M Opioids IR – 7 Day Acute Pain Duration Limit with MME DURATION LIMIT WITH QUANTITY LIMIT AND POST LIMIT PRIOR AUTHORIZATION CRITERIA Q8	0	1	0	1	0.00%	100.00%	0.00%
Other asthma		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other asthma	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other asthma	FAMILY PRACTICE	Formulary Medical Necessity AirDuo Digihaler, Breyna, Budesonide-Formoterol Inh, Fluticasone-Vilanterol, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Other asthma	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other asthma	INTERNAL MEDICINE	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Other asthma	OTOLARYNGOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other asthma	PULMONARY DISEASES	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other asthma	PULMONARY DISEASES	Asthma initial - Did not receive ICS plus controller for 3 months 1690-A ID3910	0	1	0	1	0.00%	100.00%	0.00%
Other asthma	PULMONARY DISEASES	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other asthma	PULMONOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other asthma	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Member can be treated with a preferred drug, over 7 years old 5842-A ID4040	0	1	0	1	0.00%	100.00%	0.00%
Other asthma	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other atherosclerosis of native arteries of extremities, bilateral leg	INTERNAL MEDICINE	High-intensity statin - Not in combination with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis		Continuation - Efficacy 1743-A ID4039	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis		Dosage 1743-A ID1682	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis		Dosing - Peds 200 mg - Dosage - Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis		Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis		Frequency 1743-A ID1682	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis		Initial - BSA less than 10% and no crucial body areas affected 1743-A ID5064	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis		Initial - Step therapy (topical corticosteroid and calcineurin inhibitor)	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis		Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis		Will be on concurrent/duplicate therapy 1690-A ID1984	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	ALLERGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other atopic dermatitis	ALLERGY	Continuation - Efficacy 1743-A ID5064	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	ALLERGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Other atopic dermatitis	ALLERGY & IMMUNOLOGY	Concomitant biologic or targeted synthetic drug or potent immunosuppressant 5521-A ID4048	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	ALLERGY & IMMUNOLOGY	Lab/test - No initial TB test 5521-A ID4048	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	ALLERGY & IMMUNOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	ALLERGY & IMMUNOLOGY, CLINICAL & LABORATORY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other atopic dermatitis	dermatologist	Non-formulary/non-preferred - No inadequate response, intolerance, or contraindication to formulary alternative(s)	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	AD initial - Step therapy (systemic drug) 5521-A ID4048	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	AD initial - Step therapy (topical corticosteroid and calcineurin inhibitor)	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Age 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Age 5018-C ID3345	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Age 5018-C ID4123	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Concomitant biologic or targeted synthetic drug 1690-A ID3910	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Continuation- No Response	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Diagnosis - Plaque Psoriasis	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Diagnosis 3199-E ID1302	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Diagnosis 4915-A ID2138	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Diagnosis 5018-C ID4123	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Disease severity, Atopic Dermatitis 5018-C ID4123	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Disease severity, Vitiligo	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Disease severity, Vitiligo 5018-C ID4123	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Dosing - Peds initial (30 to less than 60 kg) - Dosage - Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Dosing - Q2 weeks - Frequency - Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Dosing - Q4 weeks - Frequency - Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Dosing – Peds (6 to 17 years) - less than 15 kg	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Formulary Medical Necessity Epsolay ACF CMK STD 02-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Formulary Medical Necessity High Potency Corticosteroids SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	Dermatology	Initial - BSA less than 10% and no crucial body areas affected 1743-A ID1682	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Initial - BSA less than 10% and no crucial body areas affected 1743-A ID4039	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	No approvable diagnosis 4915-A ID418	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%

Other atopic dermatitis	DERMATOLOGY	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Quantity, Post limit criteria not met, Partial denial 2324-HJ ID2600	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Quantity, Post limit criteria not met, Partial denial 2324-HJ ID4234	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	RINVOQ AD ENHANCED SGM: AD Initial - No high potency to super-high potency topical corticosteroid	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Step therapy 5018-C ID3345	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Step therapy 5018-C ID4123	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	Dermatology (preferably pediatric or comfortable with peds)	Dosing - Q4 weeks - Frequency - Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	Dermatology *actively licensed in DC, MD, or VA *specialty match required	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	Dermatology *Specialty Match*	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	FAMILY PRACTICE	Continuation - Efficacy 1743-A ID5064	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	FAMILY PRACTICE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	FAMILY PRACTICE	Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	INTERNAL MEDICINE	Age 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	NURSE PRACTITIONER, ADULT HEALTH	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other atopic dermatitis	pediatric dermatology or derm comfortable reviewing pedicatric patient	Continuation- No Response	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	Pediatric dermatology or derm comfortable with peds	Dosing - Peds initial (30 to less than 60 kg) - Dosage - Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	PEDIATRICS	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other atopic dermatitis	Specialty Match Review - Dermatology	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	SURGERY, DERMATOLOGIC	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	SURGERY, DERMATOLOGIC	Step therapy 5018-C ID3345	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	SURGERY, DERMATOLOGIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	Diagnosis 76-D ID4113	0	1	0	1	0.00%	100.00%	0.00%

Other atopic dermatitis	UNSPECIFIED SPECIALTY	Disease severity, Atopic Dermatitis 5018-C ID4123	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	Disease severity, Vitiligo	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	Dosing - Peds initial (30 to less than 60 kg) - Dosage - Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Triamcinolone FA-PA CMK STD 02-2021 1T	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	Initial - BSA less than 10% and no crucial body areas affected 1743-A ID1682	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 3172-HJ ID2446	0	1	0	1	0.00%	100.00%	0.00%
Other atopic dermatitis	UNSPECIFIED SPECIALTY	Step therapy 5018-C ID3345	0	1	0	1	0.00%	100.00%	0.00%
Other atrophic disorders of skin	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other atrophic disorders of skin	FAMILY PRACTICE	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Other atrophic disorders of skin	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other atrophic disorders of skin	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other bursitis of hip, right hip	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other cerebrovascular vasospasm and vasoconstriction	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other cervical disc degeneration, unsp cervical region	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other cervical disc displacement, unsp cervical region	FAMILY PRACTICE	No approvable diagnosis 2328-HJ ID805	0	1	0	1	0.00%	100.00%	0.00%
Other cervical disc displacement, unsp cervical region	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other chest pain	FAMILY PRACTICE	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Other chest pain	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other chest pain	UNSPECIFIED SPECIALTY	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
Other chronic allergic conjunctivitis		Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other chronic allergic conjunctivitis	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other chronic allergic conjunctivitis	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other chronic allergic conjunctivitis	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other chronic pain		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other chronic pain	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other chronic pain	ANESTHESIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other chronic pain	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other chronic pain	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other chronic pain	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other chronic pain	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Other chronic pain	PHYSICAL MEDICINE & REHABILITATION	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other chronic pain	PSYCHIATRY	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Other chronic pain	RHEUMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other chronic pancreatitis	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other chronic pancreatitis	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other chronic pancreatitis	GASTROENTEROLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other chronic pancreatitis	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other chronic pancreatitis	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other chronic postprocedural pain	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other chronic sinusitis	ALLERGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other chronic sinusitis	OTOLARYNGOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other cicatricial alopecia	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other cicatricial alopecia	DERMATOLOGY	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Other cicatricial alopecia	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 2324-HJ ID2600	0	1	0	1	0.00%	100.00%	0.00%
Other circadian rhythm sleep disorder	PSYCHIATRY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other circadian rhythm sleep disorder	PSYCHIATRY	Diagnosis 534-C ID3426	0	1	0	1	0.00%	100.00%	0.00%
Other circadian rhythm sleep disorder	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other complicated headache syndrome	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other complications of bone marrow transplant		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other complications of heart transplant	NURSE PRACTITIONER, ACUTE CARE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other congenital malformation of penis	UROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other congenital malformation syndromes predominantly associated with short	PEDIATRICS	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other constipation		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other constipation	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other constitutional aplastic anemia	HEMATOLOGY & ONCOLOGY, PEDIATRIC	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other cytomegaloviral diseases		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other dermatomyositis without myopathy		Diagnosis 2002-A ID1300	0	1	0	1	0.00%	100.00%	0.00%
Other dietary vitamin B12 deficiency anemia	INFECTIOUS DISEASES	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other diseases of bronchus, not elsewhere classified	OTOLARYNGOLOGY	Non-formulary/non-preferred, over 7 years old 5842-A ID4040	0	1	0	1	0.00%	100.00%	0.00%
Other diseases of the blood and blood-forming organs and certain disorders	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other disorders of diminished melanin formation	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other disorders of diminished melanin formation	DERMATOLOGY	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Other disorders of facial nerve	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Other disorders of facial nerve	PEDIATRICS	CVSC Medical Director reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Other disorders of peripheral nervous system		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other disorders of peripheral nervous system	PHYSICAL MEDICINE & REHABILITATION	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other disorders of peripheral nervous system	PHYSICAL MEDICINE & REHABILITATION	Not pregnant or breastfeeding	0	1	0	1	0.00%	100.00%	0.00%
Other disorders of phosphorus metabolism		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other disorders of phosphorus metabolism		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other disorders of phosphorus metabolism		Non-formulary/non-preferred 1175-A ID3972	0	1	0	1	0.00%	100.00%	0.00%
Other disorders of phosphorus metabolism	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other disorders of phosphorus metabolism	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other disorders of phosphorus metabolism	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other disorders of trigeminal nerve	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other disorders of vestibular function, unspecified ear		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other disorders of vestibular function, unspecified ear	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other disorders of vestibular function, unspecified ear	NEUROLOGY	Step therapy two triptan 5-HT1 receptor agonists	0	1	0	1	0.00%	100.00%	0.00%
Other disorders of vestibular function, unspecified ear	OTOLARYNGOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other displaced fracture of lower end of left humerus, initial encounter f	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other disturbances of skin sensation	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other disturbances of skin sensation	FAMILY PRACTICE	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Other disturbances of smell and taste	OTOLARYNGOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Other drug-induced agranulocytosis	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other drug-induced agranulocytosis	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other dysphagia	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other dysphagia	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other eosinophilia	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other epilepsy, not intractable, without status epilepticus	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other epilepsy, not intractable, without status epilepticus	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other esophagitis without bleeding	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other esophagitis without bleeding	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other fatigue	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other fatigue	FAMILY PRACTICE	Prescriber specialty	0	1	0	1	0.00%	100.00%	0.00%
Other fatigue	Family Practice (specialty match required with year of initial board certification)	Diagnosis 178-C ID3427	0	1	0	1	0.00%	100.00%	0.00%

Other fatigue	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other fatigue	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other fatigue	INTERNAL MEDICINE	Diagnosis 534-C ID1429	0	1	0	1	0.00%	100.00%	0.00%
Other fatigue	INTERNAL MEDICINE	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Other fatigue	INTERNAL MEDICINE	Prescriber specialty	0	1	0	1	0.00%	100.00%	0.00%
Other fatigue	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other fatigue	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other fatigue	NEUROLOGY	Prescriber specialty	0	1	0	1	0.00%	100.00%	0.00%
Other fatigue	PEDIATRICS	No approvable diagnosis 4660-A ID860	0	1	0	1	0.00%	100.00%	0.00%
Other fecal abnormalities		Diagnosis 681-A ID2077	0	1	0	1	0.00%	100.00%	0.00%
Other fecal abnormalities	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other fecal abnormalities	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other follicular cysts of the skin and subcutaneous tissue	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other forms of acute pericarditis		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other forms of acute pericarditis	CARDIOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other forms of acute pericarditis	CARDIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other gastritis without bleeding	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other gastritis without bleeding	FAMILY PRACTICE	Quantity, Post limit criteria not met 169-J ID4016	0	1	0	1	0.00%	100.00%	0.00%
Other gastritis without bleeding	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other gastritis without bleeding	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other gastritis without bleeding	PEDIATRICS	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other genetic causes of short stature		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other giant cell arteritis		Lab/test – No initial TB test	0	1	0	1	0.00%	100.00%	0.00%
Other giant cell arteritis		Will be on concurrent/duplicate therapy 1959-A ID4412	0	1	0	1	0.00%	100.00%	0.00%
Other giant cell arteritis	Rheumatology	Will be on concurrent/duplicate therapy 1959-A ID4412	0	1	0	1	0.00%	100.00%	0.00%
Other headache syndrome	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other hemorrhoids	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other hemorrhoids	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other hemorrhoids	GASTROENTEROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other hemorrhoids	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other hereditary and idiopathic neuropathies	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other herpes zoster eye disease	OPHTHALMOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other hyperlipidemia		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other hyperlipidemia		Continuation - Lab/test - Treated LDL-C level	0	1	0	1	0.00%	100.00%	0.00%
Other hyperlipidemia		Step therapy - High/moderate intensity statins with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Other hyperlipidemia	CARDIAC ELECTROPHYSIOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Other hyperlipidemia	Cardiologist	Diagnosis 2494-A ID1298	0	1	0	1	0.00%	100.00%	0.00%
Other hyperlipidemia	CARDIOLOGY	Continuation - No documentation of LDL	0	1	0	1	0.00%	100.00%	0.00%
Other hyperlipidemia	CARDIOLOGY	Diagnosis 4660-A ID3241	0	1	0	1	0.00%	100.00%	0.00%
Other hyperlipidemia	CARDIOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other hyperlipidemia	CARDIOLOGY	Primary hyperlipidemia - Lab/test - Untreated LDL-C less than 190 mg/dL	0	1	0	1	0.00%	100.00%	0.00%
Other hyperlipidemia	EMERGENCY MEDICINE	Not used as a component of an approved regimen	0	1	0	1	0.00%	100.00%	0.00%
Other hyperlipidemia	Family Medicine **specialty match	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other hyperlipidemia	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other hyperlipidemia	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other hyperlipidemia	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other hyperlipidemia	INTERNAL MEDICINE	Diagnosis 2494-A ID1298	0	1	0	1	0.00%	100.00%	0.00%
Other hyperlipidemia	Specialty matched review-Cardiology	Continuation - No documentation of LDL	0	1	0	1	0.00%	100.00%	0.00%
Other hypersomnia	FAMILY PRACTICE	Diagnosis 178-C ID3427	0	1	0	1	0.00%	100.00%	0.00%
Other hypersomnia	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other hypersomnia	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other hypersomnia	PSYCHIATRY	Prescriber specialty	0	1	0	1	0.00%	100.00%	0.00%
Other hypersomnia	PULMONARY DISEASES	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other Hypertrophic Cardiomyopathy	CARDIOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other hypoglycemia	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other idiopathic peripheral autonomic neuropathy		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other idiopathic peripheral autonomic neuropathy	GENERAL SURGERY	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Other idiopathic peripheral autonomic neuropathy	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other idiopathic peripheral autonomic neuropathy	INTERNAL MEDICINE	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Other idiopathic scoliosis, site unspecified	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other immediate postpartum hemorrhage	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other insomnia		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other insomnia	GENERAL PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other insomnia	INTERNAL MEDICINE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other insomnia	INTERNAL MEDICINE	Quantity, Post limit criteria not met 201-J ID3449	0	1	0	1	0.00%	100.00%	0.00%
Other insomnia	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other insomnia	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other insomnia	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other insomnia	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Other insomnia not due to a substance or known physiological condition	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other insomnia not due to a substance or known physiological condition	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other instability, left knee	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other instability, left knee	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other insulin resistance		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other insulin resistance	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other insulin resistance	GENERAL PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other intervertebral disc degeneration, lumbar region	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other intervertebral disc degeneration, lumbar region	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other intervertebral disc degeneration, lumbar region	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other intervertebral disc degeneration, lumbar region	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other intervertebral disc degeneration, lumbar region	ORTHOPEDIC SURGERY	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Other intervertebral disc degeneration, lumbar region	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other intervertebral disc degeneration, lumbar region	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other intervertebral disc degeneration, lumbar region with discogenic	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other intervertebral disc degeneration, lumbar region without mention	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other intervertebral disc degeneration, lumbosacral region		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other intervertebral disc degeneration, lumbosacral region		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other intervertebral disc displacement, lumbar region		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other intervertebral disc displacement, lumbar region	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other intervertebral disc displacement, lumbar region	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other intervertebral disc displacement, lumbar region	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other intervertebral disc displacement, lumbar region	ORTHOPEDIC SURGERY, SPINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other intervertebral disc displacement, lumbar region	PHYSICAL MEDICINE & REHABILITATION	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other intervertebral disc displacement, lumbar region	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other intervertebral disc displacement, lumbar region	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other intestinal malabsorption	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other iron deficiency anemias		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other iron deficiency anemias	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Other iron deficiency anemias	MEDICAL ONCOLOGY	Patient did not have adverse reaction to the separate individual drugs caused by the inactive ingredient and/or documentation not provided	0	1	0	1	0.00%	100.00%	0.00%
Other iron deficiency anemias	MEDICAL ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other iron deficiency anemias	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other irritable bowel syndrome	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other juvenile arthritis, unspecified site		ERA continuation - Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Other juvenile arthritis, unspecified site	FAMILY PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other juvenile arthritis, unspecified site	Pediatric rheumatology or rheum comfortable with peds	Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Other juvenile arthritis, unspecified site	PEDIATRICS	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other juvenile arthritis, unspecified site	PEDIATRICS	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other juvenile arthritis, unspecified site	RHEUMATOLOGY	RINVOQ AD ENHANCED SGM: Diagnosis	0	1	0	1	0.00%	100.00%	0.00%
Other juvenile arthritis, unspecified site	RHEUMATOLOGY, PEDIATRIC	Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Other keratitis	OPHTHALMOLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Other keratitis	Ophthalmology (specialty match required)	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Other keratoconjunctivitis, unspecified eye	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other lichen planus	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other long term (current) drug therapy		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other long term (current) drug therapy		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Other long term (current) drug therapy		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other long term (current) drug therapy	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other long term (current) drug therapy	FAMILY PRACTICE	Copaxone 20 mg - Non-formulary/non-preferred - Same ingredient generic	0	1	0	1	0.00%	100.00%	0.00%
Other long term (current) drug therapy	FAMILY PRACTICE	Diagnosis 865-C ID1508	0	1	0	1	0.00%	100.00%	0.00%
Other long term (current) drug therapy	FAMILY PRACTICE	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Other long term (current) drug therapy	FAMILY PRACTICE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Other long term (current) drug therapy	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other long term (current) drug therapy	INTERNAL MEDICINE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Other long term (current) drug therapy	OBSTESTRICS & GYNECOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other long term (current) drug therapy	PULMONARY DISEASES	No approvable diagnosis 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Other long term (current) drug therapy	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other low back pain		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other low back pain	FAMILY PRACTICE	Diagnosis 621-C ID4790	0	1	0	1	0.00%	100.00%	0.00%
Other low back pain	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other low back pain	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other low back pain	PHYSICAL MEDICINE & REHABILITATION	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Other lymphoid leukemia not having achieved remission	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other male erectile dysfunction		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other male erectile dysfunction	FAMILY PRACTICE	Diagnosis 865-C ID1508	0	1	0	1	0.00%	100.00%	0.00%
Other male erectile dysfunction	UROLOGY	Continuation: Efficacy	0	1	0	1	0.00%	100.00%	0.00%

Other male erectile dysfunction	UROLOGY	Diagnosis 865-C ID1508	0	1	0	1	0.00%	100.00%	0.00%
Other malignant neuroendocrine tumors		Other See Notes – Appeals Only	0	1	0	1	0.00%	100.00%	0.00%
Other malignant neuroendocrine tumors	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other malignant neuroendocrine tumors	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other malignant neuroendocrine tumors	MEDICAL ONCOLOGY	Continuation - Efficacy 1670-A ID4796	0	1	0	1	0.00%	100.00%	0.00%
Other mast cell neoplasms of uncertain behavior	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other melanin hyperpigmentation		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other melanin hyperpigmentation	DERMATOLOGY	Diagnosis 4915-A ID2138	0	1	0	1	0.00%	100.00%	0.00%
Other melanin hyperpigmentation	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other melanin hyperpigmentation	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other melanin hyperpigmentation	UNSPECIFIED SPECIALTY	Diagnosis 237-A ID5021	0	1	0	1	0.00%	100.00%	0.00%
Other migraine, intractable, with status migrainosus	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other migraine, intractable, without status migrainosus	FAMILY PRACTICE	Quantity, Exceeds max limit, Partial denial, acute treatment	0	1	0	1	0.00%	100.00%	0.00%
Other migraine, intractable, without status migrainosus	FAMILY PRACTICE	Quantity, Post limit criteria not met 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Other migraine, intractable, without status migrainosus	FAMILY PRACTICE	Will be on concurrent/duplicate therapy 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
Other migraine, intractable, without status migrainosus	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other migraine, intractable, without status migrainosus	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other migraine, not intractable, without status migrainosus	Family Medicine (specialty match required)	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other migraine, not intractable, without status migrainosus	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other migraine, not intractable, without status migrainosus	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other migraine, not intractable, without status migrainosus	FAMILY PRACTICE	Quantity, Post limit criteria not met 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Other migraine, not intractable, without status migrainosus	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other migraine, not intractable, without status migrainosus	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other migraine, not intractable, without status migrainosus	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other migraine, not intractable, without status migrainosus	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Other migraine, not intractable, without status migrainosus	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other migraine, not intractable, without status migrainosus	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other migraine, not intractable, without status migrainosus	NEUROPHYSIOLOGY, CLINICAL	Diagnosis 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%

Other migraine, not intractable, without status migrainosus	OTOLARYNGOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other muscle spasm	INTERNAL MEDICINE	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
Other muscle spasm	NURSE PRACTITIONER, GERONTOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other myelodysplastic syndromes	HEMATOLOGY & ONCOLOGY	Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Other nail disorders	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other neuromuscular dysfunction of bladder	UROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other neutropenia	NURSE PRACTITIONER, ADULT HEALTH	Diagnosis 1930-A ID3205	0	1	0	1	0.00%	100.00%	0.00%
Other nonrheumatic aortic valve disorders		FH - LDL-C less than 190 mg/dL but not HeFH or HoFH	0	1	0	1	0.00%	100.00%	0.00%
Other nonrheumatic aortic valve disorders	cardiology	FH - LDL-C less than 190 mg/dL but not HeFH or HoFH	0	1	0	1	0.00%	100.00%	0.00%
Other nonspecific abnormal finding of lung field	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other nonspecific abnormal finding of lung field	MEDICAL ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other nonspecific abnormal finding of lung field	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other nonthrombocytopenic purpura	DERMATOLOGY	Formulary Medical Necessity Dermatology, Acne SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Other obesity	FAMILY PRACTICE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other obesity	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other obesity	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other obesity	NATUROPATH	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other obesity	NURSE PRACTITIONER, ADULT HEALTH	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other obesity	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other obesity due to excess calories		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other obesity due to excess calories		Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other obesity due to excess calories	CARDIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other obesity due to excess calories	Cardiology (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other obesity due to excess calories	EMERGENCY MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other obesity due to excess calories	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other obesity due to excess calories	Family Medicine **Specialty Match Required	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other obesity due to excess calories	FAMILY PRACTICE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other obesity due to excess calories	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other obesity due to excess calories	OBSTETRICS & GYNECOLOGY	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other obesity due to excess calories	Obstetrics & Gynecology **specialty match required**	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Other obesity due to excess calories	PSYCHIATRY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other obesity due to excess calories	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other obesity due to excess calories	Specialty match required *Internal Medicine*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other obesity due to excess calories	UNSPECIFIED SPECIALTY	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other obesity not elsewhere classified	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other obsessive-compulsive disorder		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other obsessive-compulsive disorder	**Specialty Match Required** Psychiatry & Neurology - Child & Adolescent Psychiatry	Diagnosis 511-B ID1892	0	1	0	1	0.00%	100.00%	0.00%
Other obsessive-compulsive disorder	PSYCHIATRY	Diagnosis 511-B ID1892	0	1	0	1	0.00%	100.00%	0.00%
Other optic atrophy, left eye	OPHTHALMOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other organ or system involvement in systemic lupus erythematosus		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other organ or system involvement in systemic lupus erythematosus		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other organ or system involvement in systemic lupus erythematosus	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other organ or system involvement in systemic lupus erythematosus	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other organ or system involvement in systemic lupus erythematosus	RHEUMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other organ or system involvement in systemic lupus erythematosus	RHEUMATOLOGY	Diagnosis 2018-A ID907	0	1	0	1	0.00%	100.00%	0.00%
Other osteonecrosis, other site	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other osteoporosis without current pathological fracture		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other osteoporosis without current pathological fracture		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other osteoporosis without current pathological fracture	ENDOCRINOLOGY, DIABETES & METABOLISM	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other osteoporosis without current pathological fracture	PEDIATRICS	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other ovarian cyst, unspecified side		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other ovarian cyst, unspecified side	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other ovarian dysfunction	ENDOCRINOLOGY, REPRODUCTIVE	Diagnosis 1966-A ID1731	0	1	0	1	0.00%	100.00%	0.00%
Other ovarian dysfunction	OBSTETRICS & GYNECOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other overlap syndromes		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other overlap syndromes		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other overlap syndromes	Rheumatology	Diagnosis 1764-A ID2861	0	1	0	1	0.00%	100.00%	0.00%
Other overlap syndromes	RHEUMATOLOGY, PEDIATRIC	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other persistent atrial fibrillation		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other persistent atrial fibrillation		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other polyosteoarthritis	INTERNAL MEDICINE	Diagnosis 621-C ID1901	0	1	0	1	0.00%	100.00%	0.00%

Other polyp of sinus		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other postherpetic nervous system involvement		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other postherpetic nervous system involvement	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other postherpetic nervous system involvement	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other postherpetic nervous system involvement	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other postherpetic nervous system involvement	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other primary ovarian failure		Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other primary ovarian failure	OBSTESTRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other problems related to lifestyle	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other pruritus	NURSE PRACTITIONER, ADULT HEALTH	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Other pruritus	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other psoriasis		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other psoriasis		Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Other psoriasis		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other psoriasis		PsO continuation - Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Other psoriasis	ALLERGY & IMMUNOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other psoriasis	DERMATOLOGY	Continuation - Efficacy 3047-A ID5108	0	1	0	1	0.00%	100.00%	0.00%
Other psoriasis	dermatology	Diagnosis 2002-A ID4538	0	1	0	1	0.00%	100.00%	0.00%
Other psoriasis	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other psoriasis	DERMATOLOGY	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other psoriasis	DERMATOLOGY	PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3015	0	1	0	1	0.00%	100.00%	0.00%
Other psoriasis	DERMATOLOGY	Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	1	0	1	0.00%	100.00%	0.00%
Other psoriasis	UNSPECIFIED SPECIALTY	Continuation: Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Other psoriasis	UNSPECIFIED SPECIALTY	Diagnosis 2002-A ID4538	0	1	0	1	0.00%	100.00%	0.00%
Other psoriasis	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Other psoriasis	UNSPECIFIED SPECIALTY	Step Therapy 1339-C ID2376	0	1	0	1	0.00%	100.00%	0.00%
Other psoriatic arthropathy		Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Other psoriatic arthropathy		Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Other psoriatic arthropathy		Frequency;;	0	1	0	1	0.00%	100.00%	0.00%

Other psoriatic arthropathy		PsA - No prior therapy and no enthesitis 2002-A ID1300	0	1	0	1	0.00%	100.00%	0.00%
Other psoriatic arthropathy		PsA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3015	0	1	0	1	0.00%	100.00%	0.00%
Other psoriatic arthropathy		PsA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3874	0	1	0	1	0.00%	100.00%	0.00%
Other psoriatic arthropathy		PsA - Other reason to avoid MTX or LEF 2002-A ID1300	0	1	0	1	0.00%	100.00%	0.00%
Other psoriatic arthropathy		PsA continuation - Efficacy 2156-A ID4409	0	1	0	1	0.00%	100.00%	0.00%
Other psoriatic arthropathy		Self-admin - PsA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID5122	0	1	0	1	0.00%	100.00%	0.00%
Other psoriatic arthropathy	DERMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other psoriatic arthropathy	FAMILY PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other psoriatic arthropathy	FAMILY PRACTICE	MNRO reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Other psoriatic arthropathy	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other psoriatic arthropathy	INTERNAL MEDICINE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Other psoriatic arthropathy	RADIOLOGY, DIAGNOSTIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other psoriatic arthropathy	Rheumatologist	PsA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3015	0	1	0	1	0.00%	100.00%	0.00%
Other psoriatic arthropathy	Rheumatologist	PsA - Other reason to avoid MTX or LEF 2002-A ID1300	0	1	0	1	0.00%	100.00%	0.00%
Other psoriatic arthropathy	Rheumatology	Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Other psoriatic arthropathy	Rheumatology	Frequency;;	0	1	0	1	0.00%	100.00%	0.00%
Other psoriatic arthropathy	RHEUMATOLOGY	Lab/test – No initial TB test 2017-A ID4407	0	1	0	1	0.00%	100.00%	0.00%
Other psoriatic arthropathy	RHEUMATOLOGY	PsA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3015	0	1	0	1	0.00%	100.00%	0.00%
Other psoriatic arthropathy	RHEUMATOLOGY	PsA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID4403	0	1	0	1	0.00%	100.00%	0.00%
Other psoriatic arthropathy	RHEUMATOLOGY	PsA - Non-preferred (biosimilar) - No adverse event to active ingredient 4979-D ID5160	0	1	0	1	0.00%	100.00%	0.00%
Other psoriatic arthropathy	RHEUMATOLOGY	PsA continuation - No response;; 2008-A ID4564	0	1	0	1	0.00%	100.00%	0.00%
Other psoriatic arthropathy	RHEUMATOLOGY	Self-admin - PsA - Non-preferred (biosimilar) - No adverse event to active ingredient 4250-D ID4620	0	1	0	1	0.00%	100.00%	0.00%
Other psoriatic arthropathy	specialty match review-Rheumatology	PsA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID5160	0	1	0	1	0.00%	100.00%	0.00%

Other psoriatic arthropathy	UNSPECIFIED SPECIALTY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Other psoriatic arthropathy	UNSPECIFIED SPECIALTY	PsA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID5160	0	1	0	1	0.00%	100.00%	0.00%
Other psoriatic arthropathy	UNSPECIFIED SPECIALTY	PsA continuation - No specific positive response 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
other pulmonary aspergillosis	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other recurrent and persistent immunoglobulin A nephropathy		Efficacy 5791-A ID1310	0	1	0	1	0.00%	100.00%	0.00%
Other recurrent and persistent immunoglobulin A nephropathy	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other recurrent depressive disorders	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other retention of urine	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other rheumatoid arthritis		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other rheumatoid arthritis		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other rheumatoid arthritis		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Other rheumatoid arthritis	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other rheumatoid arthritis	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other rheumatoid arthritis	INTERNAL MEDICINE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Other rheumatoid arthritis	INTERNAL MEDICINE	No initial TB test	0	1	0	1	0.00%	100.00%	0.00%
Other rheumatoid arthritis	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other rheumatoid arthritis	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other rheumatoid arthritis	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other rheumatoid arthritis with rheumatoid factor of multiple sites		RA continuation - No response 1987-D ID4513	0	1	0	1	0.00%	100.00%	0.00%
Other rheumatoid arthritis with rheumatoid factor of multiple sites	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other rheumatoid arthritis with rheumatoid factor of multiple sites	RHEUMATOLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Other rheumatoid arthritis with rheumatoid factor of multiple sites	RHEUMATOLOGY	Self-admin - RA - Non-preferred (biosimilar) - No adverse event to active ingredient 4250-D ID4620	0	1	0	1	0.00%	100.00%	0.00%
Other rheumatoid arthritis with rheumatoid factor of multiple sites	RHEUMATOLOGY	Will be on concurrent/duplicate therapy-same indication;;	0	1	0	1	0.00%	100.00%	0.00%
Other rheumatoid arthritis with rheumatoid factor of multiple sites	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other rheumatoid arthritis with rheumatoid factor of unspecified site		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other rheumatoid arthritis with rheumatoid factor of unspecified site		Self-admin - RA - Non-preferred (biosimilar) - No adverse event to active ingredient 4250-D ID3743	0	1	0	1	0.00%	100.00%	0.00%
Other rosacea		Continuation- Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Other rosacea		Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Other rosacea		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other rosacea	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other rosacea	DERMATOLOGY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Other rosacea	DERMATOLOGY	Diagnosis 76-D ID1404	0	1	0	1	0.00%	100.00%	0.00%

Other rosacea	DERMATOLOGY	Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Other rosacea	DERMATOLOGY	Formulary Medical Necessity Dermatology, Acne SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Other rosacea	DERMATOLOGY	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Other rosacea	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other rosacea	Dermatology (**Specialty match required with year of initial board certification **Reviewer must be actively licensed in DC, MD, or VA)	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other rosacea	Dermatology (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other rosacea	Dermatology **actively licensed in DC, MD, or VA	Diagnosis 76-D ID4113	0	1	0	1	0.00%	100.00%	0.00%
Other rosacea	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other rosacea	FAMILY PRACTICE	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Other rosacea	FAMILY PRACTICE	Diagnosis 76-D ID1404	0	1	0	1	0.00%	100.00%	0.00%
Other rosacea	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Other rosacea	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other rosacea	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Epsolay ACF CMK STD 02-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Other rosacea	UNSPECIFIED SPECIALTY	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Other rosacea	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other rosacea	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Other scleritis, unspecified eye		ACTEMRA SGM: Diagnosis	0	1	0	1	0.00%	100.00%	0.00%
Other seasonal allergic rhinitis		Formulary Medical Necessity SABAs SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Other seasonal allergic rhinitis	FAMILY PRACTICE	Diagnosis 4364-C ID4225	0	1	0	1	0.00%	100.00%	0.00%
Other seasonal allergic rhinitis	FAMILY PRACTICE	Formulary Medical Necessity Anaphylaxis Treatment SCF CMK STD 09-2023 1T v2	0	1	0	1	0.00%	100.00%	0.00%
Other seasonal allergic rhinitis	FAMILY PRACTICE	Formulary Medical Necessity Ryaltris SCF, ACF CMK STD 09-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Other seasonal allergic rhinitis	FAMILY PRACTICE	No need to have in multiple locations or replacement due to use	0	1	0	1	0.00%	100.00%	0.00%
Other seasonal allergic rhinitis	FAMILY PRACTICE	Non-formulary/non-preferred, over 7 years old 5842-A ID4040	0	1	0	1	0.00%	100.00%	0.00%
Other seasonal allergic rhinitis	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%

Other Seasonal Allergies		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other seborrheic dermatitis		Continuation: Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Other seborrheic dermatitis		Diagnosis 76-D ID1404	0	1	0	1	0.00%	100.00%	0.00%
Other seborrheic dermatitis		Initial - No high potency to super-high potency topical corticosteroid]	0	1	0	1	0.00%	100.00%	0.00%
Other seborrheic dermatitis		Step Therapy - Ketoconazole/Ciclopirox or Age	0	1	0	1	0.00%	100.00%	0.00%
Other seborrheic dermatitis	DERMATOLOGY	Diagnosis 76-D ID4113	0	1	0	1	0.00%	100.00%	0.00%
Other seborrheic dermatitis	Dermatology	Initial - No high potency to super-high potency topical corticosteroid]	0	1	0	1	0.00%	100.00%	0.00%
Other seborrheic dermatitis	DERMATOLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Other seborrheic dermatitis	DERMATOLOGY	Step Therapy - Ketoconazole/Ciclopirox or Age	0	1	0	1	0.00%	100.00%	0.00%
Other seborrheic dermatitis	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other seborrheic dermatitis	SURGERY, DERMATOLOGIC	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other seborrheic dermatitis	SURGERY, DERMATOLOGIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other seborrheic dermatitis	UNSPECIFIED SPECIALTY	Diagnosis - Plaque Psoriasis	0	1	0	1	0.00%	100.00%	0.00%
Other seborrheic dermatitis	UNSPECIFIED SPECIALTY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Other seborrheic dermatitis	UNSPECIFIED SPECIALTY	Diagnosis 76-D ID4113	0	1	0	1	0.00%	100.00%	0.00%
Other seborrheic dermatitis	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Other seborrheic keratosis	DERMATOLOGY	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Other seizures	FAMILY PRACTICE	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Other seizures	NEURODEVELOPMENTAL DISABILITIES, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other seizures	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other seizures	NEUROLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other seizures	PEDIATRICS	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other sickle-cell disorders with crisis, unspecified	HEMATOLOGY & ONCOLOGY	Formulary Medical Necessity Opioid Pain Agents SCF CMK STD 09-2023 2F v2	0	1	0	1	0.00%	100.00%	0.00%
Other sites of candidiasis	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other skin changes		Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Other skin changes	DERMATOLOGY	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Other skin changes	INTERNAL MEDICINE	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Other skin changes	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other skin changes due to chronic exposure to nonionizing radiation		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other skin changes due to chronic exposure to nonionizing radiation	DERMATOLOGY	No approvable diagnosis 237-A ID406	0	1	0	1	0.00%	100.00%	0.00%

Other skin changes due to chronic exposure to nonionizing radiation	FAMILY PRACTICE	No approvable diagnosis 237-A ID406	0	1	0	1	0.00%	100.00%	0.00%
Other skin changes due to chronic exposure to nonionizing radiation	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other skin changes due to chronic exposure to nonionizing radiation	UNSPECIFIED SPECIALTY	Diagnosis 237-A ID5021	0	1	0	1	0.00%	100.00%	0.00%
Other skin changes due to chronic exposure to nonionizing radiation	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other sleep disorders	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specidied diabetes mellitus with diabetic polyneuropathy		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specidied diabetes mellitus with diabetic polyneuropathy		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other specidied diabetes mellitus with diabetic polyneuropathy		Diagnosis 1009-D ID5289	0	1	0	1	0.00%	100.00%	0.00%
Other specified abnormal findings of blood chemistry	ENDOCRINOLOGY, DIABETES & METABOLISM	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Other specified abnormal findings of blood chemistry	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified abnormal findings of blood chemistry	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified abnormal findings of blood chemistry	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified abnormal findings of blood chemistry	INTERNAL MEDICINE	Exclusion, age-related hypogonadism	0	1	0	1	0.00%	100.00%	0.00%
Other specified abnormal findings of blood chemistry	INTERNAL MEDICINE	Lab/test 1210-A ID3963	0	1	0	1	0.00%	100.00%	0.00%
Other specified abnormal findings of blood chemistry	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Other specified abnormal findings of blood chemistry	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified abnormal findings of blood chemistry	UROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified abnormal findings of blood chemistry	UROLOGY	Non-approvable diagnosis 1210-A ID1157	0	1	0	1	0.00%	100.00%	0.00%
Other specified abnormal immunological findings in serum	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified abnormal uterine and vaginal bleeding	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified abnormal uterine and vaginal bleeding	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified anomalies of jaw size	SURGERY, ORAL & MAXILLOFACIAL	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other specified anxiety disorders		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified anxiety disorders	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other specified anxiety disorders	FAMILY PRACTICE	Formulary Medical Necessity Sertraline Capsules SCF, ACF CMK STD 09-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Other specified anxiety disorders	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified anxiety disorders	INTERNAL MEDICINE	Patient is able to take alternative dosage form 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%

Other specified anxiety disorders	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified arthritis, multiple sites	RHEUMATOLOGY	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Other specified behavioral and emotional disorders with onset usually occur		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified behavioral and emotional disorders with onset usually occur		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other specified behavioral and emotional disorders with onset usually occur		Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other specified behavioral and emotional disorders with onset usually occur		Quantity, Post limit criteria not met 683-J ID4615	0	1	0	1	0.00%	100.00%	0.00%
Other specified behavioral and emotional disorders with onset usually occur	FAMILY PRACTICE	Diagnosis 178-C ID3028	0	1	0	1	0.00%	100.00%	0.00%
Other specified behavioral and emotional disorders with onset usually occur	FAMILY PRACTICE	Formulary Medical Necessity ADHD Agents SCF CMK STD 02-2023 2F v2	0	1	0	1	0.00%	100.00%	0.00%
Other specified behavioral and emotional disorders with onset usually occur	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Other specified behavioral and emotional disorders with onset usually occur	INTERNAL MEDICINE	Formulary Medical Necessity Methylphenidate ER, Xelstrym ACF CMK STD 3.13 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Other specified behavioral and emotional disorders with onset usually occur	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other specified behavioral and emotional disorders with onset usually occur	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified behavioral and emotional disorders with onset usually occur	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified behavioral and emotional disorders with onset usually occur	Psychiatry	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other specified cardiac arrhythmias	CARDIOLOGY, INTERVENTIONAL	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified chronic obstructive pulmonary disease		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other specified chronic obstructive pulmonary disease	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified chronic obstructive pulmonary disease	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other specified chronic obstructive pulmonary disease	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified congenital malformations	PEDIATRICS	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other specified congenital malformations of skull and face bones	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified congenital malformations of skull and face bones	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other specified cough	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified cough	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified cough	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified counseling	FAMILY PRACTICE	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Other specified dermatitis	DERMATOLOGY	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Other specified diabetes mellitus with hyperglycemia	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified diabetes mellitus with mild nonproliferative diabetic	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Other specified diabetes mellitus without complications		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified diabetes mellitus without complications		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other specified diabetes mellitus without complications		Not established on BGM or CGM	0	1	0	1	0.00%	100.00%	0.00%
Other specified diabetes mellitus without complications	ENDOCRINOLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified diabetes mellitus without complications	ENDOCRINOLOGY, PEDIATRIC	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other specified diabetes mellitus without complications	Specialty match required: Endocrinology, Diabetes & Metabolism	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other specified diabetes mellitus without complications	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified disease of esophagus		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified diseases of biliary tract	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified diseases of intestine	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified diseases of intestine	GASTROENTEROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other specified diseases of intestine	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified diseases of intestine	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified diseases of pancreas	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified diseases of spinal cord	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified disorders of amino-acid metabolism	GENETICS, CLINICAL	Diagnosis 2988-A ID4149	0	1	0	1	0.00%	100.00%	0.00%
Other specified disorders of bone density and structure, multiple sites	ENDOCRINOLOGY, DIABETES & METABOLISM	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other specified disorders of bone density and structure, unspecified site		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified disorders of bone density and structure, unspecified site	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other specified disorders of bone density and structure, unspecified site	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified disorders of bone density and structure, unspecified site	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified disorders of bone, shoulder	UNSPECIFIED SPECIALTY	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Other specified disorders of Eustachian tube, left ear	OTOLARYNGOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified disorders of nose and nasal sinuses	OTOLARYNGOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified disorders of pigmentation	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified disorders of pigmentation	DERMATOLOGY	Diagnosis 76-D ID4113	0	1	0	1	0.00%	100.00%	0.00%
Other specified disorders of pigmentation	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified disorders of pigmentation	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified disorders of tendon, left elbow	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified disorders of the skin and subcutaneous tissue	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Other specified disorders of the skin and subcutaneous tissue	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified disorders of tympanic membrane, unspecified ear	OTOLARYNGOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other specified epidermal thickening	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified epidermal thickening	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified epidermal thickening	FAMILY PRACTICE	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Other specified epidermal thickening	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified epidermal thickening	UNSPECIFIED SPECIALTY	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Other specified epidermal thickening	UNSPECIFIED SPECIALTY	No approvable diagnosis 237-A ID406	0	1	0	1	0.00%	100.00%	0.00%
Other specified erythematous conditions	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified follicular disorders	DERMATOLOGY	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Other specified follicular disorders	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified follicular disorders	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified follicular disorders	SURGERY, DERMATOLOGIC	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Other specified follicular disorders	UNSPECIFIED SPECIALTY	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Other specified functional intestinal disorders		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
other specified health status		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
other specified health status	Endocrinology *specialty match required*	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
other specified health status	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
other specified health status	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
other specified health status	FAMILY PRACTICE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
other specified health status	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
other specified health status	Internal/Family Medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other specified hypothyroidism		Formulary Medical Necessity Adthyza, Thyroid Tablets ACF, SCF CMK STD 09-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Other specified hypothyroidism		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other specified hypothyroidism	DIABETES	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified hypothyroidism	DIABETES	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified hypothyroidism	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified hypothyroidism	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other specified hypothyroidism	Internal Medicine	Formulary Medical Necessity Adthyza, Thyroid Tablets ACF, SCF CMK STD 09-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Other specified hypothyroidism	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other specified interstitial pulmonary diseases	INTERNAL MEDICINE, CRITICAL CARE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Other specified joint disorders, right hip	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other specified joint disorders, right shoulder	FAMILY PRACTICE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Other specified joint disorders, unspecified shoulder	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified malignant neoplasm of skin of right lower limb, including	PLASTIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified menopausal and perimenopausal disorders		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified menopausal and perimenopausal disorders		No approvable diagnosis 961-A ID985	0	1	0	1	0.00%	100.00%	0.00%
Other specified menopausal and perimenopausal disorders	NURSE MIDWIFE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified menopausal and perimenopausal disorders	NURSE MIDWIFE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified menopausal and perimenopausal disorders	OBSTESTRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified menopausal and perimenopausal disorders	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other specified menopausal and perimenopausal disorders	OBSTETRICS & GYNECOLOGY	Formulary Medical Necessity Veozah SCF CMK STD 03-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Other specified mononeuropathies of right lower limb	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other specified neoplasm of uncertain behavior of connective and other		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other specified noninflammatory disorders of vagina	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified noninflammatory disorders of vagina	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified noninflammatory disorders of vagina	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other specified polyneuropathies	INTERNAL MEDICINE	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Other specified polyneuropathies	UNSPECIFIED SPECIALTY	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Other specified postprocedural states		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified postprocedural states	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other specified postprocedural states	NURSE PRACTITIONER, ACUTE CARE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified postprocedural states	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified postprocedural states	ORTHOPEDIC SURGERY	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other specified postprocedural states	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified postprocedural states	ORTHOPEDIC SURGERY, SPINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified postprocedural states	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other specified postprocedural states	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other specified postprocedural states	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Other specified pregnancy related conditions, unspecified trimester	NURSE MIDWIFE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other specified respiratory disorders	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified rheumatoid arthritis, multiple sites		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other specified rheumatoid arthritis, multiple sites		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other specified rheumatoid arthritis, multiple sites		Generic MTX trial 2018-A ID907	0	1	0	1	0.00%	100.00%	0.00%
Other specified rheumatoid arthritis, multiple sites		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified rheumatoid arthritis, multiple sites	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other specified rheumatoid arthritis, multiple sites	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other specified rheumatoid arthritis, multiple sites	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other specified rheumatoid arthritis, multiple sites	RHEUMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other specified rheumatoid arthritis, multiple sites	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified spondylopathies, lumbosacral region	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other specified superficial mycoses	DERMATOLOGY	Diagnosis 76-D ID4113	0	1	0	1	0.00%	100.00%	0.00%
Other specified superficial mycoses	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other specified superficial mycoses	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	1	0	1	0.00%	100.00%	0.00%
Other specified symptoms and signs involving the digestive system, abdomen	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other spondylosis with myelopathy, cervical region		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other spondylosis with myelopathy, lumbar region	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other spondylosis with radiculopathy, cervical region	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other spondylosis with radiculopathy, lumbar region	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other spondylosis with radiculopathy, lumbar region	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other spondylosis with radiculopathy, lumbosacral region	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other spondylosis, cervical region	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other spondylosis, cervical region	ANESTHESIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other spondylosis, cervical region	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other spondylosis, cervical region	FAMILY PRACTICE	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Other spondylosis, lumbar region	ANESTHESIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other spondylosis, site unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other spondylosis, site unspecified	PEDIATRICS	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other spondylosis, site unspecified	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other spondylosis, site unspecified	RHEUMATOLOGY	Diagnosis 3173-A ID4380	0	1	0	1	0.00%	100.00%	0.00%

Other spontaneous disruption of anterior cruciate ligament of right knee	ORTHOPEDIC SURGERY, SPORTS MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other sprain of left hip, initial encounter	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other sprain of left hip, subsequent encounter	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other sprain of right hip, initial encounter	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other symptoms and signs concerning food and fluid intake	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other symptoms and signs involving the genitourinary system	GENERAL SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other symptoms and signs involving the genitourinary system	UROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Other tear of medial meniscus, current injury, left knee, initial encounter	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other tear of medial meniscus, current injury, left knee, initial encounter	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other tear of medial meniscus, current injury, left knee, initial encounter	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other tear of medial meniscus, current injury, right knee,initial encounter		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Other testicular dysfunction	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other thrombophilia		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other thrombophilia	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other transepidermal elimination disorders	DERMATOLOGY	No approvable diagnosis 237-A ID406	0	1	0	1	0.00%	100.00%	0.00%
Other transplanted organ and tissue status	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other trigeminal autonomic cephalgias (TAC), not intractable	NEUROLOGY	Quantity, Post limit criteria not met 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Other ulcerative colitis with other complication		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other ulcerative colitis with rectal bleeding	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other ulcerative colitis with rectal bleeding	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other ulcerative colitis with unspecified complications		Age-Bowel prep	0	1	0	1	0.00%	100.00%	0.00%
Other ulcerative colitis with unspecified complications		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other ulcerative colitis with unspecified complications	INTERNAL MEDICINE	Age-Bowel prep	0	1	0	1	0.00%	100.00%	0.00%
Other ulcerative colitis without complications		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other ulcerative colitis without complications		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Other ulcerative colitis without complications	GASTROENTEROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Other ulcerative colitis without complications	GASTROENTEROLOGY, PEDIATRIC	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other urticaria		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other urticaria	ALLERGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Other urticaria	ALLERGY & IMMUNOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other urticaria	ALLERGY & IMMUNOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other urticaria	ALLERGY & IMMUNOLOGY	Continuation - Efficacy - Documentation required	0	1	0	1	0.00%	100.00%	0.00%
Other urticaria	ALLERGY & IMMUNOLOGY	Diagnosis 1690-A ID5767	0	1	0	1	0.00%	100.00%	0.00%
Other urticaria	ALLERGY & IMMUNOLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Other urticaria	DERMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other viral warts		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other viral warts	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other viral warts	DERMATOLOGY	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Other viral warts	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other vitamin B12 deficiency anemias	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other vitamin B12 deficiency anemias	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Other vitamin B12 deficiency anemias	PHYSICIAN ASSISTANT, UNSPECIFIED	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other vitamin B12 deficiency anemias	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other vomiting complicating pregnancy	NURSE MIDWIFE	Quantity, Post limit criteria not met 16-J ID3407	0	1	0	1	0.00%	100.00%	0.00%
Otorrhea, unspecified ear	OTOLARYNGOLOGY, PEDIATRIC	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Outlet dysfunction constipation		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Overactive bladder		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Overactive bladder		Step Therapy 385-D ID4769	0	1	0	1	0.00%	100.00%	0.00%
Overactive bladder	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Overactive bladder	GERIATRIC MEDICINE, FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Overactive bladder	INTERNAL MEDICINE	Step Therapy 385-D ID4769	0	1	0	1	0.00%	100.00%	0.00%
Overactive bladder	OBSTETRICS & GYNECOLOGY	Step Therapy 385-D ID4769	0	1	0	1	0.00%	100.00%	0.00%
Overactive bladder	UNSPECIFIED SPECIALTY	Step Therapy 385-D ID4769	0	1	0	1	0.00%	100.00%	0.00%
Overactive bladder	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Overactive bladder	UROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Overweight	ANESTHESIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Overweight	CARDIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Overweight	EMERGENCY MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Overweight	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Overweight	Family Medicine or Internal Medicine *exact specialty match required by client	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Overweight	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Overweight	GENERAL SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Overweight	INFECTIOUS DISEASES	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Overweight	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Overweight	INTERNAL MEDICINE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Overweight	INTERNAL MEDICINE	Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Overweight	NATUROPATH	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Overweight	NURSE PRACTITIONER, ADULT HEALTH	Diagnosis 6192-C ID3562	0	1	0	1	0.00%	100.00%	0.00%
Overweight	OBSTESTRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Overweight	PSYCHIATRY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Overweight	SURGERY, GENERAL	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Overweight	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Overweight	UNSPECIFIED SPECIALTY	Continuation: Efficacy, Positive Response, Stable or Not Worsening	0	1	0	1	0.00%	100.00%	0.00%
Pain in left ankle and joints of left foot		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in left ankle and joints of left foot	UNSPECIFIED SPECIALTY	Santyl (Collagenase) PA with Limit 1773-C 04-2022 07_25_2022_19_55_40 1F	0	1	0	1	0.00%	100.00%	0.00%
Pain in left ankle and joints of left foot	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pain in left foot	GENERAL SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in left foot	RHEUMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in left foot	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pain in left hip		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in left hip	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in left hip	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in left hip	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pain in left hip	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Pain in left knee		Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Pain in left knee	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in left knee	ORTHOPEDIC SURGERY, SPORTS MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pain in left leg	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pain in left shoulder	EMERGENCY MEDICINE	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
Pain in left shoulder	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in right ankle and joints of right foot	FAMILY PRACTICE	Diagnosis 621-C ID4790	0	1	0	1	0.00%	100.00%	0.00%
Pain in right ankle and joints of right foot	INTERNAL MEDICINE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pain in right ankle and joints of right foot	ORTHOPEDIC SURGERY	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Pain in right ankle and joints of right foot	ORTHOPEDIC SURGERY	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
Pain in right ankle and joints of right foot	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pain in right arm	FAMILY PRACTICE	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Pain in right arm	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%

Pain in right arm	Internal Medicine *exact specialty match required by client	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Pain in right foot	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pain in right foot	PHYSICAL MEDICINE & REHABILITATION	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pain in right hand		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in right hip	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in right hip	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pain in right hip	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pain in right hip	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pain in right knee		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in right knee	ORTHOPEDIC SURGERY	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
Pain in right knee	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pain in right knee	ORTHOPEDIC SURGERY, SPORTS MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in right knee	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in right knee	UNSPECIFIED SPECIALTY	Diagnosis 621-C ID1901	0	1	0	1	0.00%	100.00%	0.00%
Pain in right leg	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in right wrist	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pain in right wrist	UNSPECIFIED SPECIALTY	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Pain in thoracic spine	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in thoracic spine	FAMILY PRACTICE	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
Pain in thoracic spine	INTERNAL MEDICINE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Pain in thoracic spine	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pain in throat	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in unspecified ankle and joints of unspecified foot		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pain in unspecified hip	ANESTHESIOLOGY	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Pain in unspecified hip	INTERNAL MEDICINE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Pain in unspecified hip	Specialty Match Review Required: Internal Medicine	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Pain in unspecified hip	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in unspecified hip	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pain in unspecified joint		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in unspecified joint	FAMILY PRACTICE	Diagnosis 621-C ID1901	0	1	0	1	0.00%	100.00%	0.00%
Pain in unspecified joint	INTERNAL MEDICINE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Pain in unspecified joint	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Pain in unspecified knee	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pain in unspecified knee	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pain in unspecified knee	RHEUMATOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pain in unspecified knee	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pain in unspecified limb		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in unspecified lower leg	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in unspecified shoulder		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in unspecified shoulder	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in unspecified shoulder	INTERNAL MEDICINE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Pain in unspecified shoulder	Internal Medicine OR Pulmonary Disease *Specialty Match Required*	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Pain in unspecified shoulder	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain in unspecified shoulder	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pain, unspecified		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pain, unspecified		Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
Pain, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pain, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pain, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pain, unspecified	GASTROENTEROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pain, unspecified	GENERAL SURGERY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Pain, unspecified	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pain, unspecified	NEPHROLOGY / RENAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pain, unspecified	NURSE MIDWIFE	Diagnosis 2219-M ID3403	0	1	0	1	0.00%	100.00%	0.00%
Pain, unspecified	NURSE PRACTITIONER, GERONTOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pain, unspecified	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pain, unspecified	PHYSICAL MEDICINE & REHABILITATION	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Palpitations	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Panic disorder without agoraphobia		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Panic disorder without agoraphobia		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Panic disorder without agoraphobia		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Panic disorder without agoraphobia	GENERAL PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Panic disorder without agoraphobia	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Panic disorder without agoraphobia	PSYCHIATRY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Panic disorder without agoraphobia	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Panic disorder without agoraphobia	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Panic disorder without agoraphobia	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%

Panuveitis, bilateral	OPHTHALMOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Papillomavirus as the cause of diseases classified elsewhere	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Paranoid schizophrenia		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Paranoid schizophrenia	PSYCHIATRY	Formulary Medical Necessity Lybalvi ACF CMK STD 09-2022 (07.01.23) 2F	0	1	0	1	0.00%	100.00%	0.00%
Paranoid schizophrenia	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Paresthesia of skin	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Paresthesia of skin	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Paresthesia of skin	INTERNAL MEDICINE	Diagnosis - Horizant	0	1	0	1	0.00%	100.00%	0.00%
Paresthesia of skin	UNSPECIFIED SPECIALTY	Step therapy 621-C ID1901	0	1	0	1	0.00%	100.00%	0.00%
Paresthesia of skin	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Parkinsonism, unspecified		Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Parkinsonism, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Parkinsonism, unspecified	NEUROLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Parkinson's disease		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Parkinson's disease		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Parkinson's disease	NEUROLOGY	Formulary Medical Necessity Nourianz ACF CMK STD 02-2021 1T	0	1	0	1	0.00%	100.00%	0.00%
Parkinsons disease with dyskinesia, with fluctuations		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Parkinsons disease with dyskinesia, without mention of fluctuations	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Parkinsons disease without dyskinesia, with fluctuations	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Parkinsons disease without dyskinesia, with fluctuations	NEUROLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Parkinsons disease without dyskinesia, with fluctuations	NEUROLOGY	Does not experience 2 hours "off" time daily	0	1	0	1	0.00%	100.00%	0.00%
Parkinsons disease without dyskinesia, with fluctuations	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Parkinsons disease without dyskinesia, without mention of fluctuations		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Parkinsons disease without dyskinesia, without mention of fluctuations	NEUROLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Parkinsons disease without dyskinesia, without mention of fluctuations	NEUROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Parkinsons disease without dyskinesia, without mention of fluctuations	NEUROLOGY	Formulary Medical Necessity Nourianz ACF CMK STD 02-2021 1T	0	1	0	1	0.00%	100.00%	0.00%
Parkinsons disease without dyskinesia, without mention of fluctuations	Neurology *specialty match*	Patient is able to take alternative dosage form 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Parkinsons disease without dyskinesia, without mention of fluctuations	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Parkinsons disease without dyskinesia, without mention of fluctuations	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Paroxysmal atrial fibrillation		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Paroxysmal atrial fibrillation	CARDIAC ELECTROPHYSIOLOGY	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Paroxysmal atrial fibrillation	CARDIOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Paroxysmal atrial fibrillation	CARDIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Paroxysmal atrial fibrillation	CARDIOLOGY, INTERVENTIONAL	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Paroxysmal atrial fibrillation	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Patellofemoral disorders, unspecified knee	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pauciarticular juvenile rheumatoid arthritis, unsp site	RHEUMATOLOGY, PEDIATRIC	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Pauciarticular juvenile rheumatoid arthritis, unspecified wristuser	PEDIATRICS	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Pediculosis due to Pediculus humanus capitis	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pediculosis due to Pediculus humanus capitis	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pediculosis due to Pediculus humanus corporis	INTERNAL MEDICINE	No approvable diagnosis 1486-A ID2139	0	1	0	1	0.00%	100.00%	0.00%
Pediculosis, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pelvic and perineal pain	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Peptic ulcer, site unspecified, unspecified as acute or chronic, without he	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Peptic ulcer, site unspecified, unspecified as acute or chronic, without he	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Peptic ulcer, site unspecified, unspecified as acute or chronic, without he	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Peptic ulcer, site unspecified, unspecified as acute or chronic, without he	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Perianal venous thrombosis	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Periodic headache syndromes in chld/adlt, not intractable	EMERGENCY MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Periodic limb movement disorder	FAMILY PRACTICE	Continuation: Not on required concurrent therapy with PAP	0	1	0	1	0.00%	100.00%	0.00%
Perioral dermatitis		Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Perioral dermatitis	DERMATOLOGY	No approvable diagnosis 4915-A ID418	0	1	0	1	0.00%	100.00%	0.00%
Perioral dermatitis	DERMATOLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Perioral dermatitis	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Perioral dermatitis	FAMILY PRACTICE	Diagnosis 76-D ID4113	0	1	0	1	0.00%	100.00%	0.00%
Perioral dermatitis	FAMILY PRACTICE	No approvable diagnosis 4312-HJ ID1141	0	1	0	1	0.00%	100.00%	0.00%
Perioral dermatitis	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Perioral dermatitis	PEDIATRICS	Age 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Perioral dermatitis	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Perioral dermatitis	UNSPECIFIED SPECIALTY	Diagnosis 1486-A ID4918	0	1	0	1	0.00%	100.00%	0.00%
Perioral dermatitis	UNSPECIFIED SPECIALTY	Diagnosis 3697-HJ ID2123	0	1	0	1	0.00%	100.00%	0.00%
Perioral dermatitis	UNSPECIFIED SPECIALTY	No approvable diagnosis 4312-HJ ID1141	0	1	0	1	0.00%	100.00%	0.00%
Perioral dermatitis	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%

Peripheral vascular disease, unspecified		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Peripheral vascular disease, unspecified	CARDIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Peripheral vascular disease, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Permanent atrial fibrillation	CARDIAC ELECTROPHYSIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Peroneal tendinitis, left leg.	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Persistent migraine aura without cerebral infarction, intractable, with sta	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Persistent migraine aura without cerebral infarction, intractable, without	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Person injured in unspecified motor-vehicle accident, tra	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Person injured in unspecified motor-vehicle accident, traffic, initial enco	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Personal history of anaphylaxis	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Personal history of anaphylaxis	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Personal history of anaphylaxis	FAMILY PRACTICE	Formulary Medical Necessity Anaphylaxis Treatment SCF CMK STD 09-2023 2F v2	0	1	0	1	0.00%	100.00%	0.00%
Personal history of anaphylaxis	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Personal history of anaphylaxis	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Personal history of anaphylaxis	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Personal history of anaphylaxis	UNSPECIFIED SPECIALTY	No need to have in multiple locations or replacement due to use	0	1	0	1	0.00%	100.00%	0.00%
Personal history of anaphylaxis	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Personal history of diseases of the skin and subcutaneous tissue		Diagnosis 76-D ID4113	0	1	0	1	0.00%	100.00%	0.00%
Personal history of diseases of the skin and subcutaneous tissue	DERMATOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Personal history of gestational diabetes	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Personal history of other benign neoplasm	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Personal history of other diseases of the circulatory system		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Personal history of other diseases of the circulatory system	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Personal history of other diseases of the digestive system	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Personal history of other diseases of the digestive system	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Personal history of other diseases of the female genital tract		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Personal history of other diseases of the female genital tract		Does not meet guidelines.	0	1	0	1	0.00%	100.00%	0.00%
Personal history of other diseases of the nervous system and sense organs	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Personal history of other diseases of the nervous system and sense organs	RHEUMATOLOGY	Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Personal history of other diseases of the nervous system and sense organs	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Personal history of other endocrine, nutritional and metabolic disease		*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
Personal history of other endocrine, nutritional and metabolic disease		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Personal history of other endocrine, nutritional and metabolic disease	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Personal history of other endocrine, nutritional and metabolic disease	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Personal history of other endocrine, nutritional and metabolic disease	Internal Medicine	*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
Personal history of other endocrine, nutritional and metabolic disease	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Personal history of other infectious and parasitic diseases	GASTROENTEROLOGY	Diagnosis 5922-A ID3929	0	1	0	1	0.00%	100.00%	0.00%
Personal history of other infectious and parasitic diseases	UNSPECIFIED SPECIALTY	Diagnosis 2753-A ID3278	0	1	0	1	0.00%	100.00%	0.00%
Personal history of other malignant neoplasm of rectum, rectosigmo		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Personal history of other malignant neoplasm of rectum, rectosigmo	GENERAL SURGERY	Age-Bowel prep	0	1	0	1	0.00%	100.00%	0.00%
Personal history of other specified conditions	EMERGENCY MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Personal history of other venous thrombosis and embolism	FAMILY PRACTICE	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Personal history of sex reassignment		No approvable diagnosis (all drugs except generic Delatestryl and Testopel) 1210-A ID1157	0	1	0	1	0.00%	100.00%	0.00%
Personal history of urinary calculi	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Persons encountering health services in other specified circumstances	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Persons encountering health services in other specified circumstances	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Persons encountering health services in other specified circumstances	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Persons encountering health services in other specified circumstances	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Perst migrn aura w/o cereb infrc, not ntrct, w/o stat migr	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Phlebitis and thrombophlebitis of unspecified site	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Phthiriasis	INTERNAL MEDICINE	No approvable condition 4831-D ID1060	0	1	0	1	0.00%	100.00%	0.00%
Phthiriasis	UNSPECIFIED SPECIALTY	No approvable condition 4831-D ID1060	0	1	0	1	0.00%	100.00%	0.00%
Pigmentary glaucoma, bilateral, severe stage	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pilonidal cyst without abscess	GENERAL SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pityriasis alba	DERMATOLOGY	Age 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%

Pityriasis alba	DERMATOLOGY	Diagnosis 76-D ID1404	0	1	0	1	0.00%	100.00%	0.00%
Pityriasis alba	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pityriasis alba	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pityriasis alba	UNSPECIFIED SPECIALTY	Age 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Pityriasis alba	UNSPECIFIED SPECIALTY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Pityriasis rosea		Quantity, Post limit criteria not met 2324-HJ ID2600	0	1	0	1	0.00%	100.00%	0.00%
Pityriasis rosea	DERMATOLOGY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Pityriasis versicolor		Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Pityriasis versicolor	DERMATOLOGY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Pityriasis versicolor	DERMATOLOGY	Quantity, Post limit criteria not met 3172-HJ ID2446	0	1	0	1	0.00%	100.00%	0.00%
Pityriasis versicolor	PEDIATRICS	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Pityriasis versicolor	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pityriasis versicolor	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Plantar wart	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pleurodynia		Safely take requested dose	0	1	0	1	0.00%	100.00%	0.00%
Pleurodynia	INTERNAL MEDICINE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Pleurodynia	NURSE PRACTITIONER, ADULT HEALTH	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Pleurodynia	OBSTETRICS & GYNECOLOGY	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Pneumonia due to Pseudomonas	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Pneumonia, unspecified organism	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pneumonia, unspecified organism	FAMILY PRACTICE	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Pneumonia, unspecified organism	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pneumonia, unspecified organism	PULMONOLOGY, PEDIATRIC	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Pneumothorax, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Poikiloderma of Civatte	UNSPECIFIED SPECIALTY	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Poisoning by antifungal antibiotics, systemically used, accidental	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Polyarthritis, unspecified		Diagnosis 2003-A ID3161	0	1	0	1	0.00%	100.00%	0.00%
Polyarthritis, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Polyarthritis, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Polyarthritis, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Polycystic kidney, adult type	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Polycystic kidney, adult type	NEPHROLOGY / RENAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Polycystic ovarian syndrome		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Polycystic ovarian syndrome	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Polycystic ovarian syndrome	ENDOCRINOLOGY, REPRODUCTIVE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Polycystic ovarian syndrome	ENDOCRINOLOGY, REPRODUCTIVE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Polycystic ovarian syndrome	ENDOCRINOLOGY, REPRODUCTIVE	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Polycystic ovarian syndrome	Family Medicine or Internal Medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Polycystic ovarian syndrome	Family medicine(specialty match required)	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Polycystic ovarian syndrome	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Polycystic ovarian syndrome	FAMILY PRACTICE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Polycystic ovarian syndrome	Internal Med or Family Med *specialty match*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Polycystic ovarian syndrome	INTERNAL MEDICINE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Polycystic ovarian syndrome	Internal Medicine(**Specialty match required with year of initial board certification **Reviewer must be actively licensed in DC, MD, or VA)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Polycystic ovarian syndrome	NATUROPATH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Polycystic ovarian syndrome	OBSTESTRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Polycystic ovarian syndrome	OBSTETRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Polycystic ovarian syndrome	Obstetrics & Gynecology	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Polycystic ovarian syndrome	PEDIATRICS	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Polycystic ovarian syndrome	Specialty match required - Family Medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Polycystic ovarian syndrome	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Polycystic ovarian syndrome	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Polycythemia vera		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Polycythemia vera	HEMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Polycythemia vera	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Polymyalgia rheumatica	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Polymyalgia rheumatica	RHEUMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Polymyalgia rheumatica	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Polymyositis with other organ involvement	RHEUMATOLOGY	Quantity, Post limit criteria not met 918-J ID1386	0	1	0	1	0.00%	100.00%	0.00%
Polyneuropathy due to other toxic agents	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Polyneuropathy in diseases classified elsewhere	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Polyneuropathy, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Polyneuropathy, unspecified		Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%

Polyneuropathy, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Polyneuropathy, unspecified	GERIATRIC MEDICINE, FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Polyneuropathy, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Polyneuropathy, unspecified	INTERNAL MEDICINE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Polyneuropathy, unspecified	NATUROPATH	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Polyneuropathy, unspecified	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Polyneuropathy, unspecified	ORTHOPEDIC SURGERY	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Polyneuropathy, unspecified	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Polyneuropathy, unspecified	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Polyneuropathy, unspecified	UNSPECIFIED SPECIALTY	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
Polyosteoarthritis, unspecified	RHEUMATOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Polyp of colon	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Polyp of colon	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Polyp of nasal cavity		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Polyp of nasal cavity		CRSwNP - Age 1690-A ID4795	0	1	0	1	0.00%	100.00%	0.00%
Polyp of nasal cavity		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Polyp of nasal cavity		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Polyp of nasal cavity	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Polyp of nasal cavity	ALLERGY & IMMUNOLOGY	CRSwNP initial - Not bilateral/chronic 1690-A ID4795	0	1	0	1	0.00%	100.00%	0.00%
Polyp of nasal cavity	ALLERGY & IMMUNOLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Polyp of nasal cavity	ALLERGY & IMMUNOLOGY, CLINICAL & LABORATORY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Polyp of nasal cavity	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Polyp of nasal cavity	INTERNAL MEDICINE	Non-formulary/non-preferred - Nasal polyps or age less than 12	0	1	0	1	0.00%	100.00%	0.00%
Polyp of nasal cavity	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Polyp of nasal cavity	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Polyp of nasal cavity	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Polyp of nasal cavity	UNSPECIFIED SPECIALTY	CRSwNP Continuation - Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Polyp of nasal cavityuser	OTOLARYNGOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Polyp of nasal cavityuser	OTOLARYNGOLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Polyp of nasal cavityuser	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Polypoid sinus degeneration		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Polypoid sinus degeneration		Continuation: Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Polypoid sinus degeneration		Step Therapy 4364-C ID4225	0	1	0	1	0.00%	100.00%	0.00%
Polypoid sinus degeneration		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Polypoid sinus degeneration	ALLERGY & IMMUNOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Polypoid sinus degeneration	ALLERGY & IMMUNOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Polypoid sinus degeneration	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Polypoid sinus degeneration	OTOLARYNGOLOGY	No approvable diagnosis 4364-C ID1011	0	1	0	1	0.00%	100.00%	0.00%
Polypoid sinus degeneration	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Polypoid sinus degeneration	UNSPECIFIED SPECIALTY	No approvable diagnosis 4364-C ID1011	0	1	0	1	0.00%	100.00%	0.00%
Post COVID-19 condition, unspecified		No trial/reason can't use FDA-approved drugs	0	1	0	1	0.00%	100.00%	0.00%
Post COVID-19 condition, unspecified	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Post COVID-19 condition, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Post COVID-19 condition, unspecified	GERIATRIC MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Post COVID-19 condition, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Postgastric surgery syndromes	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Postherpetic polyneuropathy	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Postherpetic polyneuropathy	PAIN MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Postherpetic polyneuropathy	PAIN MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Postherpetic trigeminal neuralgia	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Postherpetic trigeminal neuralgia	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Postinflammatory Hyperpigmentation		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Postinflammatory Hyperpigmentation	DERMATOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Postinflammatory Hyperpigmentation	DERMATOLOGY	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Postinflammatory Hyperpigmentation	DERMATOLOGY	Formulary Medical Necessity Dermatology, Rosacea SCF CMK STD 09-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Postinflammatory Hyperpigmentation	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Postinflammatory Hyperpigmentation	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Postlaminectomy syndrome, not elsewhere classified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Postlaminectomy syndrome, not elsewhere classified	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Postlaminectomy syndrome, not elsewhere classified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Postlaminectomy syndrome, not elsewhere classified	NURSE PRACTITIONER, ADULT HEALTH	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Postlaminectomy syndrome, not elsewhere classified	pain med *specialty match*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Postlaminectomy syndrome, not elsewhere classified	PHYSICAL MEDICINE & REHABILITATION	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Postlaminectomy syndrome, not elsewhere classified	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Postlaminectomy syndrome, not elsewhere classified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Postmenopausal atrophic vaginitis		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Postmenopausal atrophic vaginitis		Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Postmenopausal atrophic vaginitis	GENERAL SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Postmenopausal atrophic vaginitis	GENERAL SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Postmenopausal atrophic vaginitis	GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Postmenopausal atrophic vaginitis	GYNECOLOGY	Formulary Medical Necessity Menopausal Agents, Vaginal FA-PA CMK STD 02-2021 2F	0	1	0	1	0.00%	100.00%	0.00%
Postmenopausal atrophic vaginitis	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Postmenopausal atrophic vaginitis	OBSTETRICS & GYNECOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Postmenopausal atrophic vaginitis	OBSTETRICS & GYNECOLOGY	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Postmenopausal atrophic vaginitis	OBSTETRICS & GYNECOLOGY	Patient is able to take alternative dosage form 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Postmenopausal atrophic vaginitis	ONCOLOGY, GYNECOLOGIC	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Postmenopausal atrophic vaginitis	ONCOLOGY, GYNECOLOGIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Postmenopausal atrophic vaginitis	UROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Postmenopausal bleeding	Gynecology(specialty match required)	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Postmenopausal bleeding	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Postnasal drip	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Postpartum depression		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Postpartum depression		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Postpartum depression	OBSTETRICS & GYNECOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Postpartum depression	OBSTETRICS & GYNECOLOGY	Not moderate to severe 6270-A ID4160	0	1	0	1	0.00%	100.00%	0.00%
Postpartum depression	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Postpartum depression	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Postproc hemor/hemtom of skin, subcu fol a dermatologic proc	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Postprocedural hematoma of a musculoskeletal structure following a mus		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Postprocedural hypothyroidism	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Postprocedural hypothyroidism	ENDOCRINOLOGY, DIABETES & METABOLISM	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Postprocedural hypothyroidism	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Postsurgical malabsorption, not elsewhere classified		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Post-term pregnancy		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Post-traumatic osteoarthritis, left ankle and foot	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Post-traumatic stress disorder, chronic	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Post-traumatic stress disorder, unspecified	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Postural orthostatic tachycardia syndrome [POTS]	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Postural orthostatic tachycardia syndrome [POTS]	CARDIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Postural orthostatic tachycardia syndrome [POTS]	CARDIOLOGY, INTERVENTIONAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Postural orthostatic tachycardia syndrome [POTS]	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Postural orthostatic tachycardia syndrome [POTS]	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Postural orthostatic tachycardia syndrome [POTS]	UNSPECIFIED SPECIALTY	Diagnosis: adult	0	1	0	1	0.00%	100.00%	0.00%
Pouchitis		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pouchitis		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Pouchitis	Gastroenterology	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Pouchitis	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Prader-Willi syndrome		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Prader-Willi syndrome		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Prader-Willi syndrome	ENDOCRINOLOGY, PEDIATRIC	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Prediabetes		Diagnosis 1009-D ID5289	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	CARDIAC ELECTROPHYSIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	CARDIOLOGY	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	CARDIOLOGY, INTERVENTIONAL	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred - Product 4510-A ID2757	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	ENDOCRINOLOGY, PEDIATRIC	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	Family Medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	Family Medicine *specialty match required*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	Family Medicine or Internal Medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Prediabetes	FAMILY PRACTICE	*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	FAMILY PRACTICE	Formulary Medical Necessity Biguanides FA-PA CMK STD 02-2021 2F	0	1	0	1	0.00%	100.00%	0.00%

Prediabetes	FAMILY PRACTICE	Non-formulary/non-preferred - Product 4510-A ID2757	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	GENERAL PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	GENERAL SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Prediabetes	INTERNAL MEDICINE	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	INTERNAL MEDICINE	Formulary Medical Necessity Mounjaro SCF, ACF, BF CMK STD 02-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	Internal Medicine - specialty match required	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	Internal/Family Medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	MENTAL HEALTH COUNSELOR	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	NEUROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	Pediatrician	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Prediabetes	Pediatrics *specialty match*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Member can be treated with a preferred product	0	1	0	1	0.00%	100.00%	0.00%
Prediabetes	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 4510-A ID2757	0	1	0	1	0.00%	100.00%	0.00%
Predominantly allergic asthma		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pre-existing diabetes mellitus, type 2, in pregnancy, first trimester		Diagnosis – Formulary, Exceeds Initial Limit	0	1	0	1	0.00%	100.00%	0.00%
Pre-existing diabetes mellitus, type 2, in pregnancy, second trimester	MATERNAL & FETAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Pre-existing diabetes mellitus, type 2, in pregnancy, third trimester	GENETICS, CLINICAL	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Preglaucoma, unspecified, bilateral	UNSPECIFIED SPECIALTY	Step therapy 613-D ID2885	0	1	0	1	0.00%	100.00%	0.00%
Pregnant state, incidental		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Premature ejaculation	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Premenstrual dysphoric disorder		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Premenstrual dysphoric disorder		No approvable diagnosis 4752-A ID934	0	1	0	1	0.00%	100.00%	0.00%
Premenstrual dysphoric disorder	Gynecology (specialty match required)	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Premenstrual dysphoric disorder	NURSE MIDWIFE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Premenstrual dysphoric disorder	NURSE MIDWIFE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Premenstrual dysphoric disorder	OBSTETRICS & GYNECOLOGY	No approvable diagnosis 4752-A ID934	0	1	0	1	0.00%	100.00%	0.00%
Premenstrual dysphoric disorder	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Premenstrual dysphoric disorder	OG-GYN *specialty match*	No approvable diagnosis 4752-A ID934	0	1	0	1	0.00%	100.00%	0.00%
Premenstrual dysphoric disorder	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Premenstrual dysphoric disorder	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Presence of coronary angioplasty implant and graft	CARDIOLOGY	ASCVD - No ASCVD or cardiac event 6432-A ID4685	0	1	0	1	0.00%	100.00%	0.00%
Presence of coronary angioplasty implant and graft	CARDIOLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Presence of coronary angioplasty implant and graft	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Presence of functional implant, unspecified	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Presence of intraocular lens	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Presence of left artificial hip joint		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Presence of left artificial hip joint	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Presence of left artificial hip joint	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Presence of Left Artificial knee joint		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Presence of Left Artificial knee joint	ORTHOPEDIC SURGERY	Formulary Medical Necessity Tramadol Agents SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Presence of Left Artificial knee joint	ORTHOPEDIC SURGERY, SPINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Presence of Left Artificial knee joint	ORTHOPEDIC SURGERY, SPORTS MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Presence of Left Artificial knee joint	ORTHOPEDIC SURGERY, SPORTS MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Presence of Left Artificial knee joint	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Presence of left artificial shoulder joint	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Presence of left artificial shoulder joint	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Presence of prosthetic heart valve		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Presence of prosthetic heart valve	CARDIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Presence of prosthetic heart valve	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Presence of prosthetic heart valve	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Presence of right artificial hip joint		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Presence of right artificial hip joint	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Presence of right artificial hip joint	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Presence of right artificial knee joint	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Presence of right artificial knee joint	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Presence of right artificial knee joint	ORTHOPEDIC SURGERY	C17533-M Opioids IR – 7 Day Acute Pain Duration Limit with MME DURATION LIMIT WITH QUANTITY LIMIT AND POST LIMIT PRIOR AUTHORIZATION CRITERIA Q8	0	1	0	1	0.00%	100.00%	0.00%
Presence of right artificial knee joint	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Presence of right artificial knee joint	UNSPECIFIED SPECIALTY	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Presence of unspecified artificial hip joint	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	Quantity, Exceeds max limit, Partial denial – hydromorphone	0	1	0	1	0.00%	100.00%	0.00%
Pressure ulcer of sacral region, stage 4	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Pressure ulcer of sacral region, unstageable	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary adrenocortical insufficiency	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary biliary cirrhosis	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Primary centeral sleep apnea	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary centeral sleep apnea	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary centeral sleep apnea	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary cutaneous CD30-positive T-cell proliferations	DERMATOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Primary dysmenorrhea	OBSTESTRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary exertional headache	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Primary focal hyperhidrosis, axilla	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary focal hyperhidrosis, axilla	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Primary focal hyperhidrosis, axilla	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Primary focal hyperhidrosis, palms		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Primary focal hyperhidrosis, soles	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary focal hyperhidrosis, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Primary hyperparathyroidism		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Primary hyperparathyroidism	ENDOCRINOLOGY, DIABETES & METABOLISM	Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Primary hyperparathyroidism	ENDOCRINOLOGY, DIABETES & METABOLISM	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Primary hyperparathyroidism	ENDOCRINOLOGY, DIABETES & METABOLISM	Initial – Primary hyperparathyroidism	0	1	0	1	0.00%	100.00%	0.00%
Primary hypersomnia	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary hypersomnia	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary hypersomnia	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary insomnia		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Primary insomnia		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Primary insomnia	INTERNAL MEDICINE	Quantity, Post limit criteria not met 201-J ID3452	0	1	0	1	0.00%	100.00%	0.00%
Primary insomnia	NEPHROLOGY / RENAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Primary insomnia	NEUROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Primary insomnia	PSYCHIATRY	Formulary Medical Necessity Quviviq ACF, BF CMK STD 02-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Primary insomnia	PSYCHIATRY	Quantity, Post limit criteria not met 201-J ID3452	0	1	0	1	0.00%	100.00%	0.00%

Primary insomnia	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Primary insomnia	UNSPECIFIED SPECIALTY	Quantity, Exceeds max limit, Partial denial	0	1	0	1	0.00%	100.00%	0.00%
Primary insomnia	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Primary iridocyclitis, left eye	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Primary open-angle glaucoma		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Primary open-angle glaucoma, bilateral, indeterminate stage	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary open-angle glaucoma, bilateral, indeterminate stage	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Primary open-angle glaucoma, bilateral, mild stage	OPHTHALMOLOGY	Formulary Medical Necessity Iyuzeh SCF, ACF CMK STD 09-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Primary open-angle glaucoma, bilateral, mild stage	OPHTHALMOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Primary open-angle glaucoma, bilateral, mild stage	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary open-angle glaucoma, bilateral, moderate stage		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary open-angle glaucoma, bilateral, moderate stage.	OPHTHALMOLOGY	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Primary open-angle glaucoma, bilateral, moderate stage.	OPHTHALMOLOGY	Step therapy 613-D ID2885	0	1	0	1	0.00%	100.00%	0.00%
Primary open-angle glaucoma, bilateral, moderate stage.	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Primary open-angle glaucoma, bilateral, severe stage		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Primary open-angle glaucoma, bilateral, severe stage		*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
Primary open-angle glaucoma, bilateral, severe stage	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary open-angle glaucoma, bilateral, severe stage	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Primary open-angle glaucoma, bilateral, stage unspecified	OPHTHALMOLOGY	Formulary Medical Necessity Iyuzeh SCF, ACF CMK STD 09-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Primary open-angle glaucoma, left eye, moderate stage	OPHTHALMOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Primary open-angle glaucoma, left eye, moderate stage	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Primary open-angle glaucoma, left eye, moderate stage	Ophthalmology (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Primary open-angle glaucoma, left eye, moderate stage	OPTOMETRIST, LOW VISION	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Primary open-angle glaucoma, left eye, severe stage		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Primary open-angle glaucoma, left eye, severe stage	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary open-angle glaucoma, left eye, stage unspecified	OPHTHALMOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%

Primary open-angle glaucoma, right eye, mild stage		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary open-angle glaucoma, right eye, mild stage	OPHTHALMOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Primary open-angle glaucoma, right eye, mild stage	OPHTHALMOLOGY	Formulary Medical Necessity Ophthalmic, Glaucoma SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Primary open-angle glaucoma, right eye, mild stage	OPHTHALMOLOGY	Formulary Medical Necessity Rhopressa, Rocklatan SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Primary open-angle glaucoma, right eye, mild stage	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Primary open-angle glaucoma, right eye, mild stage	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Primary open-angle glaucoma, right eye, moderate stage		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary open-angle glaucoma, right eye, moderate stage		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Primary open-angle glaucoma, right eye, severe stage		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary open-angle glaucoma, right eye, severe stage	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary open-angle glaucoma, right eye, severe stage	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Primary open-angle glaucoma, unspecified eye, moderate stage	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary osteoarthritis, left ankle and foot	GENERAL SURGERY	Diagnosis 621-C ID4790	0	1	0	1	0.00%	100.00%	0.00%
Primary osteoarthritis, left shoulder	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Primary osteoarthritis, right ankle and foot	ORTHOPEDIC SURGERY	Diagnosis 621-C ID1901	0	1	0	1	0.00%	100.00%	0.00%
Primary osteoarthritis, right shoulder	ORTHOPEDIC SURGERY	Diagnosis 2219-M ID3403	0	1	0	1	0.00%	100.00%	0.00%
Primary osteoarthritis, unspecified ankle and foot	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary osteoarthritis, unspecified ankle and foot	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Primary osteoarthritis, unspecified ankle and foot	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Primary osteoarthritis, unspecified shoulder	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary osteoarthritis, unspecified shoulder	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Primary osteoarthritis, unspecified shoulder	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary pulmonary hypertension		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Primary pulmonary hypertension		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary pulmonary hypertension	CRITICAL CARE, PEDIATRICS	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Primary pulmonary hypertension	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Primary pulmonary hypertension	INTERNAL MEDICINE, CRITICAL CARE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Primary pulmonary hypertension	INTERNAL MEDICINE, CRITICAL CARE	Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Primary pulmonary hypertension	INTERNAL MEDICINE, CRITICAL CARE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Primary pulmonary hypertension	PULMONARY DISEASES	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Primary pulmonary hypertension	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Procreative counseling and advice using natural family planning		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Procreative counseling and advice using natural family planning	ENDOCRINOLOGY, REPRODUCTIVE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Proteinuria, unspecified		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Proteinuria, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Proteinuria, unspecified	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Proteinuria, unspecified	NEPHROLOGY / RENAL MEDICINE	No proteinuria greater than equal to 1 g/day or urine protein-to-creatinine ratio (UPCR) greater than or equal to 0.8 g/g based on a 24-hour urine collection	0	1	0	1	0.00%	100.00%	0.00%
Prsnl hx of TIA (TIA), and cereb infrc w/o resid deficits	NEUROLOGY, VASCULAR	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Prurigo nodularis	DERMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Prurigo nodularis	DERMATOLOGY	Exclusion - Contraindication	0	1	0	1	0.00%	100.00%	0.00%
Prurigo nodularis	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Prurigo nodularis	Dermatology	PN Continuation - Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Prurigo nodularis	INTERNAL MEDICINE	PN initial - Pruritus less than 6 weeks 1690-A ID5767	0	1	0	1	0.00%	100.00%	0.00%
Prurigo nodularis	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Prurigo nodularis	UNSPECIFIED SPECIALTY	PN initial - No itch-scratch cycle 1690-A ID4795	0	1	0	1	0.00%	100.00%	0.00%
Pruritus ani	Colon/Rectal Surgery (specialty match required)	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Pruritus ani	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pruritus ani	GENERAL SURGERY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Pruritus ani	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pruritus vulvae	NURSE MIDWIFE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pruritus, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pruritus, unspecified		Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Pruritus, unspecified	ALLERGY	Continuation- No Response	0	1	0	1	0.00%	100.00%	0.00%
Pruritus, unspecified	FAMILY PRACTICE	Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	1	0	1	0.00%	100.00%	0.00%
Pruritus, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pruritus, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pruritus, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pseudobulbar affect		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pseudobulbar affect	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pseudofolliculitis barbae	DERMATOLOGY	Diagnosis 76-D ID4113	0	1	0	1	0.00%	100.00%	0.00%
Pseudofolliculitis barbae	DERMATOLOGY	No approvable diagnosis 237-A ID406	0	1	0	1	0.00%	100.00%	0.00%
Pseudofolliculitis barbae	DERMATOLOGY	Quantity, Post limit criteria not met 3697-HJ ID4110	0	1	0	1	0.00%	100.00%	0.00%
Pseudofolliculitis barbae	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Pseudofolliculitis barbae	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Pseudofolliculitis barbae	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pseudofolliculitis barbae	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pseudopapilledema of optic disc, bilateral	OPHTHALMOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Psoriasis	FAMILY PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Psoriasis	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Psoriasis	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Psoriasis	INTERNAL MEDICINE	PsA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID5160	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Psoriasis	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Psoriasis vulgaris		Dosing – PsO adult/peds (50 kg or more), PsA/PsO, PsA, Behcet's, Immune checkpoint inhibitor - Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris		Non-formulary/non-preferred - No inadequate response, intolerance, or contraindication to avoid formulary alternative(s) 2427-D ID2307	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris		PsO - No prior biologic/TS or step therapy 2002-A ID5147	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris		PsO - Prescriber specialty 2002-A ID5147	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris		PsO continuation - No specific positive response 2002-A ID1300	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris		PsO continuation - No specific positive response 3047-A ID3517	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris		PsO continuation - No specific positive response;;	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris		Self-admin - PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID5122	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris		TREMFYA SGM: PsO continuation - No specific positive response	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris		Unknown TB result 2013-A ID2152	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris		Will be on concurrent/duplicate therapy-same indication 2156-A ID4409	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	Derm	PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3015	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	Derm	PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3874	0	1	0	1	0.00%	100.00%	0.00%

Psoriasis vulgaris	Derm	PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID4403	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Age 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Age 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Continuation - Efficacy 2156-A ID5803	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Diagnosis - Seborrheic Dermatitis	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Diagnosis 3697-HJ ID1299	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Disease severity 224-A ID2293	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Dosage 3047-A ID3517	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Formulary Medical Necessity Antipsoriatics SCF CMK STD 02-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Formulary Medical Necessity Halobetasol Aerosol, Lexette, Tasoprol SCF, ACF CMK STD 09-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Formulary Medical Necessity High Potency Corticosteroids SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Formulary Medical Necessity Vtama, Zoryve SCF CMK STD 09-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	dermatology	Non-formulary/non-preferred - No inadequate response, intolerance, or contraindication to avoid formulary alternative(s) 2427-D ID2307	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	PsO continuation - No specific positive response 2002-A ID1300	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	Dermatology	Self-admin - PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID5122	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Self-admin - PsO - Non-formulary/non-preferred - Secondary preferred and no inadequate response, intolerance, or medical reason to avoid primary preferred products 4250-D ID5122	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY	Step Therapy - Ketoconazole/Ciclopirox or Age	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	dermatology (specialty match)	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	Dermatology **exact specialty match required by client	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	Dermatology **Specialty Match Required	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	Dermatology **Specialty Match required**	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Psoriasis vulgaris	DERMATOLOGY, PEDIATRIC	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Psoriasis vulgaris	GENERAL PRACTICE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%

Psoriasis vulgaris	INTERNAL MEDICINE	Self-admin - PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID3743	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	INTERNAL MEDICINE	Self-admin - PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID4620	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Psoriasis vulgaris	RHEUMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Psoriasis vulgaris	Rheumatology or Dermatology	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	SURGERY, DERMATOLOGIC	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	SURGERY, DERMATOLOGIC	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	SURGERY, DERMATOLOGIC	PsO - No prior biologic/TS or step therapy 2002-A ID5147	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	SURGERY, DERMATOLOGIC	PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3874	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	SURGERY, DERMATOLOGIC	Self-admin - PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID3373	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	SURGERY, DERMATOLOGIC	Self-admin - PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID5122	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	Continuation: Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	Diagnosis 2002-A ID4538	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	PsO - No clinical reason to avoid pharmacologic tx 2002-A ID1300	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3874	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	PsO - Prescriber specialty 2002-A ID4538	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	PsO - Prescriber specialty 2156-A ID5803	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	PsO continuation - No response	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	PsO continuation - No specific positive response 2002-A ID1300	0	1	0	1	0.00%	100.00%	0.00%

Psoriasis vulgaris	UNSPECIFIED SPECIALTY	Self-admin - PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID3743	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	Step Therapy 1339-C ID2376	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Psoriasis, unspecified		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified		Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified		PsA/PsO - Dosage - Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified		PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3015	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified		PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID4403	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified		Self-admin - PsA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID5122	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified	DERMATOLOGY	Formulary Medical Necessity Calcipotriene-Betamethasone, Duobrii, Wynzora SCF CMK STD 02-2023 2F v2	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified	DERMATOLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified	DERMATOLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified	DERMATOLOGY	PsO continuation - No response	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified	DERMATOLOGY	Will be on concurrent therapy	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified	Dermatology(Specialty match required with year of initial board certification **Reviewer must be actively licensed in DC, MD, or VA)	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified	Family Medicine or Dermatology	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified	FAMILY PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Psoriasis, unspecified	FAMILY PRACTICE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified	FAMILY PRACTICE	PsO - No prior biologic/TS or step therapy	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified	GENERAL PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Psoriasis, unspecified	GENERAL PRACTICE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified	INTERNAL MEDICINE	Self-admin - PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID3373	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Psoriasis, unspecified	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Psoriasis, unspecified	RHEUMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Psoriasis, unspecified	Rheumatology	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified	RHEUMATOLOGY	PsO - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3015	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified	RHEUMATOLOGY	PsO - Prescriber specialty 2013-A ID2152	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Psoriasis, unspecified	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Psoriasis, unspecified	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	1	0	1	0.00%	100.00%	0.00%
Psoriatic arthritis mutilans		Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Psoriatic arthritis mutilans	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Psoriatic arthritis mutilans	RHEUMATOLOGY	Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Psoriatic arthritis mutilans	RHEUMATOLOGY	PsA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3874	0	1	0	1	0.00%	100.00%	0.00%
Psoriatic arthritis mutilans	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Psoriatic juvenile arthropathy	RHEUMATOLOGY, PEDIATRIC	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Psoriatic juvenile arthropathy	RHEUMATOLOGY, PEDIATRIC	Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Psoriatic juvenile arthropathy	RHEUMATOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Psoriatic spondylitis		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Psoriatic spondylitis		Dosing IV - Unapproved dosage form	0	1	0	1	0.00%	100.00%	0.00%
Psoriatic spondylitis		Will be on concurrent/duplicate therapy-same indication	0	1	0	1	0.00%	100.00%	0.00%
Psoriatic spondylitis	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Psoriatic spondylitis	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Psoriatic spondylitis	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Psychophysiologic insomnia		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Psychophysiologic insomnia	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Psychophysiologic insomnia	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Psychophysiologic insomnia	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Psychotic disorder w hallucin due to known physiol condition		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Psychotic disorder w hallucin due to known physiol condition	PSYCHIATRY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Psychotic disorder w hallucin due to known physiol condition	PSYCHIATRY	Diagnosis 2319-A ID2508	0	1	0	1	0.00%	100.00%	0.00%
Pulmonary histoplasmosis capsulati, unspecified	INFECTIOUS DISEASES	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pulmonary hypertension due to left heart disease	UNSPECIFIED SPECIALTY	Diagnosis 1651-A ID1971	0	1	0	1	0.00%	100.00%	0.00%

Pulmonary hypertension, unspecified		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Pulmonary hypertension, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pulmonary hypertension, unspecified	CARDIOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pulmonary hypertension, unspecified	INTERNAL MEDICINE	PAH - Prescriber specialty	0	1	0	1	0.00%	100.00%	0.00%
Pulmonary hypertension, unspecified	NURSE PRACTITIONER, ACUTE CARE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Pulmonary hypertension, unspecified	NURSE PRACTITIONER, ACUTE CARE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pulmonary hypertension, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pulmonary mycobacterial infection		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Pulmonary mycobacterial infection		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Pulmonary mycobacterial infection	INFECTIOUS DISEASES	Not refractory disease 3150-A ID4074	0	1	0	1	0.00%	100.00%	0.00%
Pulmonary mycobacterial infection	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Punctate keratitis, bilateral	OPHTHALMOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Puncture wound without foreign body of unspecified ear, subsequent enc	FAMILY PRACTICE	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Pure hypercholesterolemia, unspecified		Diagnosis 6432-A ID4685	0	1	0	1	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified		Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified		Not on required concurrent therapy 3648-D ID4319	0	1	0	1	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified		Step therapy - High/moderate intensity statins with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified	anyone who is familiar with hyperlipidemia	FH - Pretreatment LDL-C less than 160 mg/dl or unknown	0	1	0	1	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified	CARDIOLOGY	Diagnosis 4660-A ID3241	0	1	0	1	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified	CARDIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pure hypercholesterolemia, unspecified	CARDIOLOGY, INTERVENTIONAL	ASCVD - Other manifestations of ASCVD	0	1	0	1	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified	CARDIOLOGY, INTERVENTIONAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pure hypercholesterolemia, unspecified	CLINICAL NURSE SPECIALIST, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pure hypercholesterolemia, unspecified	Family Medicine	High-intensity statin - Not in combination with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified	Family Medicine or Internal medicine	Not on required concurrent therapy 3648-D ID4319	0	1	0	1	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Pure hypercholesterolemia, unspecified	FAMILY PRACTICE	Diagnosis 6432-A ID4685	0	1	0	1	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified	FAMILY PRACTICE	High-intensity statin - Not in combination with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified	FAMILY PRACTICE	No response to therapy 4660-A ID860	0	1	0	1	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified	FAMILY PRACTICE	Primary hyperlipidemia - Lab/test - Untreated LDL-C less than 190 mg/dL	0	1	0	1	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Pure hypercholesterolemia, unspecified	INTERNAL MEDICINE	ASCVD - No ASCVD or cardiac event 6432-A ID4685	0	1	0	1	0.00%	100.00%	0.00%

Pure hypercholesterolemia, unspecified	INTERNAL MEDICINE	Diagnosis 6432-A ID4685	0	1	0	1	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified	INTERNAL MEDICINE	FH - Pretreatment LDL-C less than 160 mg/dl or unknown	0	1	0	1	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pure hypercholesterolemia, unspecified	NEUROLOGY	FH - LDL-C less than 190 mg/dL but not HeFH or HoFH	0	1	0	1	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified	NEUROLOGY	Step therapy - High/moderate intensity statins with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pure hypercholesterolemia, unspecified	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pure hypercholesterolemia, unspecified	UNSPECIFIED SPECIALTY	Step therapy - High/moderate intensity statins with ezetimibe	0	1	0	1	0.00%	100.00%	0.00%
Pure hyperglyceridemia		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pure hyperglyceridemia		Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pure hyperglyceridemia		Not a component of a regimen 797-A ID4531	0	1	0	1	0.00%	100.00%	0.00%
Pure hyperglyceridemia	CARDIOLOGY	Formulary Medical Necessity Lovaza, Vascepa SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Pure hyperglyceridemia	CARDIOLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Pure hyperglyceridemia	CARDIOLOGY, INTERVENTIONAL	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pure hyperglyceridemia	Cardiology/CV disease - specialty match required	Formulary Medical Necessity Lovaza, Vascepa SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Pure hyperglyceridemia	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pure hyperglyceridemia	FAMILY PRACTICE	Diagnosis 4660-A ID3241	0	1	0	1	0.00%	100.00%	0.00%
Pure hyperglyceridemia	FAMILY PRACTICE	Disease category/stage/severity 797-A ID4531	0	1	0	1	0.00%	100.00%	0.00%
Pure hyperglyceridemia	FAMILY PRACTICE	Formulary Medical Necessity Lovaza, Vascepa SCF CMK STD 02-2024 1T	0	1	0	1	0.00%	100.00%	0.00%
Pure hyperglyceridemia	FAMILY PRACTICE	Formulary Medical Necessity Lovaza, Vascepa SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Pure hyperglyceridemia	FAMILY PRACTICE	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Pure hyperglyceridemia	GASTROENTEROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pure hyperglyceridemia	GERIATRIC MEDICINE, FAMILY PRACTICE	No approvable diagnosis 4660-A ID860	0	1	0	1	0.00%	100.00%	0.00%
Pure hyperglyceridemia	INTERNAL MEDICINE	Diagnosis 797-A ID4531	0	1	0	1	0.00%	100.00%	0.00%
Pure hyperglyceridemia	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pure hyperglyceridemia	Internal Medicine - Specialty Match Required	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pure hyperglyceridemia	Internal/Family Medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Pure hyperglyceridemia	NEPHROLOGY / RENAL MEDICINE	Diagnosis 797-A ID4531	0	1	0	1	0.00%	100.00%	0.00%
Pure hyperglyceridemia	NEPHROLOGY / RENAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pure hyperglyceridemia	NURSE PRACTITIONER, ADULT HEALTH	Diagnosis 797-A ID4531	0	1	0	1	0.00%	100.00%	0.00%

Pure hyperglyceridemia	UNSPECIFIED SPECIALTY	Disease category/stage/severity 797-A ID4531	0	1	0	1	0.00%	100.00%	0.00%
Pustulosis palmaris et plantaris		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Pustulosis palmaris et plantaris	DERMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Pustulosis palmaris et plantaris	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pustulosis palmaris et plantaris	DERMATOLOGY	Patient is able to take alternative dosage form 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Pustulosis palmaris et plantaris	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Pustulosis palmaris et plantaris	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pyoderma gangrenosum	DERMATOLOGY	Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	1	0	1	0.00%	100.00%	0.00%
Pyogenic granuloma	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Pyuria	UROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Quadriplegia, C5-C7 incomplete		Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Quadriplegia, C5-C7 incomplete	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Quadriplegia, unspecified	GENERAL PRACTICE	Diagnosis 1616-A ID3237	0	1	0	1	0.00%	100.00%	0.00%
Radiculopathy, cervical region		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Radiculopathy, cervical region	ANESTHESIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Radiculopathy, cervical region	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Radiculopathy, cervical region	NEUROLOGICAL SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Radiculopathy, cervical region	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Radiculopathy, cervical region	ORTHOPEDIC SURGERY	*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
Radiculopathy, cervical region	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Radiculopathy, cervical region	PAIN MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Radiculopathy, cervical region	PAIN MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Radiculopathy, cervical region	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Radiculopathy, cervical region	PHYSICAL MEDICINE & REHABILITATION	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Radiculopathy, cervical region	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Radiculopathy, cervical region	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Radiculopathy, lumbar region	ANESTHESIOLOGY	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Radiculopathy, lumbar region	FAMILY PRACTICE	Diagnosis 621-C ID4790	0	1	0	1	0.00%	100.00%	0.00%
Radiculopathy, lumbar region	INTERNAL MEDICINE	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Radiculopathy, lumbar region	NEUROLOGICAL SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Radiculopathy, lumbar region	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Radiculopathy, lumbar region	NEUROLOGY	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%

Radiculopathy, lumbar region	ORTHOPEDIC SURGERY	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Radiculopathy, lumbar region	PAIN MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Radiculopathy, lumbar region	PHYSICAL MEDICINE & REHABILITATION	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Radiculopathy, lumbar region	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Radiculopathy, lumbar region	UNSPECIFIED SPECIALTY	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Radiculopathy, lumbar region	UNSPECIFIED SPECIALTY	Patient reassessment	0	1	0	1	0.00%	100.00%	0.00%
Radiculopathy, lumbosacral region	PHYSICAL MEDICINE & REHABILITATION	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Radiculopathy, lumbosacral region	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Radiculopathy, site unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Rash and other nonspecific skin eruption		Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Rash and other nonspecific skin eruption	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Rash and other nonspecific skin eruption	DERMATOLOGY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Rash and other nonspecific skin eruption	DERMATOLOGY	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Rash and other nonspecific skin eruption	DERMATOLOGY	Diagnosis 4915-A ID4919	0	1	0	1	0.00%	100.00%	0.00%
Rash and other nonspecific skin eruption	DERMATOLOGY	Diagnosis 5018-C ID4123	0	1	0	1	0.00%	100.00%	0.00%
Rash and other nonspecific skin eruption	DERMATOLOGY	No sensitive areas/Age/No Trial 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Rash and other nonspecific skin eruption	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Rash and other nonspecific skin eruption	DERMATOLOGY	Protopic Logic with Age, Post PA 1254-F, MMT 177-F 04-2022 07_25_2022_19_51_51 7F	0	1	0	1	0.00%	100.00%	0.00%
Rash and other nonspecific skin eruption	DERMATOLOGY	Quantity, Post limit criteria not met, Partial denial 2324-HJ ID2600	0	1	0	1	0.00%	100.00%	0.00%
Rash and other nonspecific skin eruption	DERMATOLOGY, PEDIATRIC	Quantity, Exceeds max limit 4312-HJ ID3943	0	1	0	1	0.00%	100.00%	0.00%
Rash and other nonspecific skin eruption	INTERNAL MEDICINE	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Rash and other nonspecific skin eruption	OBSTETRICS & GYNECOLOGY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Rash and other nonspecific skin eruption	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Rash and other nonspecific skin eruption	SURGERY, DERMATOLOGIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Rash and other nonspecific skin eruption	UNSPECIFIED SPECIALTY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Rash and other nonspecific skin eruption	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Rash and other nonspecific skin eruption	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	1	0	1	0.00%	100.00%	0.00%
Raynaud's syndrome with gangrene	RHEUMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Raynauds syndrome without gangrene		Diagnosis 1649-A ID1943	0	1	0	1	0.00%	100.00%	0.00%
Raynauds syndrome without gangrene		POST LIMIT QUANTITY EXCEPTION SGM: Drug does not have exception limit	0	1	0	1	0.00%	100.00%	0.00%
Raynauds syndrome without gangrene	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Raynauds syndrome without gangrene	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Raynauds syndrome without gangrene	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Raynauds syndrome without gangrene	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Raynauds syndrome without gangrene	INTERNAL MEDICINE, CRITICAL CARE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Reaction to severe stress, unspecified	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Reactive arthropathy, unspecified		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Reactive arthropathy, unspecified		Diagnosis;; 2008-A ID3519	0	1	0	1	0.00%	100.00%	0.00%
Reactive arthropathy, unspecified	RHEUMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Reactive arthropathy, unspecified	Rheumatology	Diagnosis;; 2008-A ID3519	0	1	0	1	0.00%	100.00%	0.00%
Recurrent and persistent hematuria with other morphologic changes	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Recurrent and persistent hematuria with other morphologic changes	NEPHROLOGY / RENAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Recurrent and persistent hematuria with other morphologic changes	NEPHROLOGY / RENAL MEDICINE	Step Therapy - No intolerance to oral glucocorticoid 5791-A ID3122	0	1	0	1	0.00%	100.00%	0.00%
Recurrent and persistent immunoglobulin A nephropathy with glomerular	INTERNAL MEDICINE	Step Therapy - No intolerance to oral glucocorticoid 5114-A ID3119	0	1	0	1	0.00%	100.00%	0.00%
Recurrent and persistent immunoglobulin A nephropathy with glomerular	nephrology	Step Therapy - No intolerance to oral glucocorticoid 5114-A ID3119	0	1	0	1	0.00%	100.00%	0.00%
Recurrent dislocation, left shoulder	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Recurrent dislocation, left shoulder	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Recurrent oral aphthae		Age 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Recurrent oral aphthae	DERMATOLOGY	Age 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Recurrent pregnancy loss		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Recurrent pregnancy loss	ENDOCRINOLOGY, REPRODUCTIVE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Recurrent pregnancy loss	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Recurrent pregnancy loss	OBSTETRICS & GYNECOLOGY	Formulary Medical Necessity Prometrium SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Refractory anemia with excess of blasts 1	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Refractory anemia with excess of blasts 1	HEMATOLOGY & ONCOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Reiters disease, unspecified site		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Reiters disease, unspecified site		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Reiters disease, unspecified site	RHEUMATOLOGY	Diagnosis 2003-A ID4503	0	1	0	1	0.00%	100.00%	0.00%
Reiters disease, unspecified site	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Renal osteodystrophy		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Restless legs syndrome	INFECTIOUS DISEASES	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Restless legs syndrome	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Restless legs syndrome	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Restless legs syndrome	NEUROLOGY	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Restless legs syndrome	NEUROLOGY	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Restless legs syndrome	NURSE PRACTITIONER, ADULT HEALTH	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Restless legs syndrome	RADIOLOGY, DIAGNOSTIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Retention of urine, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Retention of urine, unspecified	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Rheu arthritis w RF of unspecified site wo organ or systems involvement	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Rheu arthritis w RF of unspecified site wo organ or systems involvement	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Rheu arthritis with RH factor of unspecified hand wo organ or systems invol		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Rheumatic heart failure	CARDIOLOGY, INTERVENTIONAL	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Rheumatism, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Rheumatoid arthritis with RF of right wrist wo organ or systems involvement	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Rheumatoid arthritis with RF of right wrist wo organ or systems involvement	RHEUMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Rheumatoid arthritis with RF of right wrist wo organ or systems involvement	RHEUMATOLOGY	Self-admin - RA - Non-preferred (biosimilar) - No adverse event to active ingredient 4250-D ID5122	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis with RH factor of left hand wo organ or systems involv	RHEUMATOLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis with RH factor of left hand wo organ or systems involv	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Rheumatoid arthritis with RH factor of right hand wo organ or systems invol		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Rheumatoid arthritis with RH factor of right hand wo organ or systems invol		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Rheumatoid arthritis with RH factor of right hand wo organ or systems invol		Self-admin - RA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID3743	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis with RH factor of right hand wo organ or systems invol	RHEUMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Rheumatoid arthritis with RH factor of right hand wo organ or systems invol	RHEUMATOLOGY	Enhanced RA - MTX trial	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis with RH factor of right hand wo organ or systems invol	rheumatology	Self-admin - RA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID3743	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis with RH factor of right hand wo organ or systems invol	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ		RA - No prior use of TNF, non-TNF biologic, or targeted synthetic drug 3173-A ID4944	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	RHEUMATOLOGY	Enhanced RA - MTX trial	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	RHEUMATOLOGY	RA continuation - No response 1987-D ID4513	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	RHEUMATOLOGY	Self-admin - RA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID5122	0	1	0	1	0.00%	100.00%	0.00%

Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	RHEUMATOLOGY	Self-admin - RA - Non-preferred (biosimilar) - No adverse event to active ingredient 4250-D ID4620	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	UNSPECIFIED SPECIALTY	RA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3015	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	UNSPECIFIED SPECIALTY	RA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID4403	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis with rheumatoid factor, unspecified		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis with rheumatoid factor, unspecified		Self-admin - RA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4250-D ID3373	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis with rheumatoid factor, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Rheumatoid arthritis with rheumatoid factor, unspecified	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Rheumatoid arthritis with rheumatoid factor, unspecified	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Rheumatoid arthritis with rheumatoid factor, unspecified	INTERNAL MEDICINE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis with rheumatoid factor, unspecified	RHEUMATOLOGY	RA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3015	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, multiple sites		CVSC Medical Director reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, multiple sites		Frequency 1957-A ID2292	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, multiple sites		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Rheumatoid arthritis without rheumatoid factor, multiple sites	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Rheumatoid arthritis without rheumatoid factor, multiple sites	INTERNAL MEDICINE	RA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID5160	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, multiple sites	INTERNAL MEDICINE	Self-admin - RA - Non-preferred (biosimilar) - No adverse event to active ingredient 4250-D ID3743	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, multiple sites	RHEUMATOLOGY	Enhanced RA - MTX trial	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, multiple sites	Rheumatology	Frequency 1957-A ID2292	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, multiple sites	RHEUMATOLOGY	Quantity, Post limit criteria not met 16-J ID5128	0	1	0	1	0.00%	100.00%	0.00%

Rheumatoid arthritis without rheumatoid factor, multiple sites	RHEUMATOLOGY	RA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3015	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, multiple sites	rheumatology	RA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID5160	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, multiple sites	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, right hand		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, right hand	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, unspecified site		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, unspecified site	FAMILY PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, unspecified site	INTERNAL MEDICINE	Enhanced RA -– Lab/test - No biomarker testing	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, unspecified site	NURSE PRACTITIONER, ADULT HEALTH	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, unspecified site	RHEUMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Rheumatoid arthritis without rheumatoid factor, unspecified site	RHEUMATOLOGY	RA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID4403	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis, unspecified		Generic MTX trial 2018-A ID907	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis, unspecified		PsA continuation - No response and not for dosing regimen increase 2017-A ID4407	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis, unspecified		RA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3874	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis, unspecified		RA continuation - No response 1987-D ID4209	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis, unspecified		RA continuation - No response 1987-D ID4513	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis, unspecified	ANESTHESIOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis, unspecified	ANESTHESIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Rheumatoid arthritis, unspecified	FAMILY PRACTICE	Enhanced RA - Prescriber specialty	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis, unspecified	INTERNAL MEDICINE	Lab/test – No initial TB test;;	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis, unspecified	INTERNAL MEDICINE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis, unspecified	INTERNAL MEDICINE	RA continuation - No response 1987-D ID4513	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis, unspecified	RHEUMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Rheumatoid arthritis, unspecified	RHEUMATOLOGY	Enhanced RA - MTX trial	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis, unspecified	RHEUMATOLOGY	RA - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID3015	0	1	0	1	0.00%	100.00%	0.00%

Rheumatoid arthritis, unspecified	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Rheumatoid arthritis, unspecified	UNSPECIFIED SPECIALTY	Self-admin - RA - Non-preferred (biosimilar) - No adverse event to active ingredient 4250-D ID3743	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid arthritis, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Rheumatoid lung disease with rheumatoid arthritis of unspecified wrist	RHEUMATOLOGY	Enhanced RA - MTX trial	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid lung disease with rheumatoid arthritis of unspecified wrist	RHEUMATOLOGY	Self-admin - RA - Non-formulary/non-preferred - Secondary preferred and no inadequate response, intolerance, or medical reason to avoid primary preferred products	0	1	0	1	0.00%	100.00%	0.00%
Rheumatoid lung disease with rheumatoid arthritis of unspecified wrist	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Rheumatoid myopathy with rheumatoid arthritis of multiple sites		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Rheumatoid vasculitis with rheumatoid arthritis of multiple sites		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Right upper quadrant pain		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Right upper quadrant pain		Quantity, Post limit criteria not met 918-J ID4015	0	1	0	1	0.00%	100.00%	0.00%
Right upper quadrant pain	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Ring corneal ulcer, right eye	OPHTHALMOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Rosacea conjunctivitis, unspecified eye	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Rosacea conjunctivitis, unspecified eye	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Rosacea, unspecified		Continuation- Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Rosacea, unspecified		Diagnosis 76-D ID1404	0	1	0	1	0.00%	100.00%	0.00%
Rosacea, unspecified	DERMATOLOGY	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Rosacea, unspecified	DERMATOLOGY	Formulary Medical Necessity Epsolay ACF CMK STD 02-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Rosacea, unspecified	DERMATOLOGY	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Rosacea, unspecified	Dermatology *actively licensed in DC, MD, or VA	Diagnosis 76-D ID4113	0	1	0	1	0.00%	100.00%	0.00%
Rosacea, unspecified	FAMILY PRACTICE	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Rosacea, unspecified	FAMILY PRACTICE	Formulary Medical Necessity Epsolay ACF CMK STD 02-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Rosacea, unspecified	INFECTIOUS DISEASES	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Rosacea, unspecified	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Rosacea, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Rosacea, unspecified	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Rosacea, unspecified	UNSPECIFIED SPECIALTY	Diagnosis 351-C ID2112	0	1	0	1	0.00%	100.00%	0.00%
Rosacea, unspecified	UNSPECIFIED SPECIALTY	Diagnosis 76-D ID4113	0	1	0	1	0.00%	100.00%	0.00%

Rosacea, unspecified	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Rosacea, unspecified	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Combo product	0	1	0	1	0.00%	100.00%	0.00%
Rosacea, unspecified	UNSPECIFIED SPECIALTY	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Sacrococcygeal disorders, not elsewhere classified	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Sacrococcygeal disorders, not elsewhere classified	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Sacroiliitis, not elsewhere classified	ANESTHESIOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Sacroiliitis, not elsewhere classified	FAMILY PRACTICE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Sacroiliitis, not elsewhere classified	PAIN MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Sarcoidosis, unspecified		Diagnosis 2019-A ID4010	0	1	0	1	0.00%	100.00%	0.00%
Sarcoidosis, unspecified		Diagnosis;; 2008-A ID3064	0	1	0	1	0.00%	100.00%	0.00%
Sarcoidosis, unspecified	PULMONARY DISEASES	Diagnosis;; 2008-A ID4096	0	1	0	1	0.00%	100.00%	0.00%
Sarcoidosis, unspecified	pulmonology	Diagnosis 2019-A ID4010	0	1	0	1	0.00%	100.00%	0.00%
Scar conditions and fibrosis of skin		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Scar conditions and fibrosis of skin		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Scar conditions and fibrosis of skin	DERMATOLOGY	Duration, Exceeds Max Limit	0	1	0	1	0.00%	100.00%	0.00%
Scar conditions and fibrosis of skin	PLASTIC SURGERY	Diagnosis 4915-A ID2138	0	1	0	1	0.00%	100.00%	0.00%
Scar conditions and fibrosis of skin	UNSPECIFIED SPECIALTY	Diagnosis 4915-A ID2138	0	1	0	1	0.00%	100.00%	0.00%
Schizoaffective disorder, bipolar type		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Schizoaffective disorder, bipolar type	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Schizoaffective disorder, depressive type	PSYCHIATRY	Continuation: Not on required concurrent therapy with PAP	0	1	0	1	0.00%	100.00%	0.00%
Schizoaffective disorder, depressive type	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Schizoaffective disorder, unspecified		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Schizoaffective disorder, unspecified	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Schizoaffective disorder, unspecified	PSYCHIATRY	Diagnosis 534-C ID3426	0	1	0	1	0.00%	100.00%	0.00%
Schizophrenia, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Schizophrenia, unspecified		Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Schizophrenia, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Schizophreniform disorder		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Schizophreniform disorder		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Schizophreniform disorder	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Schwannomatosis	FAMILY PRACTICE	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Sciatica, left side	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Sciatica, left side	FAMILY PRACTICE	Diagnosis - Horizant	0	1	0	1	0.00%	100.00%	0.00%
Sciatica, left side	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Sciatica, left side	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Sciatica, right side	INTERNAL MEDICINE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%

Sciatica, right side	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Sciatica, unspecified side	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Sciatica, unspecified side	FAMILY PRACTICE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Sebaceous cyst	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
SEBORRHEA CAPITIS	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Seborrheic dermatitis infantile	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Seborrheic dermatitis, unspecified		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified		Diagnosis - Cream	0	1	0	1	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified		Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Seborrheic dermatitis, unspecified	DERMATOLOGY	Formulary Medical Necessity Elidel SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified	DERMATOLOGY	Step Therapy - Ketoconazole, Ciclopirox or Less than 16	0	1	0	1	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified	FAMILY PRACTICE	Continuation: Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Seborrheic dermatitis, unspecified	NURSE PRACTITIONER, GERONTOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Seborrheic dermatitis, unspecified	Specialty match *** Dermatology **	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified	SURGERY, DERMATOLOGIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Seborrheic dermatitis, unspecified	SURGERY, DERMATOLOGIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Seborrheic dermatitis, unspecified	UNSPECIFIED SPECIALTY	Diagnosis - Non-formulary/non-preferred	0	1	0	1	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified	UNSPECIFIED SPECIALTY	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified	UNSPECIFIED SPECIALTY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified	UNSPECIFIED SPECIALTY	Diagnosis 76-D ID4113	0	1	0	1	0.00%	100.00%	0.00%
Seborrheic dermatitis, unspecified	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Secondary carcinoid tumors of other sites		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Secondary dysmenorrhea	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Secondary hyperparathyroidism of renal origin	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Secondary hyperparathyroidism of renal origin	NEPHROLOGY / RENAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Secondary malignant neoplasm of left lung		Exclusion - cosmetic, bulk, supplement 1181-A ID2599	0	1	0	1	0.00%	100.00%	0.00%
Secondary malignant neoplasm of left lung	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Secondary malignant neoplasm of skin	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Secondary malignant neoplasm of unspecified site	INTERNAL MEDICINE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Secondary pulmonary arterial hypertension		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Secondary pulmonary arterial hypertension	INTERNAL MEDICINE	Not WHO Group 1 1646-A ID4656	0	1	0	1	0.00%	100.00%	0.00%
Secondary pulmonary arterial hypertension	INTERNAL MEDICINE	PAH - Not WHO Group 1 1640-A ID1973	0	1	0	1	0.00%	100.00%	0.00%
Secondary pulmonary arterial hypertension	INTERNAL MEDICINE, CRITICAL CARE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Sedative, hypnotic or anxiolytic dependence, uncomplicated		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Segmental and somatic dysfunction of rib cage	UNSPECIFIED SPECIALTY	Diagnosis 621-C ID1901	0	1	0	1	0.00%	100.00%	0.00%
Separation of muscle (nontraumatic), unspecified site	PLASTIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Sequelae of oth infectious and parasitic diseases	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Severe Persistant Asthma		Asthma Continuation - Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Severe Persistant Asthma		Continuation - Efficacy 5104-A ID4936	0	1	0	1	0.00%	100.00%	0.00%
Severe Persistant Asthma	Allergy/immunology OR pulmonology	Continuation - Efficacy 5104-A ID4936	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma with (acute) exacerbation		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Severe persistent asthma with (acute) exacerbation		Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma with (acute) exacerbation	ALLERGY & IMMUNOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma with (acute) exacerbation	ALLERGY & IMMUNOLOGY, CLINICAL & LABORATORY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Severe persistent asthma with (acute) exacerbation	ALLERGY & IMMUNOLOGY, CLINICAL & LABORATORY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Severe persistent asthma with (acute) exacerbation	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Severe persistent asthma, uncomplicated		Asthma - Initial - No uncontrolled asthma 2413-A ID1985	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated		Asthma - Prescriber specialty 5104-A ID3489	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated		Asthma Continuation - Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated		Continuation - Efficacy 1690-A ID1984	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated		Formulary Medical Necessity AirDuo Digihaler, Breyna, Budesonide-Formoterol Inh, Fluticasone-Vilanterol, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated		Will be on concurrent/duplicate therapy 2413-A ID4494	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	ALLERGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Severe persistent asthma, uncomplicated	ALLERGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Severe persistent asthma, uncomplicated	Allergy	Non-formulary/non-preferred - Nasal polyps or age less than 12	0	1	0	1	0.00%	100.00%	0.00%

Severe persistent asthma, uncomplicated	ALLERGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Severe persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Severe persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Asthma initial - Eosinophil level 150 or greater without prereq drugs 1690-A ID3910	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Non-formulary/non-preferred - Nasal polyps or age less than 12	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY, CLINICAL & LABORATORY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Severe persistent asthma, uncomplicated	ALLERGY & IMMUNOLOGY, CLINICAL & LABORATORY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Severe persistent asthma, uncomplicated	Allergy and Immunology	Asthma initial - Eosinophil level less than 150 without prereq drugs 1690-A ID3910	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	FAMILY PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Severe persistent asthma, uncomplicated	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	FAMILY PRACTICE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	GENERAL PRACTICE	Asthma Continuation - Not on required concurrent therapy	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	HEMATOLOGY & ONCOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	INTERNAL MEDICINE	Continuation - Efficacy 2413-A ID4494	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	INTERNAL MEDICINE, CRITICAL CARE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Severe persistent asthma, uncomplicated	OCCUPATIONAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Severe persistent asthma, uncomplicated	PEDIATRICS	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Severe persistent asthma, uncomplicated	Pulmonary	Non-formulary/non-preferred - Nasal polyps or age less than 12	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	PULMONARY DISEASES	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	PULMONARY DISEASES	Asthma Continuation - Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	PULMONARY DISEASES	Continuation - Efficacy 2413-A ID5794	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	PULMONARY DISEASES	Non-formulary/non-preferred 3230-D ID2932	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	Pulmonology	Non-formulary/non-preferred 3230-D ID2932	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	PULMONOLOGY, PEDIATRIC	Formulary Medical Necessity AirDuo Digihaler, Breyna, Budesonide-Formoterol Inh, Fluticasone-Vilanterol, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Severe persistent asthma, uncomplicated	PULMONOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Severe persistent asthma, uncomplicated	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Severe persistent asthma, uncomplicated	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Sex counseling, unspecified	INTERNAL MEDICINE	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Sexual dysfunction, unspecified	FAMILY PRACTICE	Diagnosis 865-C ID1508	0	1	0	1	0.00%	100.00%	0.00%
Short stature (child)	Endocrinology (preferably pediatric or comfortable with peds)	Diagnosis 1742-A ID5044	0	1	0	1	0.00%	100.00%	0.00%

Short stature (child)	ENDOCRINOLOGY, PEDIATRIC	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Short stature (child)	ENDOCRINOLOGY, PEDIATRIC	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Short stature (child)	ENDOCRINOLOGY, PEDIATRIC	Continuation: No clinical reason for lack of efficacy 1742-A ID1453	0	1	0	1	0.00%	100.00%	0.00%
Short stature (child)	ENDOCRINOLOGY, PEDIATRIC	Diagnosis 1742-A ID1453	0	1	0	1	0.00%	100.00%	0.00%
Short stature (child)	ENDOCRINOLOGY, PEDIATRIC	Diagnosis 1742-A ID3752	0	1	0	1	0.00%	100.00%	0.00%
Short stature (child)	FAMILY PRACTICE	Diagnosis 1742-A ID5044	0	1	0	1	0.00%	100.00%	0.00%
Short stature (child)	ped endocrinology	Diagnosis 1742-A ID1453	0	1	0	1	0.00%	100.00%	0.00%
Short stature (child)	Pediatric endocrinologist or endo comfortable with peds cases	Diagnosis 1742-A ID5044	0	1	0	1	0.00%	100.00%	0.00%
Short stature (child)	Pediatric Endocrinologist or Endocrinologist comfortable with peds	Diagnosis 1742-A ID3752	0	1	0	1	0.00%	100.00%	0.00%
Short stature (child)	pediatric endocrinology	Diagnosis 1742-A ID1453	0	1	0	1	0.00%	100.00%	0.00%
Short stature (child)	Pediatric Endocrinology	Diagnosis 1742-A ID3752	0	1	0	1	0.00%	100.00%	0.00%
Short stature (child)	Pediatric endocrinology-specialty match review	Diagnosis 1742-A ID3752	0	1	0	1	0.00%	100.00%	0.00%
Short stature due to endocrine disorder		Diagnosis 1742-A ID5044	0	1	0	1	0.00%	100.00%	0.00%
Short stature due to endocrine disorder, unspecified		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Shortness of breath	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Sicca syndrome with keratoconjunctivitis		Continuation: Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Sicca syndrome with keratoconjunctivitis	LEGAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Sicca syndrome with keratoconjunctivitis	OPHTHALMOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Sicca syndrome with keratoconjunctivitis	OPHTHALMOLOGY	Continuation: Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Sicca syndrome with keratoconjunctivitis	OPHTHALMOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Sicca syndrome with keratoconjunctivitis	OPHTHALMOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Sicca syndrome with keratoconjunctivitis	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Sicca syndrome with keratoconjunctivitis	RHEUMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Sicca syndrome with keratoconjunctivitis	RHEUMATOLOGY	Diagnosis;; 2008-A ID4096	0	1	0	1	0.00%	100.00%	0.00%
Sicca syndrome with keratoconjunctivitis	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Sicca syndrome, unspecified		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Sicca syndrome, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Sicca syndrome, unspecified	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Sicca syndrome, unspecified	RHEUMATOLOGY	Diagnosis 2127-A ID2308	0	1	0	1	0.00%	100.00%	0.00%
Sicca syndrome, unspecified	RHEUMATOLOGY	Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Sick sinus syndrome	CARDIAC ELECTROPHYSIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Sickle-cell disease without crisis	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Sickle-cell disease without crisis	hematology	HbSS or HbSß0 - No hydroxyurea step or concurrent therapy	0	1	0	1	0.00%	100.00%	0.00%

Sickle-cell disease without crisis	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Sickle-cell disease without crisis	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Sickle-cell disease without crisis	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Sickle-cell disease without crisis	HEMATOLOGY & ONCOLOGY	HbSS or HbSß0 - No hydroxyurea step or concurrent therapy	0	1	0	1	0.00%	100.00%	0.00%
Sickle-cell disease without crisis	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Sickle-cell disease without crisis	INTERNAL MEDICINE	Non-formulary/non-preferred - No inadequate response, intolerance, or contraindication to avoid formulary alternative(s) 2427-D ID2307	0	1	0	1	0.00%	100.00%	0.00%
Sickle-cell disease without crisis	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Sickle-cell disease without crisis	MEDICAL ONCOLOGY	Non-formulary/non-preferred - No inadequate response, intolerance, or contraindication to formulary alternative(s)	0	1	0	1	0.00%	100.00%	0.00%
Sickle-cell disease without crisis	UNSPECIFIED SPECIALTY	Diagnosis 1619-A ID3359	0	1	0	1	0.00%	100.00%	0.00%
Sickle-cell disease without crisis	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - No inadequate response, intolerance, or contraindication to avoid formulary alternative(s) 2427-D ID2307	0	1	0	1	0.00%	100.00%	0.00%
Sickle-cell disorders		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Sickle-cell thalassemia beta zero without crisis	INTERNAL MEDICINE	Antiemetic 5-HT3 Post Limit PA 16-J 01-2023 05_24_2023_15_51_03 2F	0	1	0	1	0.00%	100.00%	0.00%
Sickle-cell thalassemia with crisis, unspecified	HEMATOLOGY & ONCOLOGY, PEDIATRIC	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Sickle-cell thalassemia without crisis		Lab/test - TSAT less than 20% or not receiving iron therapy	0	1	0	1	0.00%	100.00%	0.00%
Sickle-cell thalassemia without crisis	MEDICAL ONCOLOGY	Will be on concurrent/duplicate therapy 1616-A ID3237	0	1	0	1	0.00%	100.00%	0.00%
Sickle-cell trait	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Sickle-cell/Hb-C disease without crisis	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Simple chronic bronchitis		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Simple chronic bronchitis	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Simple febrile convulsions		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Sjogren syndrome with inflammatory arthritis		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Skin changes due to chr expsr to nonionizing radiation, unsp	DERMATOLOGY	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Sleep Apnea		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Sleep Apnea		Continuation: Not on required concurrent therapy with PAP	0	1	0	1	0.00%	100.00%	0.00%
Sleep apnea, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Sleep apnea, unspecified		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Sleep apnea, unspecified		Continuation: Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Sleep apnea, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Sleep apnea, unspecified	FAMILY PRACTICE	Quantity, Exceeds max limit, Partial denial 178-C ID3028	0	1	0	1	0.00%	100.00%	0.00%
Sleep apnea, unspecified	INFECTIOUS DISEASES	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Sleep apnea, unspecified	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Sleep disorder, unspecified	INTERNAL MEDICINE	Quantity, Post limit criteria not met 201-J ID3449	0	1	0	1	0.00%	100.00%	0.00%
Sleep disorder, unspecified	INTERNAL MEDICINE	Quantity, Post limit criteria not met 201-J ID3452	0	1	0	1	0.00%	100.00%	0.00%
Sleep disorder, unspecified	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Sleep disorder, unspecified	NEUROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Sleep disorder, unspecified	PSYCHIATRY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Sleep disorders		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Slow transit constipation	Family Med *Specialty Match*	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Slow transit constipation	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Small cell B-cell lymphoma, lymph nodes of head, face, and neck	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Small intestinal bacterial overgrowth, hydrogen-subtype	GASTROENTEROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Small intestinal bacterial overgrowth, hydrogen-subtype	INTERNAL MEDICINE	Not on required concurrent therapy	0	1	0	1	0.00%	100.00%	0.00%
Small intestinal bacterial overgrowth, hydrogen-subtype	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Small intestinal bacterial overgrowth, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Small intestinal bacterial overgrowth, unspecified	GASTROENTEROLOGY, PEDIATRIC	No recurrence or lab test	0	1	0	1	0.00%	100.00%	0.00%
Small intestinal bacterial overgrowth, unspecified	INTERNAL MEDICINE	Dosing, Exceeds Max Limit - Non-formulary/non-preferred	0	1	0	1	0.00%	100.00%	0.00%
Small intestinal bacterial overgrowth, unspecified	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Small intestinal bacterial overgrowth, unspecified	OBSTETRICS & GYNECOLOGY	No recurrence or lab/test	0	1	0	1	0.00%	100.00%	0.00%
Sneezing	OTOLARYNGOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Social phobia, generalized	PSYCHIATRY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Solitary bone cyst, left shoulder		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Somnolence	FAMILY PRACTICE	Continuation: Not on required concurrent therapy with PAP	0	1	0	1	0.00%	100.00%	0.00%
Somnolence	INTERNAL MEDICINE	Continuation: Not on required concurrent therapy with PAP	0	1	0	1	0.00%	100.00%	0.00%
Somnolence	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Spasmodic torticollis		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Spasmodic torticollis	Family medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Spinal instabilities, lumbosacral region	RHEUMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Spinal instabilities, sacral and sacrococcygeal region		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Spinal instabilities, sacral and sacrococcygeal region	ANESTHESIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Spinal stenosis		Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Spinal stenosis, cervical region		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Spinal stenosis, cervical region	ANESTHESIOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Spinal stenosis, cervical region	NURSE PRACTITIONER, ACUTE CARE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Spinal stenosis, cervical region	ORTHOPEDIC SURGERY, SPINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Spinal stenosis, cervical region	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Spinal stenosis, lumbar region with neurogenic claudication		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Spinal stenosis, lumbar region with neurogenic claudication	ANESTHESIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Spinal stenosis, lumbar region with neurogenic claudication	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Spinal stenosis, lumbar region with neurogenic claudication	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Spinal stenosis, lumbar region with neurogenic claudication	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Spinal stenosis, lumbar region without neurogenic claudication	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Spinal stenosis, lumbar region without neurogenic claudication	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
spondylolisthesis, lumbar region	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
spondylolisthesis, lumbar region	UNSPECIFIED SPECIALTY	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
Spondylolysis, cervical region	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Spondylosis w/o myelopathy or radiculopathy, cervical region		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Spondylosis w/o myelopathy or radiculopathy, cervical region	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Spondylosis w/o myelopathy or radiculopathy, cervical region	PAIN MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Spondylosis w/o myelopathy or radiculopathy, cervical region	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Spondylosis w/o myelopathy or radiculopathy, cervical region	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Spondylosis w/o myelopathy or radiculopathy, thoracic region	UNSPECIFIED SPECIALTY	Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Spondylosis without myelopathy or radiculopathy, lumbar region		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Spondylosis without myelopathy or radiculopathy, lumbar region		Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Spondylosis without myelopathy or radiculopathy, lumbar region	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Spondylosis without myelopathy or radiculopathy, lumbar region	ANESTHESIOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Spondylosis without myelopathy or radiculopathy, lumbar region	ANESTHESIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Spondylosis without myelopathy or radiculopathy, lumbar region	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Spondylosis without myelopathy or radiculopathy, lumbar region	NEUROLOGY	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%

Spondylosis without myelopathy or radiculopathy, lumbar region	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Spondylosis without myelopathy or radiculopathy, site unsp		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Spondylosis without myelopathy or radiculopathy, site unsp		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Spondylosis without myelopathy or radiculopathy, site unsp	FAMILY PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Spondylosis without myelopathy or radiculopathy, site unsp	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Spondylosis without myelopathy or radiculopathy, site unsp	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Spondylosis without myelopathy or radiculopathy, site unsp	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Spondylosis without myelopathy or radiculopathy, site unsp	RHEUMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Spondylosis without myelopathy or radiculopathy, site unsp	RHEUMATOLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Spondylosis, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Spondyls w/o myelopathy or radiculopathy, lumbosacr region		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Spondyls w/o myelopathy or radiculopathy, lumbosacr region		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Spondyls w/o myelopathy or radiculopathy, lumbosacr region	ANESTHESIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Spondyls w/o myelopathy or radiculopathy, lumbosacr region	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Spondyls w/o myelopathy or radiculopathy, lumbosacr region	PAIN MEDICINE	Diagnosis 621-C ID1901	0	1	0	1	0.00%	100.00%	0.00%
Spontaneous rupture of extensor tendons, left thigh	UNSPECIFIED SPECIALTY	Quantity, Exceeds max limit, Partial denial – oxycodone, Oxaydo, RoxyBond 2221-M ID6000	0	1	0	1	0.00%	100.00%	0.00%
Sprain of anterior cruciate ligament of left knee, initial encounter		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Sprain of anterior cruciate ligament of left knee, initial encounter	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Sprain of anterior cruciate ligament of left knee, initial encounter	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Sprain of anterior cruciate ligament of left knee, subsequent encounter	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Sprain of anterior cruciate ligament of right knee, initial encounter	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Sprain of anterior cruciate ligament of right knee, initial encounter	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Sprain of anterior cruciate ligament of right knee, subsequent encount	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Sprain of anterior cruciate ligament of right knee, subsequent encount	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Sprain of ligaments of cervical spine, initial encounter	EMERGENCY MEDICINE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Sprain of ligaments of lumbar spine, initial encounter	FAMILY PRACTICE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Sprain of medial collateral ligament of right knee, initial encounter	ORTHOPEDIC SURGERY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%

Sprain of medial collateral ligament of right knee, sequela	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Sprain of medial collateral ligament of right knee, sequela	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Sprain of metacarpophalangeal joint of right thumb, initial encounter		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Sprain of metacarpophalangeal joint of right thumb, initial encounter	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Sprain of metacarpophalangeal joint of right thumb, initial encounter	UNSPECIFIED SPECIALTY	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Sprain of other specified parts of right knee, initial encounter	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Sprain of ribs, sequela	UNSPECIFIED SPECIALTY	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
Sprain of unspecified ligament of left ankle, initial encounter	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Squamous blepharitis left eye, upper and lower eyelids	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Squamous blepharitis left eye, upper and lower eyelids	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Squamous blepharitis left upper eyelid	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Squamous blepharitis left upper eyelid	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Miebo SCF, ACF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Squamous blepharitis left upper eyelid	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Squamous blepharitis right lower eyelid	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Squamous blepharitis right lower eyelid	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Squamous blepharitis right upper eyelid	OPHTHALMOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Squamous blepharitis right upper eyelid	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Squamous blepharitis unspecified eye, unspecified eyelid		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Squamous blepharitis unspecified eye, unspecified eyelid	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Squamous blepharitis unspecified eye, unspecified eyelid	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Squamous blepharitis unspecified eye, unspecified eyelid	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Squamous cell carcinoma of skin of scalp and neck	DERMATOLOGY	Diagnosis - ointment	0	1	0	1	0.00%	100.00%	0.00%
ST elevation (STEMI) myocardial infarction of unspecified site		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
ST elevation (STEMI) myocardial infarction of unspecified site	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
ST elevation (STEMI) myocardial infarction of unspecified site	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Stem cells transplant status		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Stenosis of anus and rectum	SURGERY, COLON & RECTAL	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Strain of left Achilles tendon, initial encounter	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Strain of muscle and tendon of front wall of thorax, initial encounter	INTERNAL MEDICINE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Strain of muscle, fascia and tendon at neck level, initial encounter	FAMILY PRACTICE	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
Strain of muscle, fascia and tendon at neck level, initial encounter	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Strain of muscle, fascia and tendon of lower back, initial encounter	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Strain of muscle, fascia and tendon of lower back, initial encounter	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Strain of muscle, fascia and tendon of lower back, initial encounter	UNSPECIFIED SPECIALTY	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Strain of unsp muscle, fascia/tendon shoulder&upper arm, right arm initial	FAMILY PRACTICE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Strained muscle, fascia and tendon of biceps, right arm, initial encounter	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Stress fracture, right foot, initial encounter for fracture		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Stress incontinence (female) (male)	UROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Striae atrophicae	DERMATOLOGY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Striae atrophicae	DERMATOLOGY	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Striae atrophicae	SURGERY, DERMATOLOGIC	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Subacute cough	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Subacute cough	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Subacute cutaneous lupus erythematosus	DERMATOLOGY	Diagnosis - Cream	0	1	0	1	0.00%	100.00%	0.00%
Subacute cutaneous lupus erythematosus	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Subclinical Iodine-deficiency hypothyroidism	NATUROPATH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Subclinical Iodine-deficiency hypothyroidism	NATUROPATH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Submucous leiomyoma of uterus	OBSTESTRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Submucous leiomyoma of uterus	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Sucrase-isomaltase deficiency		Quantity, Exceeds max limit, Partial denial 3369-C ID2555	0	1	0	1	0.00%	100.00%	0.00%
Sucrase-isomaltase deficiency	GASTROENTEROLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Sucrase-isomaltase deficiency	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Superficial (introital) dyspareunia	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Superficial endometriosis of the pelvic peritoneum, other specified si	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Superficial mycosis, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Superficial mycosis, unspecified	INTERNAL MEDICINE	Quantity, Post limit criteria not met 2912-HJ ID1185	0	1	0	1	0.00%	100.00%	0.00%
Superior glenoid labrum lesion of left shoulder, initial encounter	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Superior glenoid labrum lesion of left shoulder, subsequent encounter	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Superior glenoid labrum lesion of right shoulder, subsequent encounter	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Supervision of pregnancy resulting from assisted reproductive techn,1st tri	ENDOCRINOLOGY, REPRODUCTIVE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Sympathetic uveitis, bilateral		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Sympathetic uveitis, bilateral		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Sympathetic uveitis, bilateral	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Sympathetic uveitis, bilateral	RHEUMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Sympathetic uveitis, unspecified eye		CVSC Medical Director reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Sympathetic uveitis, unspecified eye		Uveitis - Step therapy - No steroids/immunosuppressive therapy trial;;	0	1	0	1	0.00%	100.00%	0.00%
Sympathetic uveitis, unspecified eye		Uveitis continuation - No response;; 2008-A ID4564	0	1	0	1	0.00%	100.00%	0.00%
Sympathetic uveitis, unspecified eye	RHEUMATOLOGY	Uveitis - Not non-infectious intermediate, posterior, or panuveitis;; 2008-A ID5303	0	1	0	1	0.00%	100.00%	0.00%
Sympethatic reflex dystrophy	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Symptomatic post procedural ovarian failure	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Syphilis, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Syringomyelia and syringobulbia	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Systemic lupus erythematosus (SLE)	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Systemic lupus erythematosus, organ or system involv unsp	GENERAL PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Systemic lupus erythematosus, organ or system involv unsp	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Systemic lupus erythematosus, organ or system involv unsp	Internal Medicine or Family Medicine *exact specialty match required by client	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Systemic lupus erythematosus, organ or system involv unsp	RHEUMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Systemic lupus erythematosus, organ or system involv unsp	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Systemic lupus erythematosus, unspecified		Continuation - Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Systemic lupus erythematosus, unspecified	FAMILY PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Systemic lupus erythematosus, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Systemic lupus erythematosus, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Systemic lupus erythematosus, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Systemic lupus erythematosus, unspecified	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Systemic lupus erythematosus, unspecified	RHEUMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Systemic lupus erythematosus, unspecified	RHEUMATOLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%

Systemic lupus erythematosus, unspecified	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Systemic sclerosis, unspecified	Pulmonary Disease	Diagnosis 1649-A ID1943	0	1	0	1	0.00%	100.00%	0.00%
Systemic sclerosis, unspecified	PULMONARY DISEASES	Diagnosis 1649-A ID1943	0	1	0	1	0.00%	100.00%	0.00%
Systemic sclerosis, unspecified	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Systemic sclerosis, unspecified	RHEUMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Systemic sclerosis, unspecified	SURGERY, HAND	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Systolic heart failure		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Systolic heart failure	Family Medicine **Specialty Match**	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Systolic heart failure	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Systolic heart failure	GENERAL PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Tachypnea, not elsewhere classified	ALLERGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Telogen effluvium	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
tendonitis of left shoulder		Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
tendonitis of left shoulder	ORTHOPEDIC SURGERY	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
Tension-type headache, unspecified, not intractable		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Tension-type headache, unspecified, not intractable	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Tension-type headache, unspecified, not intractable	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Tension-type headache, unspecified, not intractable	NEUROLOGY	Quantity, Post limit criteria not met, Partial denial 1-J ID1783	0	1	0	1	0.00%	100.00%	0.00%
Tension-type headache, unspecified, not intractable	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Testicular dysfunction, unspecified	INTERNAL MEDICINE	Non-approvable diagnosis 1210-A ID1157	0	1	0	1	0.00%	100.00%	0.00%
Testicular hyperfunction	FAMILY PRACTICE	Exclusion, age-related hypogonadism	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction		Exclusion, age-related hypogonadism	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction		No confirmation of diagnosis (tests, labs, etc.)	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction		Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Testicular hypofunction	Endocrinology (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	ENDOCRINOLOGY, DIABETES & METABOLISM	Lab/test 1210-A ID3963	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-approvable diagnosis 1210-A ID1157	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	ENDOCRINOLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Testicular hypofunction	Family Med OR Endocrinology *Specialty Match*	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%

Testicular hypofunction	Family or Internal Medicine **Specialty Match Required	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	FAMILY PRACTICE	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	GENERAL PRACTICE	Non-approvable diagnosis 1210-A ID1157	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	GENERAL PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	GENERAL SURGERY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Testicular hypofunction	HEMATOLOGY & ONCOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	Internal Med *Specialty Match Reviewer Reqd*	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	INTERNAL MEDICINE	No confirmation of diagnosis (tests, labs, etc.)	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	INTERNAL MEDICINE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	Internal Medicine (specialty match required)	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	Internal Medicine **Specialty Match**	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	Internal Medicine *exact specialty match required by client	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	Internal or Family medicine(specialty match required)	Non-approvable diagnosis 1210-A ID1157	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	Internal/Family Medicine	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	NATUROPATH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Testicular hypofunction	NURSE PRACTITIONER, GERONTOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Testicular hypofunction	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Testicular hypofunction	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	UNSPECIFIED SPECIALTY	Diagnosis, not generic Delatestryl and Testopel 1210-A ID3963	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	UNSPECIFIED SPECIALTY	No confirmation of diagnosis (tests, labs, etc.)	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	UROLOGY	Exclusion, age-related hypogonadism	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	UROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Testicular pain, unspecified	UROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Third degree hemorrhoids	SURGERY, COLON & RECTAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Third degree perineal laceration during delivery, IIIa	NURSE MIDWIFE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Threatened abortion	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Thyroiditis		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Thyroiditis, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Tic disorder, unspecified		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Tinea barbae and tinea capitis	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Tinea corporis		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Tinea corporis	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Tinea corporis	FAMILY PRACTICE	No inadequate response, intolerance or contraindication to fluconazole, griseofulvin, terbinafine	0	1	0	1	0.00%	100.00%	0.00%
Tinea corporis	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Tinea cruris	HEMATOLOGY & ONCOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Tinea pedis	DERMATOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Tinea pedis	DERMATOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Tinea pedis	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Tinea pedis	GENERAL SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Tinea pedis	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Tinea pedis	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Tinea pedis	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Tinea pedis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Tinea unguium		Exclusion 280-A ID3935	0	1	0	1	0.00%	100.00%	0.00%
Tinea unguium	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Tinea unguium	DERMATOLOGY	Quantity, Post limit criteria not met, Partial denial 1160-C ID2578	0	1	0	1	0.00%	100.00%	0.00%
Tinea unguium	DERMATOLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Tinea unguium	DERMATOLOGY, PEDIATRIC	No confirmation of diagnosis 1160-C ID504	0	1	0	1	0.00%	100.00%	0.00%
Tinea unguium	DERMATOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Tinea unguium	FAMILY PRACTICE	Exclusion 280-A ID3935	0	1	0	1	0.00%	100.00%	0.00%
Tinea unguium	FAMILY PRACTICE	No approvable diagnosis 280-A ID1130	0	1	0	1	0.00%	100.00%	0.00%
Tinea unguium	FAMILY PRACTICE	Step therapy 1160-C ID2578	0	1	0	1	0.00%	100.00%	0.00%
Tinea unguium	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Tinea unguium	GENERAL PRACTICE	Not enough area affected	0	1	0	1	0.00%	100.00%	0.00%
Tinea unguium	GENERAL SURGERY	Step therapy 1160-C ID2578	0	1	0	1	0.00%	100.00%	0.00%
Tinea unguium	INFECTIOUS DISEASES	Diagnosis 1160-C ID2578	0	1	0	1	0.00%	100.00%	0.00%

Tinea unguium	INTERNAL MEDICINE	No confirmation of diagnosis 1160-C ID504	0	1	0	1	0.00%	100.00%	0.00%
Tinea unguium	INTERNAL MEDICINE	Step therapy 1160-C ID2578	0	1	0	1	0.00%	100.00%	0.00%
Tinea unguium	ORTHOPEDIC SURGERY	Diagnosis 1160-C ID2578	0	1	0	1	0.00%	100.00%	0.00%
Tinea unguium	SURGERY, DERMATOLOGIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Tinea unguium	SURGERY, GENERAL	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Tinea unguium	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Tavaborole SCF CMK STD 02-2021 2F	0	1	0	1	0.00%	100.00%	0.00%
Tinea unguium	UNSPECIFIED SPECIALTY	No approvable diagnosis 1160-C ID504	0	1	0	1	0.00%	100.00%	0.00%
Tinea unguium	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Tobacco use		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Tobacco use	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Toxic effect of venom of bees, accidental, init	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Toxic effect of venom of other arthropod, accidental (unintentional), sequ	FAMILY PRACTICE	No need to have in multiple locations or replacement due to use	0	1	0	1	0.00%	100.00%	0.00%
Toxic effect of venom of wasps, accidental, init	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Toxoplasma meningoencephalitis	NEUROPHYSIOLOGY, CLINICAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Transient acantholytic dermatosis [Grover]	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Transsexualism		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Transsexualism		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Transsexualism	ADOLESCENT MEDICINE, PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Transsexualism	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Transsexualism	ENDOCRINOLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Transsexualism	Family Medicine (specialty match required)	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Transsexualism	FAMILY PRACTICE	Uncontrolled comorbid conditions	0	1	0	1	0.00%	100.00%	0.00%
Transsexualism	GENERAL PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Transsexualism	NURSE PRACTITIONER, ADULT HEALTH	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Transsexualism	NURSE PRACTITIONER, ADULT HEALTH	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Transsexualism	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Transsexualism	OBSTETRICS & GYNECOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Transsexualism	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Transsexualism	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%

Transsexualism	UNSPECIFIED SPECIALTY	Other, education	0	1	0	1	0.00%	100.00%	0.00%
Transsexualism	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Transsexualism	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Traumatic rupture of symphysis pubis, initial encounter	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Tributary (branch) retinal vein occlusion, right eye, with macular edema	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Trichomoniasis, unspecified	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Trigeminal neuralgia	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Trigger thumb, right thumb	ORTHOPEDIC SURGERY	Diagnosis 621-C ID1901	0	1	0	1	0.00%	100.00%	0.00%
Trochanteric bursitis, right hip	UNSPECIFIED SPECIALTY	Diagnosis 621-C ID1901	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 1 diabetes mellitus with diabetic chronic kidney disease		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 1 diabetes mellitus with diabetic chronic kidney disease	UNSPECIFIED SPECIALTY	Formulary Medical Necessity Insulin Lispro Jr. FA-PA CMK STD 02-2021 2F	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with diabetic chronic kidney disease	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 1 Diabetes Mellitus with Diabetic Nephropathy		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 1 Diabetes Mellitus with Diabetic Nephropathy	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with diabetic neuropathy, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 1 diabetes mellitus with diabetic neuropathy, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 1 diabetes mellitus with diabetic neuropathy, unspecified	NEUROLOGY	Step Therapy - Gabapentin IR	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Disease category/stage/severity 3762-C ID3054	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Disease category/stage/severity 3762-C ID4966	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Quantity Limit, Exceeds max limit: Starter Kit, Partial Denial-Omnipod Pods 15 per month 3762-C ID4966	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Quantity, Exceeds max limit, Partial denial – Omnipod 15 pods per month 3762-C ID4966	0	1	0	1	0.00%	100.00%	0.00%

Type 1 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Quantity, Post limit criteria not met, Partial denial 1373-J ID1293	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, PEDIATRIC	Diagnosis 3762-C ID3054	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, PEDIATRIC	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 1 diabetes mellitus with hyperglycemia	PEDIATRICS	Quantity, Exceeds max limit, Partial denial – Omnipod 10 pods per month 3762-C ID4966	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 1 diabetes mellitus with hyperglycemia	UNSPECIFIED SPECIALTY	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hyperglycemia	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hypoglycemia without coma		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 1 diabetes mellitus with hypoglycemia without coma		Quantity, Post limit criteria not met 1373-J ID1293	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hypoglycemia without coma		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 1 diabetes mellitus with hypoglycemia without coma	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hypoglycemia without coma	ENDOCRINOLOGY, DIABETES & METABOLISM	Formulary Medical Necessity Insulin Lispro Jr. FA-PA CMK STD 02-2021 2F	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with hypoglycemia without coma	UNSPECIFIED SPECIALTY	Quantity, Exceeds max limit, Partial denial – Omnipod 10 pods per month 3762-C ID4966	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with ketoacidosis without coma	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 1 diabetes mellitus with ketoacidosis without coma	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopath	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 4510-A ID2757	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopath	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopath	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 1 diabetes mellitus with other diabetic kidney complication		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with other diabetic kidney complication	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with other diabetic kidney complication	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%

Type 1 diabetes mellitus with other diabetic neurological complication		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with other specified complication	ENDOCRINOLOGY, DIABETES & METABOLISM	Diagnosis 4871-A ID2928	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with unspecified complications		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 1 diabetes mellitus with unspecified complications		Disease category/stage/severity 3762-C ID3054	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with unspecified complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 1 diabetes mellitus with unspecified complications	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 1 diabetes mellitus with unspecified diabetic retinopathy without macu	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 1 diabetes mellitus without complications		Non-formulary/non-preferred - Product 4510-A ID4199	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications		Quantity Limit, Exceeds max limit: Starter Kit, Partial Denial-Omnipod Pods 15 per month 3762-C ID4966	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications		Quantity, Exceeds max limit, Partial denial – Omnipod 10 pods per month	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 1 diabetes mellitus without complications	DIABETES	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 1 diabetes mellitus without complications	DIABETES	Quantity, Exceeds max limit, Partial denial – Omnipod 15 pods per month 3762-C ID4966	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	DIABETES	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 1 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Diagnosis 3762-C ID4966	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Disease category/stage/severity 3762-C ID4966	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Formulary Medical Necessity Insulin Lispro Jr. FA-PA CMK STD 02-2021 2F	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Quantity Limit, Exceeds max limit: Starter Kit, Partial Denial-Omnipod Pods 15 per month 3762-C ID5923	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	Endocrinology, Diabetes & Metabolism (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	ENDOCRINOLOGY, PEDIATRIC	Quantity Limit, Exceeds max limit: Starter Kit, Partial Denial-Omnipod Pods 10 per month	0	1	0	1	0.00%	100.00%	0.00%

Type 1 diabetes mellitus without complications	ENDOCRINOLOGY, PEDIATRIC	Quantity, Exceeds max limit, Partial denial – Omnipod 10 pods per month 3762-C ID4966	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	ENDOCRINOLOGY, PEDIATRIC	Quantity, Exceeds max limit, Partial denial – Omnipod 10 pods per month 3762-C ID5923	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	Family Medicine or Internal Medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	FAMILY PRACTICE	Disease category/stage/severity 3762-C ID3054	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	FAMILY PRACTICE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	FAMILY PRACTICE	Quantity, Exceeds max limit, Partial denial – Omnipod 10 pods per month 3762-C ID4966	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	INTERNAL MEDICINE	Disease category/stage/severity 3762-C ID3054	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 1 diabetes mellitus without complications	Pediatric Endocrinology **See Reviewer Requirements in Additional Notes	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	PEDIATRICS	Quantity, Exceeds max limit, Partial denial – Omnipod 15 pods per month 3762-C ID4966	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	UNSPECIFIED SPECIALTY	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diab w hyprosm with COMA	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred - Product 4510-A ID4199	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus	Endocrinology, Diabetes & Metabolism **Specialty Match Required	Non-formulary/non-preferred - Product 4510-A ID4199	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus w oth diabetic kidney complication		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Type 2 diabetes mellitus w oth diabetic kidney complication	GENERAL PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus w oth diabetic kidney complication	GENERAL PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus w oth diabetic kidney complication	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus w oth diabetic kidney complication	NEPHROLOGY / RENAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Type 2 Diabetes Mellitus w/Mild Nonproliferative diabetic retinopathy w/out	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with diabetic chronic kidney disease		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic chronic kidney disease		Non-formulary/non-preferred - Member can switch to a preferred product 4510-A ID2757	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic chronic kidney disease		Non-formulary/non-preferred - Product 4510-A ID2757	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic chronic kidney disease	FAMILY PRACTICE	Non-formulary/non-preferred – Product - Documentation	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic chronic kidney disease	GENERAL PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with diabetic chronic kidney disease	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic chronic kidney disease	MEDICAL ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with diabetic chronic kidney disease	NEPHROLOGY / RENAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with diabetic nephropathy		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with diabetic nephropathy		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic nephropathy	Endocrinology, Diabetes & Metabolism **Specialty Match REQUIRED	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic nephropathy	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic nephropathy	GERIATRIC MEDICINE, FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic nephropathy	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with diabetic nephropathy	INTERNAL MEDICINE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic nephropathy	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic neuropathy, unspecified		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with diabetic neuropathy, unspecified	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with diabetic neuropathy, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic neuropathy, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Type 2 diabetes mellitus with diabetic neuropathy, unspecified	INTERNAL MEDICINE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic neuropathy, unspecified	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic neuropathy, unspecified	NURSE PRACTITIONER, GERONTOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with diabetic polyneuropathy		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with diabetic polyneuropathy		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic polyneuropathy		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic polyneuropathy	GERIATRIC MEDICINE, FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with diabetic polyneuropathy	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with diabetic polyneuropathy	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with foot ulcer	GENERAL SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with foot ulcer	NURSE PRACTITIONER, GERONTOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with foot ulcer	NURSE PRACTITIONER, GERONTOLOGY	Santyl (Collagenase) PA with Limit 1773-C 04-2022 07_25_2022_19_55_40 1F	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia		Education requirement	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia		Formulary Medical Necessity Insulin Lispro Jr. FA-PA CMK STD 02-2021 2F	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia		Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	CARDIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	DIABETES	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	Endocrinology	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	Endocrinology (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	Endocrinology *actively licensed in DC, MD, or VA	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	Endocrinology and Diabetes *specialty match*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Formulary Medical Necessity Insulin Lispro Jr. FA-PA CMK STD 02-2021 2F	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred - Member can be treated with a preferred product	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred - Product 4510-A ID5715	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%

Type 2 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	Endocrinology, Diabetes & Metabolism **exact specialty match required by client	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	Endocrinology, Diabetes & Metabolism **Specialty match required	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, DIABETES & METABOLISM *Specialty match required*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	ENDOCRINOLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	Family Med (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	Family Med *Specialty Match*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	Family Medicine(Specialty match required with year of initial board certification)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	FAMILY PRACTICE	Continuation: Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	FAMILY PRACTICE	Non-formulary/non-preferred - Member can be treated with a preferred product	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	GERIATRIC MEDICINE, FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	GERIATRIC MEDICINE, FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with hyperglycemia	INFECTIOUS DISEASES	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	Formulary Medical Necessity Degludec Flextouch, Insulin Degludec, Insulin Glargine, Rezvoglar, Semglee SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	Formulary Medical Necessity Insulin Lispro Jr. FA-PA CMK STD 02-2021 2F	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	Formulary Medical Necessity Lovaza, Vascepa SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	Non-formulary/non-preferred - Member can be treated with a preferred product	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	Non-formulary/non-preferred - Member can switch to a preferred product 4510-A ID2757	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 4510-A ID5715	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%

Type 2 diabetes mellitus with hyperglycemia	Internal Medicine (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	internal medicine - specialty match	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	Internal medicine(Specialty match required with year of initial board certification **Reviewer must be actively licensed in DC, MD, or VA)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	Internal or Family medicine (Specialty match required with year of initial board certification)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	NATUROPATH	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	NATUROPATH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with hyperglycemia	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	NEPHROLOGY / RENAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with hyperglycemia	NURSE PRACTITIONER, ACUTE CARE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	NURSE PRACTITIONER, ACUTE CARE	Non-formulary/non-preferred - Product 4510-A ID2757	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with hyperglycemia	NURSE PRACTITIONER, GERONTOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with hyperglycemia	PHYSICAL MEDICINE & REHABILITATION	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with hyperglycemia	UNSPECIFIED SPECIALTY	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Member can be treated with a preferred product	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 4510-A ID2757	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperglycemia	UNSPECIFIED SPECIALTY	Quantity, Exceeds max limit, Partial denial – Omnipod 10 pods per month 3762-C ID4966	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	CARDIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	CARDIOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%

Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	CARDIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	ENDOCRINOLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	ENDOCRINOLOGY, PEDIATRIC	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	family or internal medicine(specialty match required) with year of initial board cerification	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	GASTROENTEROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	GENERAL SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 4510-A ID2757	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	Internal Medicine - specialty match required	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	OBSTESTRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglyce	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with hypoglycemia without coma	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with hypoglycemia without coma	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with ketoacidosis with coma	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with ketoacidosis without coma		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with ketoacidosis without coma	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with ketoacidosis without coma	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Type 2 diabetes mellitus with ketoacidosis without coma	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with ketoacidosis without coma	NURSE PRACTITIONER, FAMILY HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with mild nonproliferative diabetic retino	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy wi		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy wi	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with moderate nonproliferative diabet	NURSE PRACTITIONER, ACUTE CARE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with other circulatory complications	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with other circulatory complications	DIABETES	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with other circulatory complications	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with other circulatory complications	GERIATRIC MEDICINE, FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with other circulatory complications	GERIATRIC MEDICINE, FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with other circulatory complications	NURSE PRACTITIONER, ADULT HEALTH	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with other diabetic arthropathy	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with other diabetic neurological complication	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with other diabetic neurological complication	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with other oral complications	CARDIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with other specified complication		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with other specified complication		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with other specified complication	EMERGENCY MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with other specified complication	ENDOCRINOLOGY, DIABETES & METABOLISM	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with other specified complication	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with other specified complication	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with other specified complication	Family Medicine(**Specialty match required with year of initial board certification **Reviewer must be actively licensed in DC, MD, or VA)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Type 2 diabetes mellitus with other specified complication	FAMILY PRACTICE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with other specified complication	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with other specified complication	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with other specified complication	Internal Medicine (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with other specified complication	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with other specified complication	OBSTESTRICS & GYNECOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with other specified complication	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with other specified complication	PEDIATRICS	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with other specified complication	Specialty Match Required - Pediatrics	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with other specified complication	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with proliferative diabetic retinopathy with trac	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, u	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with unspecified complications		Disease category/stage/severity 3762-C ID3054	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with unspecified complications		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with unspecified complications	CARDIOLOGY, INTERVENTIONAL	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with unspecified complications	Endocrinology	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with unspecified complications	FAMILY PRACTICE	*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with unspecified complications	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with unspecified complications	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with unspecified complications	GERIATRIC MEDICINE, FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with unspecified complications	INFECTIOUS DISEASES	Formulary Medical Necessity Dabigatran Capsules SCF, ACF CMK STD 091024 03-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with unspecified complications	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 4510-A ID2757	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with unspecified complications	Internal/Family Medicine; Geriatric Medicine	Disease category/stage/severity 3762-C ID3054	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with unspecified complications	OTOLARYNGOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with unspecified complications	PSYCHIATRY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Type 2 diabetes mellitus with unspecified complications	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus with unspecified complications	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with unspecified diabetic retinopathy without macu	CARDIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus with unspecified diabetic retinopathy without macu	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications		Continuation: Efficacy	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications		Formulary Medical Necessity Degludec Flextouch, Insulin Degludec, Insulin Glargine, Rezvoglar, Semglee SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications		Formulary Medical Necessity Insulin Lispro Jr. FA-PA CMK STD 02-2021 2F	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications		Formulary Medical Necessity Mounjaro SCF, ACF, BF CMK STD 02-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications		Non-formulary/non-preferred - Product 4510-A ID5715	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications		Non-formulary/non-preferred – Product - Documentation	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications		Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications		Step Therapy 4871-A ID2928	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	ADOLESCENT MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	ADOLESCENT MEDICINE, INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	CARDIAC ELECTROPHYSIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus without complications	CARDIOLOGY	*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	CARDIOLOGY, INTERVENTIONAL	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	CARDIOLOGY, INTERVENTIONAL	Non-formulary/non-preferred - Product 4510-A ID2757	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	CARDIOLOGY, INTERVENTIONAL	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	CLINICAL NURSE SPECIALIST, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	CLINICAL NURSE SPECIALIST, ADULT HEALTH	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	DERMATOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	DIABETES	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Type 2 diabetes mellitus without complications	EMERGENCY MEDICINE	Formulary Medical Necessity Diabetic Pen Needles and Syringes SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	EMERGENCY MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus without complications	Endocrine (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Endocrinology	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Endocrinology *actively licensed in DC, MD, or VA *specialty match required	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	No approvable dose and quantity 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred - Member can be treated with a preferred product	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred - Product 4510-A ID2757	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	ENDOCRINOLOGY, DIABETES & METABOLISM	Quantity, Exceeds max limit, Partial denial – Omnipod 10 pods per month 3762-C ID4966	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Endocrinology, Diabetes & Metabolism **Client requires specialty match	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Endocrinology, Diabetes & Metabolism *specialty match*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Endocrinology, Diabetes and Metabolism (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Endocrinology, Diabetes, and Metabolism(specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	ENDOCRINOLOGY, PEDIATRIC	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Family Medicine - actively licensed in DC, MD, or VA	Non-formulary/non-preferred - Member can be treated with a preferred product	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Family Medicine **Specialty Match**	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Family Medicine or Internal Medicine *exact specialty match required by client	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Family Medicine- specialty match required	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Type 2 diabetes mellitus without complications	Family Medicine* actively licensed in DC, MD, or VA	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	FAMILY PRACTICE	*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	FAMILY PRACTICE	Dosing, Exceeds Max Limit – Formulary, Exceeds Initial Limit	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	FAMILY PRACTICE	Formulary Medical Necessity Insulin Degludec SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	FAMILY PRACTICE	Quantity, Exceeds max limit, Partial denial – Omnipod 10 pods per month 3762-C ID4966	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Family Practice (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Family practice/Internal medicine	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Family/Internal Medicine	*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Gastroenterology (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	GENERAL PRACTICE	Dosing, Exceeds Max Limit – Formulary, Exceeds Initial Limit	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	GENERAL PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	GENERAL PRACTICE	Step therapy – metformin, lab/test	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	GENERAL SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	GERIATRIC MEDICINE	Non-formulary/non-preferred - Product 4510-A ID5715	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	GERIATRIC MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	HEMATOLOGY & ONCOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	HOSPITALIST	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus without complications	INFECTIOUS DISEASES	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Internal Med *Specialty Match*	Non-formulary/non-preferred - Member can switch to a preferred product 4510-A ID2757	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Internal Med or Family Med *Specialty Match*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	***Kelli's test***	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	Diagnosis 797-A ID4531	0	1	0	1	0.00%	100.00%	0.00%

Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	Formulary Medical Necessity Mounjaro SCF, ACF, BF CMK STD 02-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	Non-formulary/non-preferred - Member can be treated with a preferred product	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	Non-formulary/non-preferred - Product 4510-A ID2757	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	INTERNAL MEDICINE	Quantity, Exceeds max limit, Partial denial – Omnipod 10 pods per month 3762-C ID4966	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Internal Medicine - Endocrinology, Diabetes & Metabolism *exact specialty match required by client	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Internal Medicine (specialty match required)	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Internal Medicine **Specialty Match is REQUIRED	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Internal Medicine **Specialty Match Required	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Internal Medicine *exact specialty match required by client	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Internal Medicine *specialty match required*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Internal Medicine- Specialty match review required	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Internal or Family medicine (Specialty match required with year of initial board certification Reviewer must be actively licensed in DC, MD, or VA	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Internal/Family Medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	NEPHROLOGY / RENAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus without complications	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus without complications	NURSE PRACTITIONER, ADULT HEALTH	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	NURSE PRACTITIONER, FAMILY HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	OB-GYN *Specialty Match Required*	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	OBSTESTRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Type 2 diabetes mellitus without complications	PEDIATRICS	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus without complications	PUBLIC HEALTH & GENERAL PREVENTIVE MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes mellitus without complications	PUBLIC HEALTH & GENERAL PREVENTIVE MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	RHEUMATOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Special Match Review - Family Medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Specialty match - Internal Medicine - Cardiologist	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Specialty match * Internal Medicine **	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Specialty match *** Family Medicine ***	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Specialty match *** Family Medicine***	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Specialty match required - Internal Medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Specialty match required - Internal Medicine	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes mellitus without complications	Specialty match required ** Family Medicine**	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes neuropathic arthropathy	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes peripheral angiopathy	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Type 2 diabetes peripheral angiopathy	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Type 2 diabetes peripheral angiopathy	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ulcer of esophagus with bleeding	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Ulcer of esophagus without bleeding	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) pancolitis with other complication	GASTROENTEROLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) pancolitis with rectal bleeding		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) pancolitis with rectal bleeding		Dosing - CD/UC- Dosage	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative (chronic) pancolitis with rectal bleeding	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) pancolitis with rectal bleeding	GASTROENTEROLOGY	Concomitant biologic or targeted synthetic drug or potent immunosuppressant 3173-A ID3682	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative (chronic) pancolitis with rectal bleeding	Gastroenterology	Dosing - CD/UC- Dosage	0	1	0	1	0.00%	100.00%	0.00%

Ulcerative (chronic) pancolitis with rectal bleeding	GASTROENTEROLOGY	UC continuation - No response 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative (chronic) pancolitis with rectal bleeding	GI	Will be on concurrent/duplicate therapy-same indication	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative (chronic) pancolitis with rectal bleeding	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ulcerative (chronic) pancolitis with unspecified complications		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) pancolitis with unspecified complications		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ulcerative (chronic) pancolitis with unspecified complications	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) pancolitis with unspecified complications	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) pancolitis without complications		Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) pancolitis without complications		Dosing - CD/UC- Dosage	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative (chronic) pancolitis without complications		Dosing - UC initial	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative (chronic) pancolitis without complications		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative (chronic) pancolitis without complications		UC continuation - No response and request is not for dosing regimen increase 3173-A ID4380	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative (chronic) pancolitis without complications	FAMILY PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) pancolitis without complications	Gastroenterologist	Frequency 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative (chronic) pancolitis without complications	GASTROENTEROLOGY	CVSC Medical Director reviewed – medical necessity	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) pancolitis without complications	GASTROENTEROLOGY	Frequency 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative (chronic) pancolitis without complications	GASTROENTEROLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative (chronic) pancolitis without complications	GASTROENTEROLOGY	Non-formulary/non-preferred - No inadequate response, intolerance, or contraindication to formulary alternative(s)	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative (chronic) pancolitis without complications	GASTROENTEROLOGY	UC continuation - No response;; 2008-A ID3519	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative (chronic) pancolitis without complications	GASTROENTEROLOGY, PEDIATRIC	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) pancolitis without complications	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) pancolitis without complications	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) pancolitis without complications	PEDIATRICS	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) pancolitis without complications	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) pancolitis without complications	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) pancolitis without complications	UNSPECIFIED SPECIALTY	Dosing - CD/UC- Dosage	0	1	0	1	0.00%	100.00%	0.00%

Ulcerative (chronic) pancolitis without complications	UNSPECIFIED SPECIALTY	UC - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID4403	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative (chronic) pancolitis without complications	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ulcerative (chronic) proctitis with rectal bleeding		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) proctitis without complications		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) proctitis without complications	FAMILY PRACTICE	UC - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID5160	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative (chronic) proctitis without complications	GASTROENTEROLOGY	Lab/test – No initial TB test;;	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative (chronic) proctitis without complications	Gastroenterology	UC - Non-formulary/non-preferred - No inadequate response, intolerance, or medical reason to avoid preferred products 4979-D ID5160	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative (chronic) proctitis without complications	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ulcerative (chronic) proctitis without complications	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) rectosigmoiditis with other complication	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ulcerative (chronic) rectosigmoiditis with rectal bleeding		Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative (chronic) rectosigmoiditis with rectal bleeding		Self-admin - UC - Non-preferred (biosimilar) - No adverse event to active ingredient 4250-D ID3743	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative (chronic) rectosigmoiditis with rectal bleeding	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) rectosigmoiditis with rectal bleeding	GASTROENTEROLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative (chronic) rectosigmoiditis without complications		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) rectosigmoiditis without complications	GASTROENTEROLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) rectosigmoiditis without complications	GASTROENTEROLOGY	Antiemetic 5-HT3 Post Limit PA 16-J 01-2023 05_24_2023_15_51_03 2F	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative (chronic) rectosigmoiditis without complications	GASTROENTEROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative (chronic) rectosigmoiditis without complications	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative (chronic) rectosigmoiditis without complications	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ulcerative (chronic) rectosigmoiditis without complications	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative blepharitis right eye, upper and lower eyelids	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative blepharitis right lower eyelid	OPHTHALMOLOGY	Formulary Medical Necessity Ophthalmic Anti-infectives SCF CMK STD 02-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative blepharitis right lower eyelid	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Ulcerative blepharitis unspecified eye, unspecified eyelid		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ulcerative blepharitis unspecified eye, unspecified eyelid	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative colitis		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative colitis, unspecified with other complication		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative colitis, unspecified with other complication	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative colitis, unspecified with other complication	GASTROENTEROLOGY	Non-formulary/non-preferred - No inadequate response, intolerance, or contraindication to avoid formulary alternative(s) 2427-D ID2307	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified with other complication	GI	Non-formulary/non-preferred - No inadequate response, intolerance, or contraindication to avoid formulary alternative(s) 2427-D ID2307	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified with rectal bleeding	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative colitis, unspecified with rectal bleeding	GASTROENTEROLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative colitis, unspecified with rectal bleeding	GASTROENTEROLOGY	Non-formulary/non-preferred - No inadequate response, intolerance, or contraindication to avoid formulary alternative(s) 2427-D ID2307	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified with unspecified complications		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative colitis, unspecified with unspecified complications		Frequency 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified with unspecified complications	GASTROENTEROLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative colitis, unspecified with unspecified complications	Gastroenterology	Frequency 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified with unspecified complications	GASTROENTEROLOGY	UC continuation - No specific positive response 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified with unspecified complications	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ulcerative colitis, unspecified with unspecified complications	GASTROENTEROLOGY, PEDIATRIC	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative colitis, unspecified, without complications		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative colitis, unspecified, without complications		Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified, without complications		Lab/test – No initial TB test;;	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified, without complications		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified, without complications		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified, without complications		UC continuation - No specific positive response;;	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified, without complications	FAMILY PRACTICE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Ulcerative colitis, unspecified, without complications	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative colitis, unspecified, without complications	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative colitis, unspecified, without complications	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified, without complications	Gastroenterologist	Frequency 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified, without complications	GASTROENTEROLOGY	Age-Bowel prep	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified, without complications	GASTROENTEROLOGY	Dosing - Frequency - Exceeds max limit 3173-A ID3682	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified, without complications	GASTROENTEROLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified, without complications	GASTROENTEROLOGY	Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified, without complications	GASTROENTEROLOGY	Will be on concurrent/duplicate therapy-same indication;;	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified, without complications	GI	Frequency 2010-A ID2136	0	1	0	1	0.00%	100.00%	0.00%
Ulcerative colitis, unspecified, without complications	HEMATOLOGY & ONCOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative colitis, unspecified, without complications	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Ulcerative colitis, unspecified, without complications	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Ulcerative colitis, unspecified, without complications	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
unavailable		Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
unavailable		Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
unavailable		Diagnosis 865-C ID1508	0	1	0	1	0.00%	100.00%	0.00%
unavailable		Diagnosis 865-C ID5024	0	1	0	1	0.00%	100.00%	0.00%
unavailable		Formulary Medical Necessity Veozah ACF CMK STD 03-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
unavailable		Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
unavailable		No approvable diagnosis 280-A ID1130	0	1	0	1	0.00%	100.00%	0.00%
unavailable		Other- benefit outweighs risk	0	1	0	1	0.00%	100.00%	0.00%
unavailable		Patient did not have adverse reaction to the generic drug caused by an inactive ingredient	0	1	0	1	0.00%	100.00%	0.00%
unavailable		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
unavailable		Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
unavailable		Quantity, Post limit criteria not met 1330-J ID2762	0	1	0	1	0.00%	100.00%	0.00%
unavailable		Quantity, Post limit criteria not met 918-J ID1386	0	1	0	1	0.00%	100.00%	0.00%
unavailable		Step therapy - Migraine	0	1	0	1	0.00%	100.00%	0.00%
unavailable		Tiering exceptions criteria not met	0	1	0	1	0.00%	100.00%	0.00%

unavailable	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
unavailable	ALLERGY & IMMUNOLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
unavailable	ALLERGY & IMMUNOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
unavailable	ANESTHESIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
unavailable	CARDIAC ELECTROPHYSIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
unavailable	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
unavailable	CARDIOLOGY, INTERVENTIONAL	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
unavailable	CARDIOLOGY, INTERVENTIONAL	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
unavailable	CARDIOLOGY, INTERVENTIONAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
unavailable	DERMATOLOGY	Diagnosis 4915-A ID2138	0	1	0	1	0.00%	100.00%	0.00%
unavailable	Dermatology (specialty match required)	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
unavailable	EMERGENCY MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
unavailable	ENDOCRINOLOGY, DIABETES & METABOLISM	*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
unavailable	ENDOCRINOLOGY, DIABETES & METABOLISM	Non-formulary/non-preferred - Member can be treated with a preferred drug, over 7 years old 6172-A ID4035	0	1	0	1	0.00%	100.00%	0.00%
unavailable	ENDOCRINOLOGY, DIABETES & METABOLISM	Quantity, Exceeds max limit, Partial denial – Omnipod 10 pods per month	0	1	0	1	0.00%	100.00%	0.00%
unavailable	ENDOCRINOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
unavailable	Family Medicine *exact specialty match required by client	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
unavailable	FAMILY PRACTICE	Exclusion 3762-C ID3054	0	1	0	1	0.00%	100.00%	0.00%
unavailable	FAMILY PRACTICE	Formulary Medical Necessity SABAs SCF CMK STD 09-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
unavailable	FAMILY PRACTICE	Non-approvable diagnosis 1210-A ID1157	0	1	0	1	0.00%	100.00%	0.00%
unavailable	FAMILY PRACTICE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
unavailable	FAMILY PRACTICE	Patient is able to take alternative dosage form 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
unavailable	FAMILY PRACTICE	Will be on concurrent therapy 18-C ID3557	0	1	0	1	0.00%	100.00%	0.00%
unavailable	GASTROENTEROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
unavailable	GASTROENTEROLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
unavailable	Gastroenterology- specialty match required	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
unavailable	GENERAL PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
unavailable	GENERAL SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

unavailable	GERIATRIC MEDICINE, FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
unavailable	GYNECOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
unavailable	GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
unavailable	HEMATOLOGY & ONCOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
unavailable	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
unavailable	HEMATOLOGY & ONCOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
unavailable	INFECTIOUS DISEASES	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
unavailable	Infectious Diseases/travel clinic (specialty match required with year of initial board certification)	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
unavailable	INTERNAL MEDICINE	Continuation: Efficacy, Positive Response, Stable or Not Worsening	0	1	0	1	0.00%	100.00%	0.00%
unavailable	INTERNAL MEDICINE	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
unavailable	INTERNAL MEDICINE	Diagnosis 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
unavailable	INTERNAL MEDICINE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
unavailable	INTERNAL MEDICINE	Formulary Medical Necessity AirDuo Digihaler, Breyna, Budesonide-Formoterol Inh, Fluticasone-Vilanterol, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
unavailable	INTERNAL MEDICINE	Non-approvable diagnosis 1210-A ID1157	0	1	0	1	0.00%	100.00%	0.00%
unavailable	INTERNAL MEDICINE	Non-formulary/non-preferred – Combo product	0	1	0	1	0.00%	100.00%	0.00%
unavailable	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
unavailable	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
unavailable	INTERNAL MEDICINE	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
unavailable	INTERNAL MEDICINE	Will be on concurrent/duplicate therapy 3481-E ID1707	0	1	0	1	0.00%	100.00%	0.00%
unavailable	Internal Medicine (specialty match required)	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
unavailable	Nephrology *specialty match required*	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
unavailable	NEPHROLOGY / RENAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
unavailable	NEPHROLOGY / RENAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
unavailable	NEUROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
unavailable	NEUROLOGY	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
unavailable	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
unavailable	NEUROLOGY	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%

unavailable	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
unavailable	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
unavailable	OBSTETRICS & GYNECOLOGY	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
unavailable	OBSTETRICS & GYNECOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
unavailable	ONCOLOGY, GYNECOLOGIC	Non-approvable diagnosis 1210-A ID1157	0	1	0	1	0.00%	100.00%	0.00%
unavailable	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
unavailable	Otolaryngologists/Allergist	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
unavailable	OTOLARYNGOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
unavailable	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
unavailable	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
unavailable	PHYSICIAN, PSYCHIATRY & NEUROLOGY, CHILD / ADOLESCENT	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
unavailable	PLASTIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
unavailable	PLASTIC SURGERY, FACIAL	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
unavailable	PSYCHIATRY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
unavailable	PSYCHIATRY	No approvable diagnosis 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
unavailable	PSYCHIATRY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
unavailable	PULMONOLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
unavailable	Specialty match	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
unavailable	Specialty Match Required - Family Medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
unavailable	Specialty match review - Internal Medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
unavailable	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
unavailable	UNSPECIFIED SPECIALTY	Diagnosis 865-C ID1508	0	1	0	1	0.00%	100.00%	0.00%
unavailable	UNSPECIFIED SPECIALTY	Lab/test: LVEF	0	1	0	1	0.00%	100.00%	0.00%
unavailable	UNSPECIFIED SPECIALTY	No approvable diagnosis 4364-C ID3698	0	1	0	1	0.00%	100.00%	0.00%
unavailable	UNSPECIFIED SPECIALTY	No approvable diagnosis 4915-A ID418	0	1	0	1	0.00%	100.00%	0.00%
unavailable	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Combo product	0	1	0	1	0.00%	100.00%	0.00%

unavailable	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
unavailable	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Unilateral primary osteoarthritis, left hip		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unilateral primary osteoarthritis, left hip	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unilateral primary osteoarthritis, left hip	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unilateral primary osteoarthritis, left hip	PHYSICAL MEDICINE & REHABILITATION	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unilateral primary osteoarthritis, left hip	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unilateral primary osteoarthritis, left knee		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unilateral primary osteoarthritis, left knee		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unilateral primary osteoarthritis, left knee	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unilateral primary osteoarthritis, left knee	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unilateral primary osteoarthritis, left knee	ORTHOPEDIC SURGERY	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
Unilateral primary osteoarthritis, left knee	ORTHOPEDIC SURGERY	Non-formulary/non-preferred 4227-D ID2573	0	1	0	1	0.00%	100.00%	0.00%
Unilateral primary osteoarthritis, left knee	PHYSICAL MEDICINE & REHABILITATION, PAIN MANAGEMENT	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unilateral primary osteoarthritis, left knee	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unilateral primary osteoarthritis, right hip		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unilateral primary osteoarthritis, right hip	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unilateral primary osteoarthritis, right hip	ORTHOPEDIC SURGERY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unilateral primary osteoarthritis, right hip	ORTHOPEDIC SURGERY, ADULT RECONSTRUCTIVE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unilateral primary osteoarthritis, right hip	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unilateral primary osteoarthritis, right knee	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unilateral primary osteoarthritis, right knee	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unilateral primary osteoarthritis, right knee	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unilateral primary osteoarthritis, unspecified hip	CARDIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unilateral primary osteoarthritis, unspecified hip	ORTHOPEDIC SURGERY, ADULT RECONSTRUCTIVE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unilateral primary osteoarthritis, unspecified hip	RHEUMATOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unilateral primary osteoarthritis, unspecified knee		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unilateral primary osteoarthritis, unspecified knee		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unilateral primary osteoarthritis, unspecified knee	ORTHOPEDIC SURGERY	Antiemetic 5-HT3 Post Limit PA 16-J 01-2023 05_24_2023_15_51_03 2F	0	1	0	1	0.00%	100.00%	0.00%
Unilateral primary osteoarthritis, unspecified knee	ORTHOPEDIC SURGERY	Quantity, Post limit criteria not met 16-J ID3407	0	1	0	1	0.00%	100.00%	0.00%

Unilateral primary osteoarthritis, unspecified knee	PHYSICAL MEDICINE & REHABILITATION	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unilateral primary osteoarthritis, unspecified knee	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unsp cond assoc w female genital organs and menstrual cycle	OBSTETRICS & GYNECOLOGY	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Unsp fracture of shaft of humerus, unsp arm, init	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unsp fracture of shaft of left fibula, init for clos fx	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unsp fracture of shaft of left fibula, init for clos fx	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unsp juvenile rheumatoid arthritis of unspecified site	CARDIOLOGY	Enhanced RA - MTX trial	0	1	0	1	0.00%	100.00%	0.00%
Unsp juvenile rheumatoid arthritis of unspecified site	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unsp juvenile rheumatoid arthritis of unspecified site	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unsp juvenile rheumatoid arthritis of unspecified site	RHEUMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unsp lack of expected normal physiol dev in childhood		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Unsp psychosis not due to a substance or known physiol cond	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Unsp psychosis not due to a substance or known physiol cond	PSYCHIATRY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Unsp psychosis not due to a substance or known physiol cond	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unsp thoracic, thoracolum and lumbosacr intvrt disc disorder		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Unsp thoracic, thoracolum and lumbosacr intvrt disc disorder	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unsp thoracic, thoracolum and lumbosacr intvrt disc disorder	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unsp thoracic, thoracolum and lumbosacr intvrt disc disorder	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Unspcfd fracture of upper end of left humerus, intl encntr for clsd frac	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspcfd fracture of upper end of left humerus, intl encntr for clsd frac	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unspecified abdominal pain		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified abdominal pain	FAMILY PRACTICE	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Unspecified abdominal pain	FAMILY PRACTICE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Unspecified abdominal pain	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified abdominal pain	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified abdominal pain	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified abdominal pain	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%

Unspecified abdominal pain	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified acute and subacute iridocyclitis	RHEUMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unspecified acute conjunctivitis, bilateral	OPHTHALMOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unspecified acute conjunctivitis, bilateral	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified acute conjunctivitis, left eye	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified acute conjunctivitis, left eye	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified acute conjunctivitis, right eye		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified acute conjunctivitis, right eye	PEDIATRICS	Formulary Medical Necessity Ophthalmic Anti-infectives SCF CMK STD 02-2022 2F	0	1	0	1	0.00%	100.00%	0.00%
Unspecified adrenocortical insufficiency	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma		Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma	ALLERGY & IMMUNOLOGY	Lack of Information	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma with (acute) exacerbation	ALLERGY	Asthma initial - Eosinophil level less than 150 without prereq drugs	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma with (acute) exacerbation	FAMILY PRACTICE	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma with (acute) exacerbation	FAMILY PRACTICE	Non-formulary/non-preferred, over 7 years old 5842-A ID4040	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma with (acute) exacerbation	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified asthma with (acute) exacerbation	PULMONOLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified asthma with (acute) exacerbation	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma with (acute) exacerbation	UNSPECIFIED SPECIALTY	Formulary Medical Necessity SABAs SCF CMK STD 09-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma with status asthmaticus	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified asthma, uncomplicated		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unspecified asthma, uncomplicated		Formulary Medical Necessity AirDuo Digihaler, Breyna, Budesonide-Formoterol Inh, Fluticasone-Vilanterol, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 03-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated		Non-formulary/non-preferred - Member can be treated with a preferred drug, over 7 years old	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	ALLERGY	Formulary Medical Necessity AirDuo Digihaler, Breyna, Budesonide-Formoterol Inh, Fluticasone-Vilanterol, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Asthma - Initial - No positive skin or blood test to allergen	0	1	0	1	0.00%	100.00%	0.00%

Unspecified asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Asthma - Initial - No uncontrolled asthma 1656-A ID4937	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Formulary Medical Necessity AirDuo Digihaler, Breyna, Budesonide-Formoterol Inh, Fluticasone-Vilanterol, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	ALLERGY & IMMUNOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified asthma, uncomplicated	CRITICAL CARE, PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified asthma, uncomplicated	CRITICAL CARE, PEDIATRICS	Quantity, Post limit criteria not met 2495-J ID4097	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	EMERGENCY MEDICINE	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	ENDOCRINOLOGY, DIABETES & METABOLISM	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	Family Medicine *actively licensed in DC, MD, or VA	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	FAMILY PRACTICE	Formulary Medical Necessity AirDuo Digihaler, Breyna, Budesonide-Formoterol Inh, Fluticasone-Vilanterol, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 03-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	FAMILY PRACTICE	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	FAMILY PRACTICE	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	FAMILY PRACTICE	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	FAMILY PRACTICE	Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	FAMILY PRACTICE	Non-formulary/non-preferred, less than 7 years old	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	FAMILY PRACTICE	Non-formulary/non-preferred, over 7 years old 5842-A ID4040	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unspecified asthma, uncomplicated	INTERNAL MEDICINE	Continuation - Efficacy 2413-A ID4881	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	INTERNAL MEDICINE	Formulary Medical Necessity AirDuo Digihaler, Breyna, Budesonide-Formoterol Inh, Fluticasone-Vilanterol, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 03-2023 1T	0	1	0	1	0.00%	100.00%	0.00%

Unspecified asthma, uncomplicated	INTERNAL MEDICINE	Formulary Medical Necessity AirDuo Digihaler, Breyna, Budesonide-Formoterol Inh, Fluticasone-Vilanterol, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	INTERNAL MEDICINE	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	INTERNAL MEDICINE	Formulary Medical Necessity Corticosteroid-Long-Acting Beta2-Adrenergic Agonist SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	INTERNAL MEDICINE	Formulary Medical Necessity SABAs SCF CMK STD 02-2024 1T	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	INTERNAL MEDICINE	Formulary Medical Necessity SABAs SCF CMK STD 09-2021 1T	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	INTERNAL MEDICINE	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	INTERNAL MEDICINE	Prescriber specialty 2413-A ID4881	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	INTERNAL MEDICINE, CRITICAL CARE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unspecified asthma, uncomplicated	INTERNAL MEDICINE, CRITICAL CARE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified asthma, uncomplicated	OBSTETRICS & GYNECOLOGY	Non-formulary/non-preferred, over 7 years old 5842-A ID4040	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	OTOLARYNGOLOGY	Quantity, Post limit criteria not met 2495-J ID4097	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	PEDIATRICS	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	PEDIATRICS	Non-formulary/non-preferred, over 7 years old 5842-A ID4040	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	PULMONARY DISEASES	Formulary Medical Necessity Breyna, Budesonide-Formoterol Inh, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	PULMONARY DISEASES	Formulary Medical Necessity Steroid-Beta Agonist Combinations SCF CMK STD 09-2023 1T v2	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	PULMONOLOGY, PEDIATRIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified asthma, uncomplicated	Respiratory	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	UNSPECIFIED SPECIALTY	Formulary Medical Necessity SABAs SCF CMK STD 09-2023 1T	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Member can be treated with a preferred drug, over 7 years old 5842-A ID4040	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Unspecified asthma, uncomplicated	UNSPECIFIED SPECIALTY	Non-formulary/non-preferred, over 7 years old	0	1	0	1	0.00%	100.00%	0.00%

Unspecified asthma, uncomplicated	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Unspecified atrial fibrillation	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unspecified atrial fibrillation	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified atrial fibrillation	NURSE PRACTITIONER, ACUTE CARE	Formulary Medical Necessity Dabigatran Capsules SCF, ACF CMK STD 091024 03-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Unspecified atrial flutter		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unspecified bacterial pneumonia	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified blepharitis left eye, unspecified eyelid	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified blepharitis left eye, upper and lower eyelids	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified blepharitis left lower eyelid	UNSPECIFIED SPECIALTY	Diagnosis 1254-F ID4124	0	1	0	1	0.00%	100.00%	0.00%
Unspecified blepharitis right eye, unspecified eyelid	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified blepharitis right eye, unspecified eyelid	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified blepharitis right eye, unspecified eyelid	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified blepharitis right eye, upper and lower eyelids	FAMILY PRACTICE	Diagnosis 76-D ID4113	0	1	0	1	0.00%	100.00%	0.00%
Unspecified blepharitis right eye, upper and lower eyelids	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified blepharitis right lower eyelid		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified blepharitis, left upper lid	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified blepharitis, left upper lid	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified blepharitis, right upper lid		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified blepharitis, right upper lid		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified blepharitis, right upper lid	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Unspecified blepharitis, right upper lid	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified blepharitis, right upper lid	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified blepharitis, right upper lid	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified chorioretinal inflammation, bilateral	OPHTHALMOLOGY	Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Unspecified chorioretinal inflammation, bilateral	Ophthalmology/Rheum	Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Unspecified chronic bronchitis	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unspecified chronic bronchitis	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified chronic bronchitis	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified chronic gastritis		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified chronic gastritis without bleeding	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified chronic respiratory disease originating in the perinatal period	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified cirrhosis of liver	GASTROENTEROLOGY	Diagnosis 681-A ID2077	0	1	0	1	0.00%	100.00%	0.00%

Unspecified cirrhosis of liver	Gastroenterology Or Hepatology *specialty match*	Diagnosis 681-A ID2077	0	1	0	1	0.00%	100.00%	0.00%
Unspecified combined systolic (congestive) and diastolic (congestive) heart	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified conjunctivitis	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified contact dermatitis due to food in contact with skin	ALLERGY & IMMUNOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified contact dermatitis, unspecified cause		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unspecified contact dermatitis, unspecified cause		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unspecified contact dermatitis, unspecified cause		Concomitant biologic or targeted synthetic drug 1690-A ID3910	0	1	0	1	0.00%	100.00%	0.00%
Unspecified contact dermatitis, unspecified cause	DERMATOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Unspecified contact dermatitis, unspecified cause	DERMATOLOGY	Quantity, Post limit criteria not met, Partial denial 3199-E ID1302	0	1	0	1	0.00%	100.00%	0.00%
Unspecified convulsions		Diagnosis 3517-C ID1809	0	1	0	1	0.00%	100.00%	0.00%
Unspecified convulsions		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified convulsions	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified convulsions	GERIATRIC MEDICINE, FAMILY PRACTICE	Diagnosis 2609-A ID2377	0	1	0	1	0.00%	100.00%	0.00%
Unspecified convulsions	Neurology	Diagnosis 2609-A ID2377	0	1	0	1	0.00%	100.00%	0.00%
Unspecified convulsions	NEUROLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Unspecified convulsions	NEUROLOGY	Patient is able to take alternative dosage form 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Unspecified convulsions	NEUROLOGY, PEDIATRIC	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Unspecified convulsions	NEUROLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified convulsions	NEUROPHYSIOLOGY, CLINICAL	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified convulsions	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified convulsions	Pediatric Neurology	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Unspecified convulsions	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified convulsions	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified corneal scar and opacity	OPHTHALMOLOGY	Diagnosis 5484-C ID3001	0	1	0	1	0.00%	100.00%	0.00%
Unspecified dacryoadenitis, bilateral lacrimal glands	OPHTHALMOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Unspecified dacryoadenitis, bilateral lacrimal glands	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified dacryoadenitis, right lacrimal gland	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified dacryoadenitis, unspecified lacrimal gland	OPHTHALMOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Unspecified diastolic (congestive) heart failure	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified dislocation of right acromioclavicular joint, initial encounter	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified dislocation of unspecified shoulder joint, initial encounter		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unspecified disorder of calcium metabolism	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Unspecified dyspareunia	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified episcleritis, left eye	OPHTHALMOLOGY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Unspecified episcleritis, unspecified eye	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unspecified fall, initial encounter	FAMILY PRACTICE	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Unspecified fall, initial encounter	INTERNAL MEDICINE	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
Unspecified fracture of lower end of right humerus, initial encounter for c	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified fracture of right forearm, subsequent encounter for closed		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified fracture of right forearm, subsequent encounter for closed	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unspecified fracture of right forearm, subsequent encounter for closed	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified fracture of shaft of humerus, right arm, initial encounter for	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified glaucoma		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified glaucoma		Non-formulary/non-preferred – Generic on Formulary	0	1	0	1	0.00%	100.00%	0.00%
Unspecified hemorrhoids		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified hemorrhoids	GASTROENTEROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified hemorrhoids	INFECTIOUS DISEASES	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Unspecified hemorrhoids	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Unspecified hemorrhoids	INTERNAL MEDICINE	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Unspecified hemorrhoids	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Unspecified hereditary corneal dystrophies, bilateral	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified hereditary corneal dystrophies, bilateral	OPHTHALMOLOGY	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Unspecified hydronephrosis	HOSPITALIST	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unspecified inflammation of eyelid	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified inflammation of eyelid	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified inflammatory spondylopathy, site unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Unspecified inflammatory spondylopathy, site unspecified	INTERNAL MEDICINE	AS/nr-axSpA continuation - No response 3173-A ID3682	0	1	0	1	0.00%	100.00%	0.00%
Unspecified inflammatory spondylopathy, site unspecified	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unspecified inflammatory spondylopathy, site unspecified	RHEUMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unspecified inflammatory spondylopathy, site unspecified	UNSPECIFIED SPECIALTY	Diagnosis;; 2008-A ID3519	0	1	0	1	0.00%	100.00%	0.00%
Unspecified injury of thorax, initial encounter	UNSPECIFIED SPECIALTY	Diagnosis 125-C ID2509	0	1	0	1	0.00%	100.00%	0.00%
Unspecified iridocyclitis		Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
Unspecified iridocyclitis		Self-admin - HS/uveitis - Non-preferred (biosimilar) - No adverse event to active ingredient	0	1	0	1	0.00%	100.00%	0.00%
Unspecified iridocyclitis		Uveitis - Step therapy - No steroids/immunosuppressive therapy trial;;	0	1	0	1	0.00%	100.00%	0.00%
Unspecified iridocyclitis		Uveitis continuation - No response;; 2008-A ID5303	0	1	0	1	0.00%	100.00%	0.00%
Unspecified iridocyclitis		Will be on concurrent/duplicate therapy-same indication;;	0	1	0	1	0.00%	100.00%	0.00%
Unspecified iridocyclitis	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unspecified iridocyclitis	INTERNAL MEDICINE	Self-admin - HS/uveitis - Non-preferred (biosimilar) - No adverse event to active ingredient	0	1	0	1	0.00%	100.00%	0.00%
Unspecified iridocyclitis	NURSE PRACTITIONER, GERONTOLOGY	Self-admin - HS/uveitis - Non-preferred (biosimilar) - No adverse event to active ingredient	0	1	0	1	0.00%	100.00%	0.00%
Unspecified iridocyclitis	RHEUMATOLOGY	Frequency - every two weeks, Exceeds max limit	0	1	0	1	0.00%	100.00%	0.00%
unspecified juvenile rheumatoid arthritis, right knee	INTERNAL MEDICINE	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Unspecified juvenile rheumatoid arthritis, vertebrae		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unspecified keratoconjunctivitis, unspecified eye	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified menopausal and perimenopausal disorder	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified menopausal and perimenopausal disorder	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Unspecified menopausal and perimenopausal disorder	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified menopausal and perimenopausal disorder	INTERNAL MEDICINE	Formulary Medical Necessity Veozah ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Unspecified menopausal and perimenopausal disorder	OBSTETRICS & GYNECOLOGY	Patient did not have adverse reaction to the separate individual drugs caused by the inactive ingredient and/or documentation not provided	0	1	0	1	0.00%	100.00%	0.00%
Unspecified menopausal and perimenopausal disorder	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified mononeuropathy of bilateral lower limbs	FAMILY PRACTICE	Diagnosis - Lyrica	0	1	0	1	0.00%	100.00%	0.00%
Unspecified mononeuropathy of unspecified upper limb	ANESTHESIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%

Unspecified mononeuropathy of unspecified upper limb	ANESTHESIOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unspecified mononeuropathy of unspecified upper limb	ANESTHESIOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified mood [affective] disorder		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Unspecified mood [affective] disorder	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified mood [affective] disorder	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unspecified nephritic syndrome with focal and segmental glomerular lesions		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unspecified nystagmus	NEUROLOGY	Diagnosis 1836-A ID1757	0	1	0	1	0.00%	100.00%	0.00%
Unspecified nystagmus	NEUROLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified open wound, left lower leg, subsequent encounter	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified open wound, right lower leg, initial encounter	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified open wound, unspecified lower leg, initial encounter		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified open wound, unspecified lower leg, initial encounter		***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unspecified open wound, unspecified lower leg, initial encounter	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unspecified open-angle glaucoma, severe stage	OPHTHALMOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified open-angle glaucoma, severe stage	OPHTHALMOLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unspecified open-angle glaucoma, stage unspecified		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Unspecified osteoarthritis, unspecified site		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unspecified osteoarthritis, unspecified site	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unspecified osteoarthritis, unspecified site	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified osteoarthritis, unspecified site	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
unspecified pre eclampsia, complicating the puerperium	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified renal colic	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified renal colic	UROLOGY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unspecified rotator cuff tear or rupture of left shoulder, not traumatic	ORTHOPEDIC SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Unspecified skin changes	FAMILY PRACTICE	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Unspecified skin changes	INTERNAL MEDICINE	Diagnosis 237-A ID2289	0	1	0	1	0.00%	100.00%	0.00%
Unspecified symptoms and signs involving the genitourinary system	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified symptoms and signs involving the genitourinary system	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Unspecified urinary incontinence	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified urinary incontinence	NURSE ANESTHETIST	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified urinary incontinence	UROLOGY	Step Therapy 385-D ID4769	0	1	0	1	0.00%	100.00%	0.00%
Unspecified viral hepatitis B without hepatic coma		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%

Unspecified viral hepatitis B without hepatic coma	HEPATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unspecified viral hepatitis B without hepatic coma	HEPATOLOGY	Chronic HBV or coinfection with chronic HBV and HIV - HIV-1 status unknown	0	1	0	1	0.00%	100.00%	0.00%
Unspecified viral hepatitis B without hepatic coma	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unspecified viral hepatitis C without hepatic coma		Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unspecified viral hepatitis C without hepatic coma	HEPATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unspecified viral hepatitis C without hepatic coma	INTERNAL MEDICINE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unspecified viral hepatitis C without hepatic coma	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unspecified viral hepatitis with hepatic coma	UNSPECIFIED SPECIALTY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Unspecified visual disturbance	NEUROLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Unspecified visual disturbance	NEUROLOGY	Dosage form not approvable 656-D ID1797	0	1	0	1	0.00%	100.00%	0.00%
Unstable angina	CARDIOLOGY, INTERVENTIONAL	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Urge incontinence		Step Therapy 385-D ID4769	0	1	0	1	0.00%	100.00%	0.00%
Urge incontinence	FAMILY PRACTICE	Formulary Medical Necessity Urinary Antispasmodics SCF CMK STD 09-2022 2F v2	0	1	0	1	0.00%	100.00%	0.00%
Urge incontinence	FAMILY PRACTICE	Step Therapy 385-D ID4769	0	1	0	1	0.00%	100.00%	0.00%
Urge incontinence	GENERAL SURGERY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Urge incontinence	OBSTETRICS & GYNECOLOGY	Step Therapy 385-D ID4769	0	1	0	1	0.00%	100.00%	0.00%
Urge incontinence	UROLOGY	Step Therapy 385-D ID4769	0	1	0	1	0.00%	100.00%	0.00%
Urgency of urination	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Urgency of urination	OBSTETRICS & GYNECOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Urgency of urination	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Urinary tract infection, site not specified		Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID4474	0	1	0	1	0.00%	100.00%	0.00%
Urinary tract infection, site not specified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Urinary tract infection, site not specified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Urticaria, unspecified		CSU - Initial - Step therapy - No second-generation H1 antihistamine trial 1656-A ID4937	0	1	0	1	0.00%	100.00%	0.00%
Urticaria, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Urticaria, unspecified	ALLERGY & IMMUNOLOGY	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Urticaria, unspecified	ALLERGY & IMMUNOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Urticaria, unspecified	DERMATOLOGY	Quantity, Post limit criteria not met, Partial denial - 180gm or mL or 2 rolls of tape	0	1	0	1	0.00%	100.00%	0.00%
Urticaria, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Urticaria, unspecified	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Vaginismus	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Vasomotor rhinitis	ALLERGY & IMMUNOLOGY	Formulary Medical Necessity Nasal Steroids SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Vasomotor rhinitis	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Vertebrogenic low back pain	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Vertebrogenic low back pain	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Vertebrogenic low back pain	OBSTETRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Vertebrogenic low back pain	ORTHOPEDIC SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Vertebrogenic low back pain	Pain Medicine	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Vertebrogenic low back pain	RHEUMATOLOGY	Lidoderm ZTLido PA with Limit 125-C 10-2022 01_17_2023_08_56_15 1F	0	1	0	1	0.00%	100.00%	0.00%
Vertebrogenic low back pain	UNSPECIFIED SPECIALTY	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Vertical displacement of fully erupted tooth or teeth	GENERAL PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Viral infection, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Vitamin B deficiency, unspecified	CARDIOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Vitamin B deficiency, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Vitamin B deficiency, unspecified	MEDICAL ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Vitamin B12 defic anemia due to intrinsic factor deficiency	FAMILY PRACTICE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Vitamin B12 defic anemia due to intrinsic factor deficiency	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Vitamin B12 defic anemia due to intrinsic factor deficiency	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Vitamin B12 defic anemia due to intrinsic factor deficiency	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Vitamin B12 defic anemia due to intrinsic factor deficiency	NURSE PRACTITIONER, ADULT HEALTH	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Vitamin B12 defic anemia due to intrinsic factor deficiency	PSYCHIATRY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Vitamin B12 deficiency anemia, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Vitamin B12 deficiency anemia, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Vitamin B12 deficiency anemia, unspecified	GENERAL SURGERY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Vitamin B12 deficiency anemia, unspecified	HEMATOLOGY & ONCOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Vitamin B12 deficiency anemia, unspecified	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Vitamin D deficiency, unspecified		Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Vitamin D deficiency, unspecified	ENDOCRINOLOGY, DIABETES & METABOLISM	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Vitamin D deficiency, unspecified	FAMILY PRACTICE	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Vitamin D deficiency, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Vitamin D deficiency, unspecified	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Vitamin D deficiency, unspecified	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%

Vitamin D deficiency, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Vitiligo	DERMATOLOGY	Age 5018-C ID4123	0	1	0	1	0.00%	100.00%	0.00%
Vitiligo	DERMATOLOGY	Diagnosis 1254-F ID1413	0	1	0	1	0.00%	100.00%	0.00%
Vitiligo	DERMATOLOGY	Diagnosis 2597-A ID2294	0	1	0	1	0.00%	100.00%	0.00%
Vitiligo	DERMATOLOGY	Disease severity, Vitiligo	0	1	0	1	0.00%	100.00%	0.00%
Vitiligo	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Vitiligo	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Vitiligo	GERIATRIC MEDICINE, FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Vitiligo	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Vitiligo	NURSE PRACTITIONER, ADULT HEALTH	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Vitiligo	NURSE PRACTITIONER, ADULT HEALTH	Disease severity, Vitiligo 5018-C ID4123	0	1	0	1	0.00%	100.00%	0.00%
Vitiligo	SURGERY, DERMATOLOGIC	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Vitiligo of eyelid	DERMATOLOGY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Vomiting of pregnancy, unspecified	ENDOCRINOLOGY, REPRODUCTIVE	Antiemetic 5-HT3 Post Limit PA 16-J 01-2023 05_24_2023_15_51_03 2F	0	1	0	1	0.00%	100.00%	0.00%
Vomiting of pregnancy, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Vomiting of pregnancy, unspecified	OBSTESTRICS & GYNECOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Vomiting of pregnancy, unspecified	OBSTETRICS & GYNECOLOGY	Quantity, Post limit criteria not met 16-J ID3407	0	1	0	1	0.00%	100.00%	0.00%
Vomiting of pregnancy, unspecified	OBSTETRICS & GYNECOLOGY	Quantity, Post limit criteria not met 16-J ID5694	0	1	0	1	0.00%	100.00%	0.00%
Vomiting of pregnancy, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Vomiting, unspecified	Gastroenterology **Specialty Match Required	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Vomiting, unspecified	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Vomiting, unspecified	UNSPECIFIED SPECIALTY	Patient has not tried appropriate formulary alternatives and/or documentation not provided 998-A ID1062	0	1	0	1	0.00%	100.00%	0.00%
Vomiting, unspecified	UNSPECIFIED SPECIALTY	Quantity, Post limit criteria not met 16-J ID5694	0	1	0	1	0.00%	100.00%	0.00%
Von Willebrand disease, unspecified	HEMATOLOGY & ONCOLOGY, PEDIATRIC	Non-formulary/non-preferred - Product 998-A ID3970	0	1	0	1	0.00%	100.00%	0.00%
Von Willebrand disease, unspecified	HEMATOLOGY & ONCOLOGY, PEDIATRIC	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Waldenstrom macroglobulinemia	HEMATOLOGY & ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Waldenstrom macroglobulinemia	MEDICAL ONCOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Waldenstrom macroglobulinemia not having achieved remission	HEMATOLOGY & ONCOLOGY	Meets guidelines.	1	0	0	1	100.00%	0.00%	0.00%
Waldenstrom macroglobulinemia not having achieved remission	HEMATOLOGY & ONCOLOGY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Wegeners granulomatosis without renal involvement	RHEUMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Wegeners granulomatosis without renal involvement	RHEUMATOLOGY	Initiation - Standard therapy	0	1	0	1	0.00%	100.00%	0.00%

Wheezing	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Wheezing	INTERNAL MEDICINE	***Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Wheezing	INTERNAL MEDICINE	Does not meet criteria.	0	1	0	1	0.00%	100.00%	0.00%
Wheezing	INTERNAL MEDICINE	Non-formulary/non-preferred – Dosage form not approvable	0	1	0	1	0.00%	100.00%	0.00%
Wheezing	INTERNAL MEDICINE	Quantity, Post limit criteria not met 4428-HJ ID3627	0	1	0	1	0.00%	100.00%	0.00%
Wheezing	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Wheezing	PEDIATRICS	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Wheezing	PEDIATRICS	Formulary Medical Necessity AirDuo Digihaler, Breyna, Budesonide-Formoterol Inh, Fluticasone-Vilanterol, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 03-2023 2F	0	1	0	1	0.00%	100.00%	0.00%
Wheezing	PULMONARY DISEASES	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Wheezing	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Xerosis cutis	UNSPECIFIED SPECIALTY	Diagnosis 76-D ID1404	0	1	0	1	0.00%	100.00%	0.00%
Zoster keratitis	OPHTHALMOLOGY	*Drug Not Covered/Plan Exclusion - Your request for coverage was denied because your prescription benefit plan does not cover the requested medication.	0	1	0	1	0.00%	100.00%	0.00%
Zoster without complications	INTERNAL MEDICINE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Zoster without complications	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
TOTAL			***18147***	***13192***	***9220***	***40559***	***44.74%***	***32.53%***	***22.73%***