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Description	APPROVALS	CANCELLED	DENIAL	Reason(s) for Denial	GRAND TOTAL	Overturned on Internal Appeal	Overturned by an IRO
ABIRATERONE ACETATE 250 MG TABS	1				1		
ACCRUFER 30 MG CAPS			1	PA (Prior Auth)	1		
ADDERALL 0 TABS		1			1		
ADZENYS XR-ODT 18.8 MG TBED			1	Formulary Exception / Non-Formulary	1		
AIMOVIG 140 MG/ML SOAJ	4		1	PA (Prior Auth)	5		
AIRSUPRA 0 AERO	1	1	2	Step Therapy Exception	4		
AJOVY 225 MG/1.5ML SOAJ	4		1	PA (Prior Auth)	5		
AJOVY 225 MG/1.5ML SOSY			1	PA (Prior Auth)	1		
ALPHAGAN P 0.1 % SOLN			1	Formulary Exception / Non-Formulary	1		
AMLODIPINE BESYLATE/ATORV 0 TABS			1	Formulary Exception / Non-Formulary	1		
AMPHETAMINE/DEXTROAMPHETA 0 CP24	1	1	1	Step Therapy Exception	3	1	
APTIOM 600 MG TABS		1			1		
APTIOM 800 MG TABS		1			1		
ARMOUR THYROID 30 MG TABS			1	Formulary Exception / Non-Formulary	1		
ARMOUR THYROID 60 MG TABS		1			1		
ASENAPINE MALEATE SL 2.5 MG SUBL			1	Step Therapy Exception	1		
ASPIRIN EC 81 MG TBEC			1	PA (Prior Auth)	1		
AUSTEDO XR 36 MG TB24	1				1		
AUVELITY 0 TBCR	1				1		
AZELASTINE HYDROCHLORIDE 0.1 % SOLN			3	Benefit Exclusion	3		
AZELASTINE HYDROCHLORIDE 137 MCG/SPRAY SOLN			1	PA (Prior Auth)	1		
BASAGLAR KWIKPEN 100 UNIT/ML SOPN			2	Step Therapy Exception	2		
BELBUCA 750 MCG FILM	1				1		
BELSOMRA 15 MG TABS		1			1		
BIMZELX 160 MG/ML SOAJ		1	1	PA (Prior Auth)	2		
BIMZELX 160 MG/ML SOSY			1	PA (Prior Auth)	1		
BREYNA 0 AERO			1	Step Therapy Exception	1		
BUDESONIDE NASAL SPRAY 32 MCG/ACT SUSP			1	PA (Prior Auth)	1		
BUDESONIDE/FORMOTEROL FUM 0 AERO	1		5	Step Therapy Exception	6		
BUPRENORPHINE 10 MCG/HR PTWK		1	1	Step Therapy Exception	2		
BUPRENORPHINE 15 MCG/HR PTWK	1				1		
CAMBIA 50 MG PACK			1	Formulary Exception / Non-Formulary	1		
CANDESARTAN CILEXETIL 8 MG TABS			1	Step Therapy Exception	1		
CARISOPRODOL 350 MG TABS			1	Step Therapy Exception	1		
cefTRIAXone Sodium Injection Solution Reconstituted 1 GM		1			1		
CIBINQO 100 MG TABS			2	PA (Prior Auth)	2		
CIMZIA 200 MG KIT	1				1		
CIMZIA STARTER KIT 200 MG/ML PSKT	1				1		
CLOBETASOL PROPIONATE 0.05 % CREA		1			1		
CLONIDINE 0.2 MG/24HR PTWK			1	Formulary Exception / Non-Formulary	1		
CONCERTA 18 MG TBCR			1	Formulary Exception / Non-Formulary	1		
CORLANOR 5 MG TABS	1				1		
CORLANOR 7.5 MG TABS	1				1		
Cosentyx (300 MG Dose) Subcutaneous Solution Prefilled Syringe 150 MG/ML		2			2		
COSENTYX SENSOREADY PEN 150 MG/ML SOAJ	3	2			5		
COSENTYX UNOREADY 300 MG/2ML SOAJ	2	3			5		
CYLTEZO 40 MG/0.8ML AJKT			1	PA (Prior Auth)	1		
DALFAMPRIDINE ER 10 MG TB12	1				1		

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Dapagliflozin Propanediol Oral Tablet 10 MG		1			1		
DAPSONE 7.5 % GEL	1				1		
DESCOVY 0 TABS	10	3	5	PA (Prior Auth)	18		
DESVENLAFAXINE ER 25 MG TB24	1				1		
DEXCOM G6 SENSOR 0 MISC	2				2		
DEXCOM G6 TRANSMITTER 0 MISC	1				1		
DEXCOM G7 RECEIVER 0 DEVI			1	Step Therapy Exception	1		
DEXCOM G7 SENSOR 0 MISC	3	3	1	Step Therapy Exception	7		
Dextroamphetamine Sulfate Oral Tablet 15 MG	1				1		
Dextroamphetamine Sulfate Oral Tablet 20 MG		1			1		
DICLOFENAC SODIUM 1 % GEL			1	PA (Prior Auth)	1		
DIFLUPREDNATE 0.05 % EMUL			1	Formulary Exception / Non-Formulary	1		
DIPHENOXYLATE HYDROCHLORI 0 TABS		1			1		
DORZOLAMIDE HYDROCHLORIDE 0 SOLN	1				1		
DOXEPIN HYDROCHLORIDE 25 MG CAPS	1				1		
DOXEPIN HYDROCHLORIDE 3 MG TABS	1				1		
DUPIXENT 300 MG/2ML SOAJ	8	2			10		
DUPIXENT 300 MG/2ML SOSY	5	2			7		
Dupixent Subcutaneous Solution Pen-injector 300 MG/2ML	1				1		
ELETRIPTAN HYDROBROMIDE 40 MG TABS	2	1	1	Step Therapy Exception	4		
EMGALITY 100 MG/ML SOSY		1	2	PA (Prior Auth)	3	1	
EMGALITY 120 MG/ML SOAJ			2	PA (Prior Auth)	2		
ENBREL SURECLICK 50 MG/ML SOAJ	2				2		
ESTRADIOL 0.5 MG/0.5GM GEL			1	Step Therapy Exception	1		
ESTRADIOL 1.25 MG/1.25GM GEL			1	Step Therapy Exception	1		
ESTRADIOL VALERATE 20 MG/ML OIL	1	1			2		
EVEKEO 5 MG TABS	1				1		
EVERSENSE 365 SENSOR/HOLD 0 MISC	1				1		
EVERSENSE 365 SMART TRANS 0 MISC	1				1		
EYSUVIS 0.25 % SUSP			1	Formulary Exception / Non-Formulary	1		
FARXIGA 10 MG TABS		1			1		
FENOFIBRATE 150 MG CAPS			1	Step Therapy Exception	1		
FLUTICASONE PROPIONATE 50 MCG/ACT SUSP			4	PA (Prior Auth)	4		
FOCALIN XR 15 MG CP24		1			1		
FORTEO 600 MCG/2.4ML SOPN	1				1		
FREESTYLE LIBRE 3/SENSOR/ 0 MISC			1	Step Therapy Exception	1		
GABAPENTIN ONCE-DAILY 300 MG TABS			1	PA (Prior Auth)	1		
GEMTESA 75 MG TABS	3				3		
HADLIMA PUSHTOUCH 40 MG/0.4ML SOAJ	1				1		
H-E-B IN CONTROL PEN NEED 0 MISC			2	PA (Prior Auth)	2		
HIZENTRA 4 GM/20ML SOSY	1				1		
HORIZANT 300 MG TBCR	1		1	Request Quantity Exception	2		
HUMALOG KWIKPEN 200 UNIT/ML SOPN	1				1		
Humira (2 Pen) Subcutaneous Auto-injector Kit 40 MG/0.4ML	1				1		
HUMIRA 40 MG/0.4ML PSKT	1	1			2		
HUMIRA PEN 40 MG/0.4ML AJKT	8	1			9		
HUMIRA PEN-PS/UV STARTER 0 AJKT			1	PA (Prior Auth)	1		
HYDROCODONE BITARTRATE/AC 0 TABS		1			1		
HYDROCORTISONE ACETATE 30 MG SUPP		2	1	Formulary Exception / Non-Formulary	3		

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HYDROCORTISONE ACETATE/PR 0 CREA			1	Formulary Exception / Non-Formulary	1		
HYOSCYAMINE SULFATE SL 0.125 MG SUBL			1	Formulary Exception / Non-Formulary	1		
IBRANCE 75 MG TABS	1				1		
IBSRELA 50 MG TABS	2		1	PA (Prior Auth)	3		
ICOSAPENT ETHYL 1 GM CAPS			1	Formulary Exception / Non-Formulary	1		
IMVEXXY STARTER PACK 10 MCG INST	1				1		
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOPN			1	Step Therapy Exception	1		
INSULIN LISPRO KWIKPEN 100 UNIT/ML SOPN	1				1		
INVOKANA 100 MG TABS			1	Formulary Exception / Non-Formulary	1		
IVERMECTIN 1 % CREA	3				3		
JANUVIA 25 MG TABS			1	Formulary Exception / Non-Formulary	1		
JARDIANCE 10 MG TABS		1			1		
JENTADUETO XR 0 TB24		1			1		
JORNAY PM 20 MG CP24	1				1		
JORNAY PM 40 MG CP24		1			1		
JORNAY PM 80 MG CP24			1	Formulary Exception / Non-Formulary	1		
JUBLIA 10 % SOLN			1	Formulary Exception / Non-Formulary	1		
KESIMPTA 20 MG/0.4ML SOAJ	1				1		
KINERET 100 MG/0.67ML SOSY	1				1		
KLISYRI 1 % OINT	2				2		
LANTUS SOLOSTAR 100 UNIT/ML SOPN	1				1		
LEVALBUTEROL TARTRATE HFA 45 MCG/ACT AERO	1		1	Step Therapy Exception	2		
LEXAPRO 20 MG TABS			1	Formulary Exception / Non-Formulary	1		
LIDOCAINE 5 % PTCH			2	PA (Prior Auth)	2		
LINZESS 72 MCG CAPS			1	Formulary Exception / Non-Formulary	1		
Liraglutide Subcutaneous Solution Pen-injector 18 MG/3ML		1			1		
LOKELMA 10 GM PACK	1				1		
LOKELMA 5 GM PACK	1				1		
LOTEMAX 0.5 % OINT			1	Step Therapy Exception	1		
LUBIPROSTONE 24 MCG CAPS	1				1		
LUMIGAN 0.01 % SOLN			2	Step Therapy Exception	2		
LUMRYZ 9 GM PACK	1				1		
LUPKYNIS 7.9 MG CAPS	1				1		
LUPRON DEPOT (6-MONTH) 45 MG KIT	2				2		
LYBALVI 0 TABS		1	1	Formulary Exception / Non-Formulary	2		
LYNPARZA 150 MG TABS	2				2		
MESALAMINE ER 0.375 GM CP24	1				1		
METHYLPHENIDATE HYDROCHLO 20 MG TABS	1				1		
METHYLPHENIDATE HYDROCHLO 27 MG TBCR	1				1		
METHYLPHENIDATE HYDROCHLO 54 MG TBCR	1				1		
MIEBO 1.338 GM/ML SOLN	1	1	3	Step Therapy Exception	5		
MINOCYCLINE HYDROCHLORIDE 105 MG TB24	1				1		
MOTEGRITY 1 MG TABS	1				1		
MOUNJARO 10 MG/0.5ML SOAJ	4	2	3	Step Therapy Exception	9		
MOUNJARO 12.5 MG/0.5ML SOAJ			1	Step Therapy Exception	1		
MOUNJARO 15 MG/0.5ML SOAJ		1			1		
MOUNJARO 2.5 MG/0.5ML SOAJ	1		6	Step Therapy Exception	7		

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MOUNJARO 5 MG/0.5ML SOAJ	1	2	2	Step Therapy Exception	5		
MOUNJARO 7.5 MG/0.5ML SOAJ			1	Step Therapy Exception	1		
MYDAYIS 0 CP24		1			1		
MYFEMBREE 0 TABS	1				1		
NEBIVOLOL HYDROCHLORIDE 20 MG TABS			1	PA (Prior Auth)	1		
NEBIVOLOL HYDROCHLORIDE 5 MG TABS		1			1		
NEFFY 2 MG/0.1ML SOLN	1				1		
NEXLETOL 180 MG TABS			1	PA (Prior Auth)	1		
NP THYROID 15 15 MG TABS			1	PA (Prior Auth)	1		
NP THYROID 60 60 MG TABS			3	PA (Prior Auth)	3		
NURTEC 75 MG TBDP	6		7	PA (Prior Auth)	13		
OLOPATADINE HCL 0.6 % SOLN	1				1		
OMEPRAZOLE 20 MG CPDR		1			1		
OnabotulinumtoxinA For Inj 200 Unit		1	1	PA (Prior Auth)	2		
ONETOUCH VERIO TEST STRIP 0 STRP		1			1		
OPZELURA 1.5 % CREA	3		1	PA (Prior Auth)	4		
ORENCIA CLICKJECT 125 MG/ML SOAJ	2				2		
ORILISSA 150 MG TABS	1				1		
OTEZLA 30 MG TABS	3	2	3	PA (Prior Auth)	8		
OVIDREL 250 MCG/0.5ML SOSY			1	PA (Prior Auth)	1		
OXERVATE 0.002 % SOLN	2				2		
OXYCODONE/ACETAMINOPHEN 0 TABS		1			1		
OZEMPIC 2 MG/3ML SOPN		1	3	PA (Prior Auth)	4		
OZEMPIC 8 MG/3ML SOPN		1			1		
PHENTERMINE HCL 37.5 MG TABS			1	PA (Prior Auth)	1		
PIMECROLIMUS 1 % CREA			2	Formulary Exception / Non-Formulary	2		
PITAVASTATIN CALCIUM 2 MG TABS	1				1		
POTASSIUM CHLORIDE ER 20 MEQ TBCR		1			1		
PRALUENT 75 MG/ML SOAJ			2	PA (Prior Auth)	2		
PRAMIPEXOLE DIHYDROCHLORI 2.25 MG TB24	1				1		
PRASUGREL HYDROCHLORIDE 10 MG TABS	2				2		
PROLIA 60 MG/ML SOSY	1	1			2		
PROMACTA 50 MG TABS	2				2		
PULMICORT FLEXHALER 180 MCG/ACT AEPB			1	PA (Prior Auth)	1		
PULMICORT FLEXHALER 90 MCG/ACT AEPB			1	Step Therapy Exception	1		
PURIXAN 2000 MG/100ML SUSP	2				2		
QBREXZA 2.4 % PADS	2				2		
QELBREE 100 MG CP24	1				1		
QELBREE 200 MG CP24			2	Formulary Exception / Non-Formulary	2		
QSYMIA 0 CP24			2	PA (Prior Auth)	2		
QULIPTA 60 MG TABS	2	2	2	PA (Prior Auth)	6		
RAMELTEON 8 MG TABS			1	Formulary Exception / Non-Formulary	1		
REPATHA 140 MG/ML SOSY	1				1		
REPATHA SURECLICK 140 MG/ML SOAJ	9	3	1	PA (Prior Auth)	13		
RESTASIS 0.05 % EMUL			1	Formulary Exception / Non-Formulary	1		
RESTASIS MULTIDOSE 0.05 % EMUL			1	Formulary Exception / Non-Formulary	1		
REZDIFFRA 100 MG TABS		1			1		
RINVOQ 15 MG TB24	4	2			6		
ROPINIROLE ER 8 MG TB24	1				1		
SAXENDA 18 MG/3ML SOPN			3	PA (Prior Auth)	3		
SKYRIZI PEN 150 MG/ML SOAJ	3				3		

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SODIUM OXYBATE 500 MG/ML SOLN	3	1			4		
SOOLANTRA 1 % CREA		2			2		
SOTYKTU 6 MG TABS	1				1		
SPIRIVA RESPIMAT 1.25 MCG/ACT AERS	3	1			4		
SPRAVATO 84MG DOSE 0 SOPK	1		1	PA (Prior Auth)	2		
STELARA 45 MG/0.5ML SOLN	1				1		
STELARA 90 MG/ML SOSY	1				1		
SUBLOCADE 300 MG/1.5ML SOSY		1			1		
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOAJ	1				1		
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN			1	Step Therapy Exception	1		
SUNOSI 150 MG TABS	2		1	PA (Prior Auth)	3		
SUNOSI 75 MG TABS	1				1		
SYMBICORT 0 AERO			1	Formulary Exception / Non-Formulary	1		
SYNTHROID 137 MCG TABS	1				1		
TADALAFIL 5 MG TABS		1	2	PA (Prior Auth)	3		
TAFLUPROST 0.015 MG/ML SOLN	1				1		
TALTZ 80 MG/ML SOAJ			3	PA (Prior Auth)	3		
TERIPARATIDE 600 MCG/2.4ML SOPN	1				1		
TESTOSTERONE CYPIONATE 100 MG/ML SOLN		1			1		
TEZSPIRE 210 MG/1.91ML SOAJ	3	1	1	PA (Prior Auth)	5		
Tirzepatide (Weight Mngmt) Soln Auto-Injector 2.5 MG/0.5ML			4	PA (Prior Auth)	4		
TOPIRAMATE ER 200 MG CS24			1	Formulary Exception / Non-Formulary	1		
TRAZODONE HYDROCHLORIDE 300 MG TABS		1			1		
TRINTELLIX 10 MG TABS	4				4		
TRINTELLIX 20 MG TABS	4	1			5		
TROKENDI XR 50 MG CP24		1			1		
TRULICITY 4.5 MG/0.5ML SOAJ		1			1		
TYMLOS 3120 MCG/1.56ML SOPN	1				1		
TYRVAYA 0.03 MG/ACT SOLN	1				1		
UBRELVY 100 MG TABS	2		2	Step Therapy Exception	4	1	
UBRELVY 50 MG TABS			2	Step Therapy Exception	2		
UPNEEQ 0.1 % SOLN	1				1		
VENTOLIN HFA 108 MCG/ACT AERS	1				1		
VEOZAH 45 MG TABS		1	3	Step Therapy Exception	4		
VERZENIO 150 MG TABS	1				1		
VERZENIO 50 MG TABS	1				1		
VICTOZA 18 MG/3ML SOPN			1	PA (Prior Auth)	1		
VILAZODONE HYDROCHLORIDE 10 MG TABS	1				1		
VILAZODONE HYDROCHLORIDE 40 MG TABS	1	1			2		
VITAMIN D-1000 1000 UNIT TABS			1	PA (Prior Auth)	1		
VTAMA 1 % CREA	1	1			2		
VUMERITY 231 MG CPDR	1				1		
VYLEESI 1.75 MG/0.3ML SOAJ			1	PA (Prior Auth)	1		
VYVANSE 60 MG CAPS	1				1		
WAKIX 17.8 MG TABS	2				2		
WEGOVY 0.25 MG/0.5ML SOAJ		1	8	PA (Prior Auth)	9		
WEGOVY 0.5 MG/0.5ML SOAJ			1	PA (Prior Auth)	1		
WEGOVY 2.4 MG/0.75ML SOAJ			1	PA (Prior Auth)	1		
WELLBUTRIN XL 300 MG TB24	1				1		
WINLEVI 1 % CREA			2	Formulary Exception / Non-Formulary	2		

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XDEMVY 0.25 % SOLN		2			2		
XELJANZ XR 11 MG TB24	3				3		
XELSTRYM 9 MG/9HR PTCH			1	Step Therapy Exception	1		
XEMBIFY 2 GM/10ML SOLN	1				1		
XHANCE 93 MCG/ACT EXHU			1	PA (Prior Auth)	1		
XIFAXAN 550 MG TABS	2	1	1	PA (Prior Auth)	4		
XIIDRA 5 % SOLN	1				1		
XOLAIR 150 MG/ML SOSY	1				1		
XOLAIR 300 MG/2ML SOAJ			1	Request Quantity Exception	1		
XTAMPZA ER 9 MG C12A			1	Formulary Exception / Non-Formulary	1		
XYOSTED 100 MG/0.5ML SOAJ		2	2	PA (Prior Auth)	4		
XYOSTED 75 MG/0.5ML SOAJ	2				2		
XYWAV 0 SOLN	10	1			11		
ZENPEP 0 CPEP			1	Step Therapy Exception	1		
ZEPBOUND 5 MG/0.5ML SOAJ			1	PA (Prior Auth)	1		
ZORYVE 0.3 % CREA	1		2	Step Therapy Exception	3		
ZORYVE 0.3 % FOAM	1				1		
Grand Total	**243**	**94**	**190**		**527**		