

ICD CONDITION	PROVIDER SPECIALTY	REASON DESCRIPTION	APPROVALS	DENIALS	NO RESPONSE	TOTAL	% APPROVALS	% DENIALS	% NO RESPONSE
Psoriasis vulgaris		Technician reviewed- meets guidelines	3	0	0	3	100.00%	0.00%	0.00%
Morbid (severe) obesity due to excess calories	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	2	0	2	0.00%	100.00%	0.00%
Obesity, class 3	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%
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	2	0	2	0.00%	100.00%	0.00%
Overweight	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%
Psoriasis vulgaris	DERMATOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Arthropathic psoriasis, unspecified	INTERNAL MEDICINE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Arthropathic psoriasis, unspecified	Rheumatology	PsA continuation - Efficacy 2008-A ID8506	0	1	0	1	0.00%	100.00%	0.00%
Arthropathic psoriasis, unspecified	INTERNAL MEDICINE	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Multiple sclerosis	UNSPECIFIED SPECIALTY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Psoriasis vulgaris	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Psoriasis vulgaris		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		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		Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Rheumatoid arthritis, unspecified		This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Abnormal electrocardiogram [ECG] [EKG]	CARDIOLOGY	HeFH - Adult - Untreated LDL-C less than 190 mg/dL	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus with other specified complication	CARDIOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Psoriasis	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pulmonary hypertension, unspecified	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Pulmonary hypertension, unspecified	FAMILY PRACTICE	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Hyperlipidemia, unspecified	CARDIOLOGY	Clinician reviewed - meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Other atopic dermatitis	DERMATOLOGY	Technician reviewed- meets guidelines	1	0	0	1	100.00%	0.00%	0.00%
Keratoconjunctivitis sicca, not specified as Sjogrens, bilateral	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	Ophthalmologist	Formulary Medical Necessity Tryptyr SCF, ACF CMK STD 03-2025 2F	0	1	0	1	0.00%	100.00%	0.00%
Opioid dependence, uncomplicated	UNSPECIFIED SPECIALTY	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%
Obesity, class 3	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%

Iron deficiency anemia, 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	*Drug Not Covered/Plan Exclusion - May Be Covered Under Medical- Your request for coverage was denied because your prescription benefit plan does not cover the requested medication; may be covered under medical plan.	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%
Nonalcoholic steatohepatitis (NASH)	FAMILY PRACTICE	Plan Exclusion	0	1	0	1	0.00%	100.00%	0.00%
Acute upper respiratory infection, unspecified	Family Medicine	Formulary Medical Necessity SABAs SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Atherosclerosis of native arteries of extremities with intermittent clau		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Acne, unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Obesity, class 2	FAMILY PRACTICE	Plan Exclusion	0	1	0	1	0.00%	100.00%	0.00%
Fatty (change of) liver, not elsewhere classified	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%
Panniculitis affecting regions of neck and back, site unspecified	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	FAMILY PRACTICE	Formulary Medical Necessity Proton Pump Inhibitors SCF CMK STD 02-2024 1T	0	1	0	1	0.00%	100.00%	0.00%
Chronic periodontitis, unspecified	GENERAL PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Attention-deficit hyperactivity disorder, combined type	PSYCHIATRY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other hyperlipidemia		*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		Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Bronchitis, not specified as acute or chronic	FAMILY PRACTICE	Formulary Medical Necessity AirDuo Digihaler, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Mild intermittent asthma, uncomplicated	Family 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	Specialty	Formulary Medical Necessity SABAs SCF CMK STD 02-2024 1T	0	1	0	1	0.00%	100.00%	0.00%
unavailable	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Moderate persistent asthma, uncomplicated	FAMILY PRACTICE	Formulary Medical Necessity AirDuo Digihaler, Fluticasone-Salmeterol Diskus, Fluticasone-Salmeterol HFA SCF, ACF CMK STD 02-2024 1T	0	1	0	1	0.00%	100.00%	0.00%
Type 1 diabetes mellitus without complications	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus without complications	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus without complications	FAMILY PRACTICE	Formulary Medical Necessity Apidra, Humalog, Admelog, Afrezza SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%

Major depressive disorder, recurrent, severe with psychotic symptoms	UNSPECIFIED SPECIALTY	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Major depressive disorder, recurrent, severe with psychotic symptoms	UNSPECIFIED SPECIALTY	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Other intervertebral disc degeneration, lumbar region without mention	FAMILY PRACTICE	Met Plan Criteria	1	0	0	1	100.00%	0.00%	0.00%
Gastro-esophageal reflux disease without esophagitis	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Acute upper respiratory infection, unspecified	INTERNAL MEDICINE	Formulary Medical Necessity SABAs SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Acute upper respiratory infection, unspecified	INTERNAL MEDICINE	Formulary Medical Necessity SABAs SCF CMK STD 02-2024 1T	0	1	0	1	0.00%	100.00%	0.00%
Mild persistent asthma, uncomplicated	INTERNAL MEDICINE	Formulary Medical Necessity SABAs SCF CMK STD 02-2024 2F	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%
Urticaria, unspecified	PEDIATRICS	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Type 2 diabetes mellitus with hyperglycemia	Endocrinology	Formulary Medical Necessity Long Acting Insulin SCF CMK STD 02-2024 1T	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	FAMILY PRACTICE	Diagnosis 83-C ID5060	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	FAMILY PRACTICE	This PA is Auto Closed	0	0	1	1	0.00%	0.00%	100.00%
Predabetes	FAMILY PRACTICE	Diagnosis 5694-D ID4416	0	1	0	1	0.00%	100.00%	0.00%
Testicular hypofunction	Family Medicine	Diagnosis 83-C ID7168	0	1	0	1	0.00%	100.00%	0.00%
Obesity, unspecified	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%
Herpesviral conjunctivitis	Optometry	Formulary Medical Necessity Zirgan SCF CMK STD 02-2024 2F	0	1	0	1	0.00%	100.00%	0.00%
Cough, unspecified	PEDIATRICS	Formulary Medical Necessity SABAs SCF CMK STD 02-2024 1T	0	1	0	1	0.00%	100.00%	0.00%
unavailable	Internal Medicine - Endocrinology, Diabetes & Metabolism	Formulary Medical Necessity Insulin Glargine, Rezvoglar SCF, ACF CMK STD 02-2024 1T	0	1	0	1	0.00%	100.00%	0.00%
TOTAL			21	35	19	75	28.00%	46.67%	25.33%