

Medical Director specialties
Allergy & Immunology
Anesthesiology
Behavior Analyst
Emergency Medicine
Emergency Medicine, Emergency Medical Services
Endocrinology, Diabetes and Metabolism
Family Medicine
Family Medicine, Brain Injury Medicine
Family Medicine, Geriatric Medicine
Family Medicine, Hospice and Palliative Care
Family Medicine, Osteopathic Manipulative Treatment
Family Medicine, Osteopathic Medicine
Family Medicine, Public Health and General Preventative Medicine
General Surgery
General Surgery, Surgical Critical Care
Internal Medicine
Internal medicine, Cardiology
Internal Medicine, Cardiovascular Disease
Internal Medicine, Emergency Medicine
Internal Medicine, Endocrinology, Diabetes & Metabolism
Internal Medicine, Gastroenterology, Addiction Medicine
Internal Medicine, Geriatric Medicine
Internal Medicine, Geriatric Medicine, Clinical informatics
Internal Medicine, Hospice and Palliative Medicine
Internal Medicine, Infectious Disease
Internal Medicine, Nephrology
Internal Medicine, Occupational Medicine
Internal Medicine, Occupational Medicine, Preventative Medicine
Internal Medicine, Pain Medicine
Internal Medicine, Pediatrics
Internal Medicine, Public Health, Geriatric Medicine
Internal Medicine, Pulmonary Disease
Internal Medicine, Pulmonary Disease, Critical Care Medicine
Internal Medicine, Pulmonary Medicine
Internal Medicine, Rheumatology
Medical Oncology
Neurological Surgery
Neurological Surgery, Pediatric Neurological Surgery
Neurology, Child Neurology
Obstetrics and Gynecology
Occupational Medicine
Occupational Medicine, Aerospace Medicine
Ophthalmology

Oral & Maxillofacial Surgery
Orthopaedics
Orthopaedics Surgery
Orthopaedics, Surgery of the Hand
Otolaryngology, Facial Plastic Surgery
Otolaryngology, Head & Neck Surgery
Pediatrics
Pediatrics, Allergy and Immunology
Pediatrics, Endocrinology
Pediatrics, Neonatal - Perinatal Medicine
Pediatrics, Orthopaedic Surgery
Pediatrics, Pediatric Infectious Disease
Physical Medicine and Rehabilitation
Physical Medicine and Rehabilitation, Brain Injury Medicine
Physical Medicine and Rehabilitation, Pain Medicine
Physical Medicine and Rehabilitation, Public Health and General Preventive Medicine
Plastic Surgery, General Surgery
Psychiatry
Psychiatry, Addiction Medicine
Psychiatry, Addiction Psychiatry
Psychiatry, Child & Adolescent Psychiatry
Psychiatry, Forensic Psychiatry
Psychiatry, Geriatric Psychiatry
Psychiatry, Geriatric Psychiatry, Addiction Medicine
Psychiatry, Psychosomatic Medicine
Psychology
Psychology, Clinical Child and Adolescent
Psychology, MBA, Behavior Analyst
Psychology, Neuropsychology
Public Health and General Preventative Medicine
Radiology
Rheumatology
Urology

Specialty Medical RX Drug R	Primary Diagnosis Description	Decision	Denial Reason Short Description
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Lucentis	Trib rtnl vein occlusion, right eye, with macular edema (ICD-10)	Approved	
Remicade	Ulcerative colitis, unspecified, without complications (ICD-10)	Approved	
Simponi Aria	Rheumatoid arthritis, unspecified (ICD-10)	Approved	
Tepezza	Disorder of thyroid, unspecified (ICD-10)	AdminDenied	Clinical Requested - Not Received - Admin Denial - ALL
Epogen	Other abnormality of red blood cells (ICD-10)	AdminDenied	Clinical Requested - Not Received - Admin Denial - ALL
Injectafer	Iron deficiency anemia, unspecified (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Hizentra	Systemic involvement of connective tissue, unspecified (ICD-10)	Approved	
Spravato (56 MG Dose)	Other recurrent depressive disorders (ICD-10)	AdminDenied	Plan Exclusion - ALL
Vectibix	Malignant neoplasm of rectum (ICD-10)	Approved	
Aveed	Testicular hypofunction (ICD-10)	Approved	
Zarxio	Malignant neoplasm of rectum (ICD-10)	Approved	
Inflectra	Crohn's disease, unspecified, without complications (ICD-10)	Approved	
Cimzia	Arthropathic psoriasis, unspecified (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	AdminDenied	Plan Exclusion - ALL
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Renflexis	Ulcerative (chronic) pancolitis without complications (ICD-10)	Approved	
Lupron Depot (3-Month)	Malignant neoplasm of axillary tail of left female breast (ICD-10)	Approved	
Gamunex-C	Other encephalitis and encephalomyelitis (ICD-10)	AdminDenied	Clinical Requested - Not Received - Admin Denial - ALL
Botox	Primary focal hyperhidrosis, palms (ICD-10)	Approved	
Rituxan	Rheu arthritis w rheu factor mult site w/o org/sys involv (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Cimzia	Rheumatoid arthritis with rheumatoid factor, unspecified (ICD-10)	Approved	
Eylea	Central retinal vein occlusion, right eye, stable (ICD-10)	Approved	
Aranesp (Albumin Free)	Anemia in chronic kidney disease (ICD-10)	AdminDenied	Plan Exclusion - ALL
Aranesp (Albumin Free)	Anemia in chronic kidney disease (ICD-10)	Approved	
Elaprase	Mucopolysaccharidosis, type II (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Lupron Depot (3-Month)	Malignant neoplasm of ovrp sites of right female breast (ICD-10)	Approved	
Botox	Overactive bladder (ICD-10)	Approved	
Entyvio	Noninfective gastroenteritis and colitis, unspecified (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Eylea	Exdtve age-rel mclr degn, left eye, with actv chrdl neovas (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Cimerli	Trib rtnl vein occlusion, right eye, with macular edema (ICD-10)	Approved	
Gammagard	Immunodeficiency, unspecified (ICD-10)	Approved	
Leqvio	Athscl heart disease of native coronary artery w/o ang pctrs (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Vyepti	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
OrthoVisc	Pain in right knee (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Darzalex Faspro	Light chain (AL) amyloidosis (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Udenyca	Malignant neoplasm of stomach, unspecified (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Trazimera	Malignant neoplasm of nipple and areola, left female breast (ICD-10)	Approved	
Perjeta	Malignant neoplasm of nipple and areola, left female breast (ICD-10)	Approved	
Cimerli	Exudative age-rel mclr degn, bi, with actv chrdl neovas (ICD-10)	Approved	
Remicade	Sarcoidosis, unspecified (ICD-10)	Approved	
Entyvio	Ulcerative colitis, unspecified, without complications (ICD-10)	AdminDenied	Plan Exclusion - ALL
Botox	Migraine, unsp, not intractable, without status migrainosus (ICD-10)	Approved	
Durolane	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, right knee (ICD-10)	AdminDenied	Plan Exclusion - ALL
Injectafer	Iron deficiency anemia, unspecified (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Zarxio	Malig neoplasm of upper-inner quadrant of left female breast (ICD-10)	Approved	
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	AdminDenied	Plan Exclusion - ALL
Ocrevus	Multiple sclerosis (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Eylea	Type 2 diab with mild nonp rtnop with macular edema, l eye (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w status migrainosus (ICD-10)	Approved	
Alymsys	Malignant neoplasm of sigmoid colon (ICD-10)	Approved	
Opdivo	Malignant neoplasm of upper lobe, left bronchus or lung (ICD-10)	Approved	
Spravato (84 MG Dose)	Major depressive disorder, recurrent, mild (ICD-10)	Approved	
Durolane	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Lupron Depot (1-Month)	Malig neoplasm of upper-outer quadrant of right female breast (ICD-10)	Approved	
Vyepti	Migraine without aura, intractable, with status migrainosus (ICD-10)	Approved	
Neulasta Onpro	Neutropenia, unspecified (ICD-10)	Approved	
Feraheme	Iron deficiency anemia secondary to blood loss (chronic) (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Cimzia	Rheumatoid arthritis w/o rheumatoid factor, multiple sites (ICD-10)	Approved	

Spravato (56 MG Dose)	Major depressv disorder, recurrent severe w/o psych features (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Inflectra	Crohn's disease of both small and large intestine w fistula (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Inflectra	Ulcerative (chronic) rectosigmoiditis without complications (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Spravato (84 MG Dose)	Major depressv disorder, recurrent severe w/o psych features (ICD-10)	Approved	
Perjeta	Malignant neoplasm of ovrlp sites of right female breast (ICD-10)	Approved	
Botox	Spastic hemiplegia affecting unspecified side (ICD-10)	Approved	
Entyvio	Noninfective gastroenteritis and colitis, unspecified (ICD-10)	Approved	
Injectafer	Iron deficiency anemia, unspecified (ICD-10)	AdminDenied	Plan Exclusion - ALL
Korsuva	End stage renal disease (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Entyvio	Ulcerative colitis, unspecified, without complications (ICD-10)	Approved	
Eligard	Malignant neoplasm of prostate (ICD-10)	Approved	
Octagam	Polymyositis, organ involvement unspecified (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Simponi Aria	Rheu arthritis w rheu factor mult site w/o org/sys involv (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Lucentis	Type 2 diab with severe nonp rtnop with macular edema, bi (ICD-10)	Approved	
Eylea	Retinal neovascularization, unspecified, right eye (ICD-10)	Approved	
Skyrizi	Crohn's disease, unspecified, without complications (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Botox	Migraine w/o aura, intractable, without status migrainosus (ICD-10)	AdminDenied	Plan Exclusion - ALL
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	AdminDenied	Plan Exclusion - ALL
Opdivo	Merkel cell carcinoma, unspecified (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Tezpire	Severe persistent asthma, uncomplicated (ICD-10)	AdminDenied	Clinical Requested - Not Received - Admin Denial - JCA
Eylea	Type 2 diab with prolif diab rtnop with macular edema, bi (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Truxima	Wegener's granulomatosis without renal involvement (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Procrit	Chronic kidney disease, stage 3a (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	AdminDenied	Plan Exclusion - ALL
Botox	Other specified diseases of anus and rectum (ICD-10)	Approved	
Xolair	Idiopathic urticaria (ICD-10)	Approved	
Monoferric	Iron deficiency anemia, unspecified (ICD-10)	Approved	
Eylea	Type 2 diab with moderate nonp rtnop with macular edema, bi (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Syfovre	Nexdtve age-related mclr degn, right eye, intermed dry stage (ICD-10)	Approved	
Aranesp (Albumin Free)	Anemia in chronic kidney disease (ICD-10)	Approved	
Eylea	Type 2 diab with mild nonp rtnop with macular edema, l eye (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Keytruda	Malignant neoplasm of unsp site of right female breast (ICD-10)	Approved	
Eylea	Type 1 diab with prolif diab rtnop with macular edema, bi (ICD-10)	Approved	
SandoSTATIN LAR Depot	Malignant neoplasm of thyroid gland (ICD-10)	Approved	
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Rituxan	Neuromyelitis optica [Devic] (ICD-10)	AdminDenied	Plan Exclusion - ALL
Vyvgart	Myasthenia gravis with (acute) exacerbation (ICD-10)	Approved	
Eylea	Type 2 diab with moderate nonp rtnop with macular edema, bi (ICD-10)	Approved	
Botox	Blepharospasm (ICD-10)	Approved	
Lupron Depot (3-Month)	Malignant neoplasm of prostate (ICD-10)	Approved	
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Entyvio	Crohn's disease of small intestine with other complication (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Orencia	Juvenile rheumatoid polyarthritis (seronegative) (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Injectafer	Iron deficiency anemia secondary to blood loss (chronic) (ICD-10)	Approved	
Skyrizi	Crohn's disease of large intestine with unsp complications (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Zarxio	Malignant neoplasm of supraglottis (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Durolane	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Ocrevus	Multiple sclerosis (ICD-10)	Approved	
Gamunex-C	Chronic inflammatory demyelinating polyneuritis (ICD-10)	Approved	
Ilumya	Psoriasis vulgaris (ICD-10)	Approved	
Neulasta	Malignant neoplasm of unsp part of unsp bronchus or lung (ICD-10)	Approved	

Botox	Chronic migraine w/o aura, not intractable, w stat migr (ICD-10)	AdminDenied	Plan Exclusion - ALL
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Hizentra	Common variable immunodeficiency, unspecified (ICD-10)	Approved	
Lucentis	Type 1 diab with mild nonp rtnop with macular edema, r eye (ICD-10)	Approved	
Perjeta	Intraductal carcinoma in situ of right breast (ICD-10)	Approved	
Orencia	Juvenile rheumatoid polyarthritis (seronegative) (ICD-10)	Approved	
Eylea	Vitreous hemorrhage, bilateral (ICD-10)	Approved	
Procrit	Anemia due to antineoplastic chemotherapy (ICD-10)	Approved	
Cimerli	Type 2 diab with moderate nonp rtnop with macular edema, bi (ICD-10)	Approved	
Keytruda	Malignant neoplasm of myometrium (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Opdivo	Malignant neoplasm of unsp part of unsp bronchus or lung (ICD-10)	Approved	
Lucentis	Type 2 diab with prolif diab rtnop with macular edema, bi (ICD-10)	Approved	
Eylea HD	Trib rtnl vein occlusion, left eye, with macular edema (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Tezspire	Severe persistent asthma, uncomplicated (ICD-10)	Approved	
Neulasta	Malignant neoplasm of other specified female genital organs (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Mvasi	Malignant neoplasm of other specified female genital organs (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
OrthoVisc	Oth tear of medial meniscus, current injury, left knee, init (ICD-10)	Approved	
Rituxan	Microscopic polyangiitis (ICD-10)	Approved	
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Keytruda	Malignant neoplasm of lower lobe, right bronchus or lung (ICD-10)	Approved	
Remicade	Other psoriatic arthropathy (ICD-10)	Approved	
Lupron Depot (1-Month)	Malig neoplasm of lower-outer quadrant of right female breast (ICD-10)	Approved	
Botox	Clonic hemifacial spasm, left (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Keytruda	Malignant neoplasm of vulva, unspecified (ICD-10)	Approved	
Mvasi	Malignant neoplasm of vulva, unspecified (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Simponi Aria	Rheu arthritis w rheu factor mult site w/o org/sys involv (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Aranesp (Albumin Free)	Vitamin B12 deficiency anemia, unspecified (ICD-10)	Approved	
Neupogen	Malignant neoplasm of tail of pancreas (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Truxima	Diffuse large B-cell lymphoma, lymph nodes of multiple sites (ICD-10)	Approved	
Entyvio	Ulcerative colitis, unspecified, without complications (ICD-10)	Approved	
Xgeva	Malig neoplasm of upper-inner quadrant of left female breast (ICD-10)	Approved	
Truxima	Oth disrd involving the immune mechanism, NEC (ICD-10)	Approved	MUST CUSTOMIZE - Investigational/Experimental - ALL
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Neulasta	Malignant neoplasm of head of pancreas (ICD-10)	Approved	
Neulasta	Malignant neoplasm of head of pancreas (ICD-10)	Approved	
Inflectra	Toxic gastroenteritis and colitis (ICD-10)	Approved	
Monoferric	Chronic kidney disease, stage 3 unspecified (ICD-10)	Approved	
Aranesp (Albumin Free)	Anemia in chronic kidney disease (ICD-10)	Approved	
Stelara	Other psoriatic arthropathy (ICD-10)	Approved	
Procrit	Antineoplastic chemotherapy induced pancytopenia (ICD-10)	Approved	
Eylea	Type 1 diab with prolif diab rtnop with macular edema, l eye (ICD-10)	Approved	
Synagis	Unsp chronic resp disease origin in the perinatal period (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Botox	Spastic hemiplegia affecting left dominant side (ICD-10)	Approved	
Remicade	Ulcerative colitis, unspecified, without complications (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Eylea	Central retinal vein occlusion, left eye, w rtnl neovas (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Xgeva	Malignant neoplasm of unsp site of right female breast (ICD-10)	Approved	
Prolia	Other osteoporosis without current pathological fracture (ICD-10)	Approved	
Fulphila	Malig neoplasm of lower-outer quadrant of right female breast (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	AdminDenied	Plan Exclusion - ALL
Ogivri	Malig neoplasm of upper-outer quadrant of left female breast (ICD-10)	Approved	
Neulasta Onpro	Diffuse large B-cell lymphoma, unspecified site (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Injectafer	Disorder of iron metabolism, unspecified (ICD-10)	Approved	
Lupron Depot (3-Month)	Malignant neoplasm of unspecified site of left female breast (ICD-10)	Approved	
Entyvio	Crohn's disease of small intestine without complications (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Keytruda	Malignant neoplasm of unsp part of unsp bronchus or lung (ICD-10)	Approved	
Monoferric	Excessive and frequent menstruation with regular cycle (ICD-10)	Approved	

Stelara	Left sided colitis without complications (ICD-10)	Approved	
Adakveo	Sickle-cell thalassemia, unsp, with acute chest syndrome (ICD-10)	Approved	
Eylea	Type 2 diab with severe nonp rtnop with macular edema, bi (ICD-10)	Approved	
Eylea	Exdtve age-rel mclr degn, right eye, with actv chrdl neovas (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Neulasta	Malignant (primary) neoplasm, unspecified (ICD-10)	Approved	
Xgeva	Malignant neoplasm of unsp site of unspecified female breast (ICD-10)	Approved	
Keytruda	Malignant neoplasm of overlapping sites of bladder (ICD-10)	Approved	
Synagis	Preterm newborn, gestational age 29 completed weeks (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	AdminDenied	Plan Exclusion - ALL
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Retacrit	Malignant neoplasm of pancreatic duct (ICD-10)	AdminDenied	Plan Exclusion - ALL
Entyvio	Ulcerative colitis, unspecified, without complications (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Fulphila	Acute myeloblastic leukemia, in relapse (ICD-10)	AdminDenied	Plan Exclusion - ALL
Tezpire	Unspecified asthma, uncomplicated (ICD-10)	Approved	
Injectafer	Iron deficiency anemia, unspecified (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Eylea	Type 2 diab with prolif diab rtnop with macular edema, bi (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Eylea	Type 2 diab with mod nonp rtnop with macular edema, l eye (ICD-10)	Approved	
Spravato (56 MG Dose)	Major depressv disorder, recurrent severe w/o psych features (ICD-10)	AdminDenied	Plan Exclusion - ALL
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Vabysmo	Degeneratv myopia with choroidal neovascularization, l eye (ICD-10)	Approved	
Spravato (84 MG Dose)	Major depressv disorder, recurrent severe w/o psych features (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Mvasi	Malignant neoplasm of rectum (ICD-10)	Approved	
Stelara	Crohn's disease of small intestine w intestinal obstruction (ICD-10)	Approved	
Remicade	Noninfective gastroenteritis and colitis, unspecified (ICD-10)	Approved	
Botox	Other vulvodynia (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Neulasta	Malignant neoplasm of stomach, unspecified (ICD-10)	Approved	
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Durolane	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Eylea HD	Type 2 diab with prolif diab rtnop without macular edema, bi (ICD-10)	Approved	
Xembify	Common variable immunodeficiency, unspecified (ICD-10)	Approved	
Botox	Dystonia, unspecified (ICD-10)	Approved	
Monoferric	Other iron deficiency anemias (ICD-10)	Approved	
Procrit	Chronic kidney disease, stage 3a (ICD-10)	Approved	
Inflectra	Ulcerative (chronic) pancolitis with rectal bleeding (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Retacrit	Malignant neoplasm of pancreatic duct (ICD-10)	Approved	
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Prolia	Malignant neoplasm of ovrtp sites of left female breast (ICD-10)	Approved	
Tepezza	Disorder of thyroid, unspecified (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Botox	Spasmodic torticollis (ICD-10)	Approved	
Injectafer	Chronic kidney disease, stage 3a (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Injectafer	Disorder of iron metabolism, unspecified (ICD-10)	Approved	
Stelara	Crohn's disease of both small and lg int w/o complications (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Ocrevus	Multiple sclerosis (ICD-10)	Approved	
Eylea HD	Type 2 diab with prolif diab rtnop with macular edema, l eye (ICD-10)	Approved	
Nyvepria	Anemia due to antineoplastic chemotherapy (ICD-10)	Approved	
Eylea HD	Exudative age-rel mclr degn, bi, with actv chrdl neovas (ICD-10)	AdminDenied	Plan Exclusion - ALL
Procrit	Malignant neoplasm of lower lobe, right bronchus or lung (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Ocrevus	Multiple sclerosis (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Botox	Overactive bladder (ICD-10)	Approved	
Xolair	Severe persistent asthma, uncomplicated (ICD-10)	Approved	
Inflectra	Ulcerative (chronic) proctitis without complications (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Injectafer	Other iron deficiency anemias (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Remicade	Rheu arthritis w rheu factor mult site w/o org/sys involv (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Supartz FX	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Procrit	Chronic kidney disease, unspecified (ICD-10)	Approved	
Eligard	Malignant neoplasm of prostate (ICD-10)	Approved	
Eylea	Type 2 diab with severe nonp rtnop with macular edema, bi (ICD-10)	Approved	
Lupron Depot (3-Month)	Malignant neoplasm of prostate (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w status migrainosus (ICD-10)	Approved	

Stelara	Ulcerative colitis, unsp with unspecified complications (ICD-10)	Approved	
Entyvio	Ulcerative (chronic) rectosigmoiditis without complications (ICD-10)	Approved	
Durolane	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Truxima	Diffuse large B-cell lymphoma, unspecified site (ICD-10)	Approved	
Udenyca	Diffuse large B-cell lymphoma, unspecified site (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w stat migr (ICD-10)	AdminDenied	Plan Exclusion - ALL
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	AdminDenied	Clinical Requested - Not Received - Admin Denial - ALL
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Inflectra	Ulcerative colitis, unsp with unspecified complications (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Simponi Aria	Ankylosing spondylitis of multiple sites in spine (ICD-10)	Approved	
Dysport	Spasmodic torticollis (ICD-10)	Approved	
Entyvio	Ulcerative (chronic) pancolitis without complications (ICD-10)	Approved	
Prolia	Age-rel osteopor w current path fracture, vertebra(e), init (ICD-10)	AdminDenied	Plan Exclusion - ALL
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Eylea HD	Type 2 diab with severe nonp rtnop with macular edema, bi (ICD-10)	Approved	
Monoferric	Other iron deficiency anemias (ICD-10)	Approved	
Xeomin	Spastic quadriplegic cerebral palsy (ICD-10)	AdminDenied	Plan Exclusion - ALL
Enhertu	Malignant neoplasm of ovrtp sites of right female breast (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Aranesp (Albumin Free)	Anemia in chronic kidney disease (ICD-10)	AdminDenied	Plan Exclusion - ALL
Injectafer	Iron deficiency anemia secondary to blood loss (chronic) (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Feraheme	Iron deficiency anemia secondary to blood loss (chronic) (ICD-10)	Approved	
Neulasta Onpro	Malignant neoplasm of unsp site of right female breast (ICD-10)	Approved	
Cimzia	Arthropathic psoriasis, unspecified (ICD-10)	Approved	
Injectafer	Iron deficiency anemia, unspecified (ICD-10)	Approved	
Xgeva	Malignant neoplasm of prostate (ICD-10)	Approved	
Synagis	Unsp chronic resp disease origin in the perinatal period (ICD-10)	Approved	MUST CUSTOMIZE - Not Medically Necessary - ALL
Synagis	Preterm newborn, gestational age 29 completed weeks (ICD-10)	Approved	
Perjeta	Malignant neoplasm of unsp site of right female breast (ICD-10)	Approved	
Tysabri	Multiple sclerosis (ICD-10)	Approved	
Actemra	Rheumatoid arthritis w/o rheumatoid factor, multiple sites (ICD-10)	Approved	
Keytruda	Malig neoplasm of upper-outer quadrant of right female breast (ICD-10)	Approved	
Aranesp (Albumin Free)	Anemia, unspecified (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Eylea HD	Retinal neovascularization, unspecified, bilateral (ICD-10)	Denied	MUST CUSTOMIZE - Investigational/Experimental - JCA
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	AdminDenied	Plan Exclusion - ALL
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Entyvio	Ulcerative (chronic) pancolitis without complications (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Eligard	Malignant neoplasm of prostate (ICD-10)	Approved	
Inflectra	Arthropathic psoriasis, unspecified (ICD-10)	Approved	
Eylea	Exdtve age-rel mclr degn, right eye, with actv chrdl neovas (ICD-10)	Approved	
Eylea	Exudative age-rel mclr degn, bi, with actv chrdl neovas (ICD-10)	AdminDenied	Plan Exclusion - ALL
Neulasta	Malignant neoplasm of upper lobe, left bronchus or lung (ICD-10)	Approved	
Zarxio	Agranulocytosis secondary to cancer chemotherapy (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Avastin	Malignant neoplasm of right ovary (ICD-10)	Approved	
Xolair	Idiopathic urticaria (ICD-10)	Approved	
Botox	Spastic diplegic cerebral palsy (ICD-10)	Approved	
Cimerli	Degeneratv myopia with choroidal neovascularization, bi eye (ICD-10)	Approved	
Simponi Aria	Rheumatoid arthritis w/o rheumatoid factor, multiple sites (ICD-10)	Approved	
Aranesp (Albumin Free)	Anemia, unspecified (ICD-10)	Approved	
Euflexxa	Osteoarthritis of knee, unspecified (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Eylea	Type 2 diab with mod nonp rtnop with macular edema, r eye (ICD-10)	Approved	
Injectafer	Iron deficiency anemia, unspecified (ICD-10)	Approved	
Synagis	Acute cough (ICD-10)	AdminDenied	Clinical Requested - Not Received - Admin Denial - ALL
Durolane	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Botox	Clonic hemifacial spasm, right (ICD-10)	Approved	
Ocrevus	Multiple sclerosis (ICD-10)	Approved	
Kadcyla	Malignant neoplasm of unsp site of unspecified female breast (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	

Truxima	Immune thrombocytopenic purpura (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Monoferric	Other iron deficiency anemias (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Injectafer	Iron deficiency anemia secondary to blood loss (chronic) (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Keytruda	Malignant neoplasm of upper third of esophagus (ICD-10)	Approved	
Retacrit	Malignant neoplasm of endometrium (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
Eligard	Malignant neoplasm of prostate (ICD-10)	Approved	
Tezspire	Severe persistent asthma, uncomplicated (ICD-10)	Approved	
Neulasta	Malignant neoplasm of unsp site of right female breast (ICD-10)	Approved	
Keytruda	Malignant neoplasm of unsp kidney, except renal pelvis (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Botox	Spasmodic torticollis (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Procrit	Anemia, unspecified (ICD-10)	Approved	
Eylea HD	Type 2 diab with moderate nonp rtnop with macular edema, bi (ICD-10)	Approved	
Eylea	Type 2 diab with severe nonp rtnop with macular edema, bi (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Simponi Aria	Psoriatic spondylitis (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	AdminDenied	Plan Exclusion - ALL
Hizentra	Antibody defic w near-norm immunoglob or w hyperimmunoglob (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Eylea	Central retinal vein occlusion, bilateral, w rtnl neovas (ICD-10)	Approved	
Xolair	Severe persistent asthma, uncomplicated (ICD-10)	Approved	
Eylea HD	Type 2 diab with prolif diab rtnop with macular edema, l eye (ICD-10)	Approved	
Eligard	Malignant neoplasm of prostate (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Aranesp (Albumin Free)	Anemia due to antineoplastic chemotherapy (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Orencia	Juvenile rheumatoid polyarthritis (seronegative) (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Zarxio	Malignant neoplasm of ovrlp sites of right female breast (ICD-10)	Approved	
Zoladex	Malignant neoplasm of ovrlp sites of left female breast (ICD-10)	Approved	
Botox	Jaw pain (ICD-10)	Approved	
Simponi Aria	Arthropathic psoriasis, unspecified (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Injectafer	Anemia, unspecified (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
Eylea HD	Type 1 diab with prolif diab rtnop with macular edema, bi (ICD-10)	Approved	
Eylea HD	Type 1 diab with prolif diab rtnop with macular edema, bi (ICD-10)	Approved	
Aranesp (Albumin Free)	Anemia in chronic kidney disease (ICD-10)	Approved	
Injectafer	Iron deficiency anemia, unspecified (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	AdminDenied	Plan Exclusion - ALL
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Eylea	Type 2 diab with mild nonp rtnop with macular edema, l eye (ICD-10)	Approved	
Entyvio	Ulcerative (chronic) pancolitis without complications (ICD-10)	Approved	
Ocrevus	Multiple sclerosis (ICD-10)	Approved	
Prolia	Oth disrd of bone density and structure, unspecified site (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w status migrainosus (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Ocrevus	Multiple sclerosis (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Eylea HD	Type 2 diab with prolif diab rtnop with macular edema, bi (ICD-10)	Approved	
Lupron Depot (3-Month)	Malignant neoplasm of prostate (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Gammagard S/D Less IgA	Common variable immunodeficiency, unspecified (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Zarxio	Agranulocytosis secondary to cancer chemotherapy (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Xolair	Idiopathic urticaria (ICD-10)	Approved	
Eylea HD	Type 1 diab with moderate nonp rtnop with macular edema, bi (ICD-10)	Approved	
Eylea	Type 2 diab with prolif diab rtnop with macular edema, bi (ICD-10)	Approved	
Eylea	Exudative age-rel mclr degn, bi, with actv chrdl neovas (ICD-10)	Approved	
Entyvio	Crohn's disease of both small and lg int w/o complications (ICD-10)	Approved	

OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Durolane	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Cimzia	Rheumatoid arthritis, unspecified (ICD-10)	Approved	
Xgeva	Malignant neoplasm of unsp site of right female breast (ICD-10)	Approved	
Neulasta	Malignant neoplasm of colon, unspecified (ICD-10)	Approved	
Eylea HD	Type 2 diab with moderate nonp rtnop with macular edema, bi (ICD-10)	Approved	
Inflectra	Crohn's disease, unspecified, without complications (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Eylea	Type 2 diab with prolif diab rtnop with macular edema, bi (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Opdivo	Malignant melanoma of skin, unspecified (ICD-10)	Approved	
Bortezomib	Multiple myeloma not having achieved remission (ICD-10)	Approved	
Somatuline Depot	Other malignant neuroendocrine tumors (ICD-10)	AdminDenied	Plan Exclusion - ALL
Procrit	Malignant neoplasm of lower lobe, right bronchus or lung (ICD-10)	Approved	
Eligard	Malignant neoplasm of prostate (ICD-10)	Approved	
Feraheme	Crohn's disease of both small and lg int w unsp comp (ICD-10)	Approved	
Fulphila	Diffus large B-cell lymph, nodes of ing rgn and lower limb (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Prolia	Age-rel osteopor w current path fracture, unsp site, init (ICD-10)	AdminDenied	Plan Exclusion - ALL
Neulasta Onpro	Malignant neoplasm of axillary tail of left female breast (ICD-10)	Approved	
Simponi Aria	Ankylosing spondylitis of multiple sites in spine (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Xgeva	Secondary malignant neoplasm of bone (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Botox	Chronic anal fissure (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Botox	Other specified forms of tremor (ICD-10)	Approved	
Cimerli	Exdtve age-rel mclr degn, left eye, with actv chrdl neovas (ICD-10)	Approved	
Orencia	Rheu arthritis w rheu factor mult site w/o org/sys involv (ICD-10)	Approved	
Eylea	Trib rtln vein occlusion, left eye, with macular edema (ICD-10)	Approved	
Menopur	Hypopituitarism (ICD-10)	AdminDenied	Plan Exclusion - ALL
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Inflectra	Crohn's disease of both small and lg int w/o complications (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Retacrit	Myelodysplastic syndrome, unspecified (ICD-10)	Approved	
Botox	Arthralgia of temporomandibular joint, unspecified side (ICD-10)	Approved	
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	AdminDenied	Clinical Requested - Not Received - Admin Denial - ALL
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	AdminDenied	Clinical Requested - Not Received - Admin Denial - ALL
Euflexxa	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Truxima	Diffus large B-cell lymph, nodes of ing rgn and lower limb (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Xgeva	Multiple myeloma not having achieved remission (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Eylea HD	Type 2 diab with prolif diab rtnop with macular edema, bi (ICD-10)	Approved	
Cimzia	Rheumatoid arthritis, unspecified (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Monoferric	Iron deficiency anemia, unspecified (ICD-10)	Approved	
Eylea	Type 2 diab with moderate nonp rtnop with macular edema, bi (ICD-10)	Approved	
Skyrizi	Crohn's disease of small intestine without complications (ICD-10)	Approved	
Entyvio	Ulcerative (chronic) pancolitis without complications (ICD-10)	Approved	
Eylea	Type 2 diab with severe nonp rtnop with macular edema, bi (ICD-10)	Approved	
Monoferric	Iron deficiency anemia secondary to blood loss (chronic) (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
Eylea	Central retinal vein occlusion, left eye, with macular edema (ICD-10)	Approved	
Lupron Depot (1-Month)	Malignant neoplasm of ovrlp sites of right female breast (ICD-10)	Approved	
Eylea	Type 1 diab with prolif diab rtnop with macular edema, bi (ICD-10)	Approved	
Botox	Spasmodic torticollis (ICD-10)	Approved	
Monoferric	Iron deficiency anemia secondary to blood loss (chronic) (ICD-10)	Approved	
Benlysta	Systemic lupus erythematosus, organ or system involv unsp (ICD-10)	Approved	
Fasenra	Severe persistent asthma with (acute) exacerbation (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Truxima	Multiple sclerosis (ICD-10)	Approved	
Remicade	Ulcerative (chronic) proctitis without complications (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Gel-One	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Libtayo	Malignant neoplasm of upper lobe, left bronchus or lung (ICD-10)	Approved	

Cimzia	Other psoriatic arthropathy (ICD-10)	Approved	
Truxima	Paroxysmal nocturnal hemoglobinuria [Marchiafava-Micheli] (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Xolair	Allergic urticaria (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Ocrevus	Multiple sclerosis (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Vyvgart	Myasthenia gravis without (acute) exacerbation (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Euflexxa	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Zarxio	Malignant neoplasm of unspecified ovary (ICD-10)	Approved	
Syfovre	Nextdve age-rel mclr degn, bi, adv atrpc without sbfvl invl (ICD-10)	Approved	
Eylea HD	Type 2 diab with severe nonp rtnop with macular edema, bi (ICD-10)	Approved	
Stelara	Psoriasis, unspecified (ICD-10)	Approved	
Neulasta	Malignant neoplasm of pancreas, unspecified (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Neulasta	Encounter for antineoplastic chemotherapy (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Darzalex	Multiple myeloma not having achieved remission (ICD-10)	Approved	
Gamunex-C	Common variable immunodeficiency, unspecified (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Ocrevus	Multiple sclerosis (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Vabysmo	Type 2 diab with severe nonp rtnop with macular edema, bi (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Rolvedon	Agranulocytosis secondary to cancer chemotherapy (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
Monoferric	Adverse effect of iron and its compounds, initial encounter (ICD-10)	Approved	
Neulasta Onpro	Malignant neoplasm of unsp part of unsp bronchus or lung (ICD-10)	Approved	
Gelsyn-3	Unilateral primary osteoarthritis, right knee (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Lucentis	Type 2 diab with prolif diab rtnop with macular edema, bi (ICD-10)	Approved	
Ocrevus	Multiple sclerosis (ICD-10)	Approved	
Rolvedon	Malignant neoplasm of rectum (ICD-10)	Approved	
Hizentra	Com variab immunodef w predom abnlnt of B-cell nums & functn (ICD-10)	Approved	
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Gamunex-C	Severe combined immunodeficiency w low T- and B-cell numbers (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Prolia	Other osteoporosis without current pathological fracture (ICD-10)	Approved	
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Soliris	Hematpoetc stem cell txplation-assoc throm microangiopathy (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Uplizna	Neuromyelitis optica [Devic] (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Tysabri	Multiple sclerosis (ICD-10)	Approved	
Eylea	Exdtve age-rel mclr degn, left eye, with actv chrdl neovas (ICD-10)	Approved	
Neulasta Onpro	Malignant neoplasm of female genital organ, unspecified (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Gammagard	Demyelinating disease of central nervous system, unspecified (ICD-10)	Approved	
Opdivo	Malignant neoplasm of bladder, unspecified (ICD-10)	Approved	
Procrit	Anemia in chronic kidney disease (ICD-10)	Approved	
Firmagon	Malignant neoplasm of prostate (ICD-10)	Approved	
Xolair	Idiopathic urticaria (ICD-10)	Approved	
Gamunex-C	Dermatopolymyositis, unsp, organ involvement unspecified (ICD-10)	Approved	
Mvasi	Malignant neoplasm of rectum (ICD-10)	Approved	
Tepezza	Disorder of thyroid, unspecified (ICD-10)	Approved	
Eligard	Malignant neoplasm of prostate (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Durolane	Unilateral primary osteoarthritis, left knee (ICD-10)	AdminDenied	Network Adequacy Denial: No Out of Network Benefits -ALL
Botox	Chronic migraine w/o aura, intractable, w status migrainosus (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Ogivri	Intraductal carcinoma in situ of right breast (ICD-10)	Approved	
Simponi Aria	Arthropathic psoriasis, unspecified (ICD-10)	Approved	
Eylea	Type 2 diab with moderate nonp rtnop with macular edema, bi (ICD-10)	Approved	
Cimzia	Other psoriatic arthropathy (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Supartz FX	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Rolvedon	Malignant neoplasm of unsp site of right female breast (ICD-10)	Approved	
Botox	Migraine, unsp, not intractable, without status migrainosus (ICD-10)	Approved	
Imfinzi	Intrahepatic bile duct carcinoma (ICD-10)	Approved	
Darzalex Faspro	Multiple myeloma not having achieved remission (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Prolia	Malignant neoplasm of prostate (ICD-10)	Approved	

OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Eligard	Malignant neoplasm of prostate (ICD-10)	Approved	
Entyvio	Crohn's disease, unspecified, without complications (ICD-10)	AdminDenied	Plan Exclusion - ALL
Neulasta	Malig neoplasm of unsp testis, unsp descended or undescended (ICD-10)	Approved	
Yervoy	Malignant neoplasm of bone and articular cartilage, unsp (ICD-10)	Approved	
Neulasta	Malignant neoplasm of unsp site of unspecified female breast (ICD-10)	Approved	
Eylea	Type 2 diab with prolif diab rtnop with macular edema, bi (ICD-10)	Approved	
Fulphila	Malignant neoplasm of rectosigmoid junction (ICD-10)	Approved	
Gamunex-C	Selective deficiency of immunoglobulin G [IgG] subclasses (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Entyvio	Ulcerative (chronic) pancolitis without complications (ICD-10)	Approved	
Mvasi	Malignant neoplasm of descending colon (ICD-10)	Approved	
Kyprolis	Multiple myeloma not having achieved remission (ICD-10)	Approved	
Xolair	Urticaria, unspecified (ICD-10)	Approved	
Opdivo	Malignant neoplasm of bone and articular cartilage, unsp (ICD-10)	Approved	
Leukine	Neutropenia, unspecified (ICD-10)	Approved	
Monoferric	Disorder of iron metabolism, unspecified (ICD-10)	Approved	
Inflectra	Ulcerative (chronic) pancolitis with rectal bleeding (ICD-10)	Approved	
Botox	Sleep related bruxism (ICD-10)	AdminDenied	Plan Exclusion - ALL
Opdivo	Malignant neoplasm of colon, unspecified (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Benlysta	Systemic lupus erythematosus, unspecified (ICD-10)	Approved	
Kanjinti	Malignant neoplasm of unsp site of unspecified female breast (ICD-10)	Approved	
Xolair	Idiopathic urticaria (ICD-10)	Approved	
Ocrevus	Multiple sclerosis (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w status migrainosus (ICD-10)	Approved	
Ocrevus	Multiple sclerosis (ICD-10)	Approved	
Vabysmo	Exdtve age-rel mclr degn, left eye, with actv chrdl neovas (ICD-10)	Approved	
Botox	Other dystonia (ICD-10)	AdminDenied	Plan Exclusion - ALL
Neulasta Onpro	Malignant neoplasm of penis, unspecified (ICD-10)	Approved	
Entyvio	Crohn's disease of both small and lg int w/o complications (ICD-10)	Approved	
Spravato (56 MG Dose)	Major depressive disorder, recurrent, moderate (ICD-10)	Approved	
Keytruda	Malignant neoplasm of unsp part of unsp bronchus or lung (ICD-10)	Approved	
Gamunex-C	Polyneuropathy, unspecified (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Simponi Aria	Rheumatoid arthritis, unspecified (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Avsola	Other psoriatic arthropathy (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
Simponi Aria	Rheumatoid arthritis w/o rheumatoid factor, multiple sites (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Gamunex-C	Polyneuropathy, unspecified (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Udenyca	Malignant neoplasm of descended left testis (ICD-10)	Approved	
Actemra	Other giant cell arteritis (ICD-10)	AdminDenied	Clinical Requested - Not Received - Admin Denial - ALL
Keytruda	Malignant neoplasm of unspecified site of left female breast (ICD-10)	Approved	
Orencia	Arthropathic psoriasis, unspecified (ICD-10)	Approved	
Eylea HD	Exdtve age-rel mclr degn, right eye, with actv chrdl neovas (ICD-10)	Approved	
Vyepti	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Aranesp (Albumin Free)	Anemia in chronic kidney disease (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Retacrit	Malignant neoplasm of pancreatic duct (ICD-10)	Approved	
Inflectra	Rheumatoid arthritis, unspecified (ICD-10)	Approved	
Prolia	Other osteoporosis without current pathological fracture (ICD-10)	Approved	
Xgeva	Secondary malignant neoplasm of bone (ICD-10)	Approved	
Neulasta	Malignant neoplasm of central portion of right female breast (ICD-10)	Approved	
Panzyga	Multiple sclerosis (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Benlysta	Systemic lupus erythematosus, unspecified (ICD-10)	Approved	
Entyvio	Ulcerative (chronic) pancolitis with rectal bleeding (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Neulasta Onpro	Malignant neoplasm of stomach, unspecified (ICD-10)	Approved	
Simponi Aria	Rheumatoid arthritis, unspecified (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Darzalex Faspro	Multiple myeloma not having achieved remission (ICD-10)	Approved	
Velcade	Multiple myeloma not having achieved remission (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Xolair	Idiopathic urticaria (ICD-10)	Approved	
Fulphila	Malignant neoplasm of pancreatic duct (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	

Botox	Spastic hemiplegia affecting right dominant side (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Lucentis	Type 2 diab with mod nonp rtnop with macular edema, l eye (ICD-10)	Approved	
Fulphila	Malignant neoplasm of endometrium (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Mvasi	Malignant neoplasm of rectum (ICD-10)	Approved	
Xgeva	Malignant neoplasm of rectum (ICD-10)	Approved	
Imfinzi	Malignant (primary) neoplasm, unspecified (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Rituxan	Rheu arthritis w rheu factor of r hand w/o org/sys involv (ICD-10)	Approved	
Libtayo	Malignant neoplasm of right main bronchus (ICD-10)	Approved	
Injectafer	Iron deficiency anemia secondary to blood loss (chronic) (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Inflectra	Rheu arthritis w rheu factor mult site w/o org/sys involv (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Botox	Other somatoform disorders (ICD-10)	Approved	
Inflectra	Other specified rheumatoid arthritis, unspecified site (ICD-10)	Approved	
Opdivo	Malignant neoplasm of stomach, unspecified (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, right knee (ICD-10)	Denied	Clinical Requested - Not Received - Med Nec Denial - NY, TX - ALL
Eligard	Malignant neoplasm of prostate (ICD-10)	Approved	
Fulphila	Malignant neoplasm of right main bronchus (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Spravato (84 MG Dose)	Major depressv disorder, recurrent severe w/o psych features (ICD-10)	Approved	
Xgeva	Malignant neoplasm of prostate (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Lupron Depot (6-Month)	Malignant neoplasm of prostate (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Privigen	Nonfamilial hypogammaglobulinemia (ICD-10)	Approved	
Synvisc One	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Eligard	Malignant neoplasm of prostate (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Eylea	Type 2 diab with mild nonp rtnop with macular edema, r eye (ICD-10)	Approved	
Injectafer	Iron deficiency anemia, unspecified (ICD-10)	Approved	
Imfinzi	Malignant neoplasm of gallbladder (ICD-10)	Approved	
Imfinzi	Malignant neoplasm of gallbladder (ICD-10)	Approved	
Kanjinti	Malignant neoplasm of unsp site of unspecified female breast (ICD-10)	Approved	
Monoferic	Iron deficiency anemia secondary to blood loss (chronic) (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Botox	Blepharospasm (ICD-10)	Approved	
Gammagard S/D Less IgA	Nonfamilial hypogammaglobulinemia (ICD-10)	Approved	
Eylea	Type 1 diab with severe nonp rtnop with macular edema, bi (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
Ocrevus	Multiple sclerosis (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	AdminDenied	Plan Exclusion - ALL
Enhertu	Malignant neoplasm of unsp site of unspecified female breast (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Vyepti	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Entyvio	Indeterminate colitis (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Mvasi	Malignant neoplasm of vulva, unspecified (ICD-10)	Approved	
Ultomiris	Hematpoetic stem cell txptation-assoc throm microangiopathy (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Eylea	Exudative age-rel mclr degn, bi, with actv chrld neovas (ICD-10)	Approved	
Eylea	Exdtve age-rel mclr degn, left eye, with actv chrld neovas (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Gelsyn-3	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Ogivri	Intraductal carcinoma in situ of right breast (ICD-10)	Approved	
Eylea	Type 2 diab with severe nonp rtnop with macular edema, bi (ICD-10)	Approved	
Perjeta	Malig neoplasm of upper-outer quadrant of left female breast (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Injectafer	Iron deficiency anemia, unspecified (ICD-10)	Approved	
Xgeva	Malignant neoplasm of unsp site of unspecified female breast (ICD-10)	Approved	
Tepezza	Thyrotoxicosis w diffuse goiter w/o thyrotoxic crisis (ICD-10)	Approved	
Dysport	Spastic quadriplegic cerebral palsy (ICD-10)	Approved	
Zoladex	Malignant neoplasm of unsp site of unspecified female breast (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Monoferic	Disorder of iron metabolism, unspecified (ICD-10)	Approved	
Lupron Depot (3-Month)	Malignant neoplasm of unsp site of unspecified female breast (ICD-10)	Approved	
Imfinzi	Intrahepatic bile duct carcinoma (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Gammagard	Demyelinating disease of central nervous system, unspecified (ICD-10)	Approved	

Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Keytruda	Malignant neoplasm of endometrium (ICD-10)	Approved	
Procrit	Neoplasm of unspecified behavior of digestive system (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Botox	Blepharospasm (ICD-10)	Approved	
Xolair	Idiopathic urticaria (ICD-10)	Approved	
Injectafer	Iron deficiency anemia, unspecified (ICD-10)	Approved	
Neulasta	Malignant neoplasm of pancreas, unspecified (ICD-10)	Approved	
Eylea	Type 2 diabetes with mild nonp rtnop with macular edema, bi (ICD-10)	Approved	
Eylea	Type 2 diab with moderate nonp rtnop with macular edema, bi (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Opdivo	Secondary malignant neoplasm of unspecified lung (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Botox	Gastroparesis (ICD-10)	Denied	MUST CUSTOMIZE - Investigational/Experimental - JCA
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Monoferric	Excessive and frequent menstruation with regular cycle (ICD-10)	Approved	
Prolia	Age-rel osteopor w crnt path fx, unsp site, 7thG (ICD-10)	Approved	
Eylea	Exudative age-rel mclr degn, right eye, stage unspecified (ICD-10)	Approved	
Fulphila	Malignant neoplasm of unsp site of right female breast (ICD-10)	Approved	
Synvisc One	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Injectafer	Other iron deficiency anemias (ICD-10)	Approved	
Xolair	Other urticaria (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Rituxan	Rheu arthritis w rheu factor mult site w/o org/sys involv (ICD-10)	Approved	
Truxima	Diffuse large B-cell lymphoma, unspecified site (ICD-10)	Approved	
Xolair	Idiopathic urticaria (ICD-10)	Approved	
Opdivo	Malignant neoplasm of lower third of esophagus (ICD-10)	Approved	
Vabysmo	Exdtve age-rel mclr degn, left eye, with actv chrdl neovas (ICD-10)	Approved	
Orencia	Other specified rheumatoid arthritis, multiple sites (ICD-10)	Approved	
Imfinzi	Other malignant neuroendocrine tumors (ICD-10)	AdminDenied	Plan Exclusion - ALL
Leqvio	Other hyperlipidemia (ICD-10)	Approved	
Phesgo	Malignant neoplasm of unsp site of right female breast (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Actemra	Other giant cell arteritis (ICD-10)	Approved	
Eylea	Exudative age-rel mclr degn, bi, with actv chrdl neovas (ICD-10)	Approved	
Aranesp (Albumin Free)	Anemia in chronic kidney disease (ICD-10)	Approved	
Injectafer	Iron deficiency anemia secondary to blood loss (chronic) (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Neulasta Onpro	Malignant neoplasm of unsp site of right female breast (ICD-10)	Approved	
Lupron Depot (3-Month)	Malignant neoplasm of prostate (ICD-10)	Approved	
Xolair	Idiopathic urticaria (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Eylea	Central retinal vein occls, right eye, with macular edema (ICD-10)	Approved	
Vabysmo	Type 2 diab with mild nonp rtnop with macular edema, r eye (ICD-10)	Approved	
Neulasta Onpro	Diffuse large B-cell lymphoma, unspecified site (ICD-10)	Approved	
Polivy	Diffuse large B-cell lymphoma, unspecified site (ICD-10)	Approved	
Lupron Depot (3-Month)	Malignant neoplasm of prostate (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Botox	Spasmodic torticollis (ICD-10)	Approved	
Inflectra	Crohn's disease of small intestine without complications (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Spravato (56 MG Dose)	Major depressv disorder, recurrent severe w/o psych features (ICD-10)	AdminDenied	Plan Exclusion - ALL
Eylea HD	Type 2 diab with prolif diab rtnop with macular edema, bi (ICD-10)	Approved	
Zoladex	Malig neoplsm of upper-outer quadrant of right female breast (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
Botox	Migraine, unsp, not intractable, without status migrainosus (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Aranesp (Albumin Free)	Anemia in chronic kidney disease (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Lupron Depot (3-Month)	Malig neoplsm of upper-outer quadrant of right female breast (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Synvisc One	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Zarxio	Neutropenia, unspecified (ICD-10)	Approved	
Fasenra	Severe persistent asthma with (acute) exacerbation (ICD-10)	Approved	
Procrit	Neoplasm of unspecified behavior of digestive system (ICD-10)	Approved	
Inflectra	Ulcerative (chronic) pancolitis with rectal bleeding (ICD-10)	Approved	
Keytruda	Malig neoplsm of upper-inner quadrant of right female breast (ICD-10)	Approved	
Inflectra	Ulcerative colitis, unspecified, without complications (ICD-10)	Approved	
Procrit	Anemia in other chronic diseases classified elsewhere (ICD-10)	Approved	
Perjeta	Malig neoplasm of upper-outer quadrant of left female breast (ICD-10)	Approved	
Cimzia	Rheumatoid arthritis, unspecified (ICD-10)	Approved	
Neulasta	Malignant neoplasm of unsp site of unspecified female breast (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Darzalex	Multiple myeloma in relapse (ICD-10)	Approved	
Darzalex Faspro	Multiple myeloma in relapse (ICD-10)	Approved	
Remicade	Rheumatoid arthritis with rheumatoid factor, unspecified (ICD-10)	AdminDenied	Plan Exclusion - ALL
Inflectra	Rheumatoid arthritis with rheumatoid factor, unspecified (ICD-10)	AdminDenied	Plan Exclusion - ALL

Perjeta	Malig neoplasm of upper-inner quadrant of right female breast (ICD-10)	Approved	
Entyvio	Crohn's disease, unspecified, without complications (ICD-10)	Approved	
Cimzia	Rheu arthritis w rheu factor mult site w/o org/sys involv (ICD-10)	Approved	
Procrit	Anemia in chronic kidney disease (ICD-10)	Approved	
Lupron Depot (3-Month)	Malignant neoplasm of prostate (ICD-10)	Approved	
Entyvio	Ulcerative colitis, unspecified, without complications (ICD-10)	Approved	
Prolia	Disorder of bone density and structure, unspecified (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Botox	Other muscle spasm (ICD-10)	Approved	
Zarxio	Agranulocytosis secondary to cancer chemotherapy (ICD-10)	Approved	
Procrit	Anemia due to antineoplastic chemotherapy (ICD-10)	Approved	
Sarclisa	Multiple myeloma not having achieved remission (ICD-10)	Approved	
Mvasi	Personal history of malignant neoplasm of cervix uteri (ICD-10)	Approved	
Keytruda	Personal history of malignant neoplasm of cervix uteri (ICD-10)	Approved	
Perjeta	Malignant neoplasm of nipple and areola, left female breast (ICD-10)	Approved	
Trazimera	Malignant neoplasm of nipple and areola, left female breast (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Xgeva	Secondary malignant neoplasm of bone (ICD-10)	Approved	
Aranesp (Albumin Free)	Anemia in neoplastic disease (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Perjeta	Malig neoplasm of upper-outer quadrant of unsp female breast (ICD-10)	Approved	
Gammagard S/D Less IgA	Chronic inflammatory demyelinating polyneuritis (ICD-10)	Approved	
Monoferric	Disorder of iron metabolism, unspecified (ICD-10)	Approved	
Fulphila	Malignant neoplasm of nipple and areola, left female breast (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Lupron Depot (3-Month)	Endometriosis, unspecified (ICD-10)	Approved	
Injectafer	Intestinal malabsorption, unspecified (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Botox	Anal fissure, unspecified (ICD-10)	Approved	
Briumvi	Multiple sclerosis (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Truxima	Autoimmune hemolytic anemia, unspecified (ICD-10)	Approved	
Durolane	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Ocrevus	Multiple sclerosis (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Opdivo	Malignant melanoma of skin, unspecified (ICD-10)	Approved	
Botox	Migraine, unsp, not intractable, without status migrainosus (ICD-10)	Approved	
Botox	Migraine, unsp, not intractable, without status migrainosus (ICD-10)	Approved	
Prolia	Malig neoplasm of upper-outer quadrant of right female breast (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	AdminDenied	Plan Exclusion - ALL
Neulasta Onpro	Personal history of malignant neoplasm of bronchus and lung (ICD-10)	Approved	
Botox	Blepharospasm (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w stat migr (ICD-10)	Approved	
Neulasta	Malignant neoplasm of rectum (ICD-10)	Approved	
Entyvio	Crohn's disease of small intestine without complications (ICD-10)	Approved	
Myobloc	Disturbances of salivary secretion (ICD-10)	AdminDenied	Plan Exclusion - ALL
Simponi Aria	Ankylosing spondylitis of multiple sites in spine (ICD-10)	Approved	
Eylea	Type 2 diab with prolif diab rtnop without macular edema, bi (ICD-10)	AdminDenied	Plan Exclusion - ALL
Procrit	Chronic kidney disease, unspecified (ICD-10)	Approved	
Ziextenzo	Malignant neoplasm of other parts of pancreas (ICD-10)	Approved	
Vyepti	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Entyvio	Crohn's disease, unspecified, with unspecified complications (ICD-10)	Approved	
Spravato (84 MG Dose)	Major depressv disorder, recurrent severe w/o psych features (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Lupron Depot (3-Month)	Malignant neoplasm of prostate (ICD-10)	Approved	
Remicade	Ankylosing spondylitis of unspecified sites in spine (ICD-10)	Approved	
Yervoy	Malig neoplasm of conn and soft tissue of head, face and neck (ICD-10)	Approved	
Synvisc One	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Gamunex-C	Chronic inflammatory demyelinating polyneuritis (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Gammaplex	Chronic inflammatory demyelinating polyneuritis (ICD-10)	Approved	
Injectafer	Iron deficiency anemia, unspecified (ICD-10)	Approved	
Keytruda	Malignant neoplasm of ovrtp sites of right bronchus and lung (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Tysabri	Multiple sclerosis (ICD-10)	Approved	
Spravato (56 MG Dose)	Major depressv disorder, recurrent severe w/o psych features (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Spravato (56 MG Dose)	Major depressv disorder, recurrent severe w/o psych features (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Botox	Genetic torsion dystonia (ICD-10)	AdminDenied	Plan Exclusion - ALL
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Procrit	Anemia in chronic kidney disease (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	

Tecentriq	Malig neoplasm of ovrtp sites of rectum, anus and anal canal (ICD-10)	Denied	MUST CUSTOMIZE - Investigational/Experimental - JCA
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w status migrainosus (ICD-10)	Approved	
Eylea	Central retinal vein occls, right eye, with macular edema (ICD-10)	Approved	
Entyvio	Other ulcerative colitis with other complication (ICD-10)	Approved	
Lucentis	Exdtve age-rel mclr degn, right eye, with actv chrld neovas (ICD-10)	Approved	
Inflectra	Ulcerative colitis, unspecified, without complications (ICD-10)	Approved	
Xembify	Selective deficiency of immunoglobulin G [IgG] subclasses (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Prolia	Intraductal carcinoma in situ of left breast (ICD-10)	Approved	
Inflectra	Psoriasis, unspecified (ICD-10)	Approved	
Synvisc One	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Uplizna	Neuromyelitis optica [Devic] (ICD-10)	AdminDenied	Plan Exclusion - ALL
Durolane	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Synvisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Xgeva	Malignant neoplasm of ovrtp sites of left female breast (ICD-10)	Approved	
Lupron Depot (4-Month)	Precocious puberty (ICD-10)	Approved	
Padcev	Malignant neoplasm of overlapping sites of bladder (ICD-10)	Approved	
Botox	Overactive bladder (ICD-10)	Approved	
Cimzia	Ankylosing spondylitis of cervical region (ICD-10)	Approved	
Cimzia	Ankylosing spondylitis of cervical region (ICD-10)	Approved	
Imfinzi	Malignant neoplasm of right main bronchus (ICD-10)	Approved	
Lucentis	Exdtve age-rel mclr degn, left eye, with actv chrld neovas (ICD-10)	Approved	
Tecentriq	Malignant neoplasm of unsp part of unsp bronchus or lung (ICD-10)	Approved	
Hyalgan	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Tysabri	Multiple sclerosis (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Gamunex-C	Chronic inflammatory demyelinating polyneuritis (ICD-10)	Approved	
Injectafer	Anemia in chronic kidney disease (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	AdminDenied	Plan Exclusion - ALL
Neulasta	Malignant neoplasm of central portion of right female breast (ICD-10)	Approved	
Injectafer	Iron deficiency anemia secondary to blood loss (chronic) (ICD-10)	Approved	
Entyvio	Crohn's disease, unspecified, without complications (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Monoferric	Iron deficiency anemia, unspecified (ICD-10)	Approved	
Remicade	Psoriasis, unspecified (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Synvisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Prolia	Malignant neoplasm of central portion of left female breast (ICD-10)	Approved	
Mvasi	Malignant neoplasm of unspecified ovary (ICD-10)	Approved	
Ocrevus	Multiple sclerosis (ICD-10)	AdminDenied	Plan Exclusion - ALL
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Cimerli	Exudative age-rel mclr degn, bi, with actv chrld neovas (ICD-10)	Approved	
Xolair	Idiopathic urticaria (ICD-10)	Approved	
Fulphila	Malignant neoplasm of unsp part of unsp bronchus or lung (ICD-10)	AdminDenied	Plan Exclusion - ALL
Botox	Acute post-traumatic headache, not intractable (ICD-10)	Approved	
Eligard	Malignant neoplasm of ovrtp sites of left female breast (ICD-10)	Denied	MUST CUSTOMIZE - Investigational/Experimental - JCA
Fulphila	Malignant neoplasm of tail of pancreas (ICD-10)	Approved	
Botox	Spastic hemiplegia affecting left nondominant side (ICD-10)	Approved	
Entyvio	Ulcerative colitis, unspecified, without complications (ICD-10)	Approved	
Simponi Aria	Ankylosing spondylitis of lumbosacral region (ICD-10)	Approved	
Eylea	Exdtve age-rel mclr degn, left eye, with inact chrld neovas (ICD-10)	Approved	
Avsola	Ankylosing spondylitis of unspecified sites in spine (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Fulphila	Malignant neoplasm of unsp part of unsp bronchus or lung (ICD-10)	Approved	
Synvisc One	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Monoferric	Disorder of iron metabolism, unspecified (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Entyvio	Ulcerative (chronic) pancolitis without complications (ICD-10)	Approved	
Eylea	Central retinal vein occlusion, left eye, with macular edema (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w status migrainosus (ICD-10)	Approved	
Xolair	Other urticaria (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Skyrizi	Crohn's disease of small intestine without complications (ICD-10)	Approved	
Injectafer	Iron deficiency anemia, unspecified (ICD-10)	Approved	
Firmagon (240 MG Dose)	Malignant neoplasm of prostate (ICD-10)	Approved	
Neulasta Onpro	Malignant neoplasm of gallbladder (ICD-10)	Approved	
Rituxan	Microscopic polyangiitis (ICD-10)	AdminDenied	Plan Exclusion - ALL
Perjeta	Malignant neoplasm of unsp site of unspecified female breast (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Neulasta Onpro	Malignant neoplasm of unsp site of unspecified female breast (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Eylea	Type 1 diab with prolif diab rtnop with macular edema, bi (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Botox	Blepharospasm (ICD-10)	Approved	

Xolair	Idiopathic urticaria (ICD-10)	Approved	
Ogivri	Malignant neoplasm of ovrlp sites of right female breast (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w status migrainosus (ICD-10)	Approved	
Retacrit	Iron deficiency anemia secondary to blood loss (chronic) (ICD-10)	Approved	
Eylea HD	Type 2 diabetes with mild nonp rtnop with macular edema, bi (ICD-10)	Approved	
Injectafer	Iron deficiency anemia secondary to blood loss (chronic) (ICD-10)	Approved	
Injectafer	Iron deficiency anemia secondary to blood loss (chronic) (ICD-10)	Approved	
Eylea	Type 2 diab with moderate nonp rtnop with macular edema, bi (ICD-10)	Approved	
SandoSTATIN LAR Depot	Other malignant neuroendocrine tumors (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Neulasta	Malignant neoplasm of urinary organ, unspecified (ICD-10)	Approved	
Keytruda	Malig neoplasm of upper-outer quadrant of right female breast (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Entyvio	Crohn's disease, unspecified, without complications (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Lucentis	Type 2 diab with prolif diab rtnop without macular edema, bi (ICD-10)	Approved	
Neulasta	Malignant neoplasm of stomach, unspecified (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w status migrainosus (ICD-10)	Approved	
Fabrazyme	Fabry (-Anderson) disease (ICD-10)	Approved	
Simponi Aria	Rheu arthritis w rheu factor mult site w/o org/sys involv (ICD-10)	Approved	
Procrit	Anemia in chronic kidney disease (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
Hizentra	Selective deficiency of immunoglobulin G [IgG] subclasses (ICD-10)	Approved	
Neulasta Onpro	Malignant neoplasm of colon, unspecified (ICD-10)	Approved	
Byooviz	Trib rtnl vein occlusion, left eye, with macular edema (ICD-10)	Approved	
Durolane	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Durolane	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Entyvio	Ulcerative (chronic) pancolitis with rectal bleeding (ICD-10)	Approved	
Botox	Blepharospasm (ICD-10)	AdminDenied	Clinical Requested - Not Received - Admin Denial - ALL
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Neulasta	Malignant neoplasm of unsp site of unspecified female breast (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Cimzia	Rheumatoid arthritis, unspecified (ICD-10)	Approved	
Xgeva	Secondary malignant neoplasm of bone (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	AdminDenied	Plan Exclusion - ALL
Botox	Other dystonia (ICD-10)	Approved	
Neulasta	Malignant neoplasm of gallbladder (ICD-10)	Approved	
Entyvio	Ulcerative colitis, unspecified, without complications (ICD-10)	Approved	
Tecentriq	Malignant neoplasm of body of stomach (ICD-10)	Denied	MUST CUSTOMIZE - Investigational/Experimental - JCA
Benlysta	Systemic lupus erythematosus, unspecified (ICD-10)	Approved	
Tysabri	Multiple sclerosis (ICD-10)	Approved	
Synvisc One	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Feraheme	Iron deficiency (ICD-10)	Approved	
Vabysmo	Type 2 diab with severe nonp rtnop with macular edema, r eye (ICD-10)	Approved	
Vabysmo	Type 2 diab with severe nonp rtnop with macular edema, r eye (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Procrit	Anemia in chronic kidney disease (ICD-10)	Approved	
Monoferric	Anemia, unspecified (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Jemperli	Malignant neoplasm of endometrium (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Opdualag	Malignant melanoma of left lower limb, including hip (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Eylea	Exudative age-rel mclr degn, bi, with actv chrdl neovas (ICD-10)	Approved	
Entyvio	Ulcerative (chronic) pancolitis without complications (ICD-10)	Approved	
Injectafer	Iron deficiency anemia, unspecified (ICD-10)	Approved	
Xolair	Idiopathic urticaria (ICD-10)	Approved	
Simponi Aria	Rheu arthritis w rheu factor mult site w/o org/sys involv (ICD-10)	Approved	
Remicade	Noninfective gastroenteritis and colitis, unspecified (ICD-10)	Approved	
Fulphila	Malignant neoplasm of endometrium (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Botox	Spastic hemiplegia affecting left nondominant side (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w stat migr (ICD-10)	Approved	
Columvi	Unspecified B-cell lymphoma, unspecified site (ICD-10)	AdminDenied	Plan Exclusion - ALL
Benlysta	Systemic lupus erythematosus, unspecified (ICD-10)	Approved	
Remicade	Crohn's disease of both small and lg int w oth complication (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
Procrit	Malignant neoplasm of pancreas, unspecified (ICD-10)	Approved	

Somatuline Depot	Other benign neuroendocrine tumors (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Opdivo	Malignant neoplasm of tonsil, unspecified (ICD-10)	Approved	
Inflectra	Crohn's disease of small intestine without complications (ICD-10)	Approved	
Syfovre	Nextdte age-rel mclr degn, l eye, adv atrpc with sbfvl invl (ICD-10)	Approved	
Neulasta	Malignant neoplasm of unsp site of unspecified female breast (ICD-10)	Approved	
Botox	Clonic hemifacial spasm, unspecified (ICD-10)	Approved	
Xolair	Idiopathic urticaria (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Injectafer	Iron deficiency anemia, unspecified (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Inflectra	Crohn's disease, unspecified, without complications (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Fasenra	Severe persistent asthma, uncomplicated (ICD-10)	Approved	
Omvo	Ulcerative (chronic) pancolitis without complications (ICD-10)	Approved	
Synvisc One	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Eylea	Type 2 diab with moderate nonp rtnop with macular edema, bi (ICD-10)	Approved	
Entyvio	Crohn's disease, unspecified, without complications (ICD-10)	Approved	
Simponi Aria	Rheu arthritis w rheu factor mult site w/o org/sys involv (ICD-10)	Approved	
Injectafer	Iron deficiency anemia, unspecified (ICD-10)	AdminDenied	Plan Exclusion - ALL
Truxima	Antineutrophilic cytoplasmic antibody [ANCA] vasculitis (ICD-10)	Approved	
Inflectra	Crohn's disease of both small and large intestine w fistula (ICD-10)	Approved	
Simponi Aria	Rheu arthritis w rheu factor mult site w/o org/sys involv (ICD-10)	Approved	
Udenyca	Agranulocytosis secondary to cancer chemotherapy (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Keytruda	Malignant neoplasm of overlapping sites of stomach (ICD-10)	Approved	
Zarxio	Agranulocytosis secondary to cancer chemotherapy (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Eligard	Malignant neoplasm of prostate (ICD-10)	Approved	
Inflectra	Ankylosing spondylitis of multiple sites in spine (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
Hizentra	Chronic inflammatory demyelinating polyneuritis (ICD-10)	Approved	
Lupron Depot (1-Month)	Mediastnl (thymic) large B-cell lymphoma, intrathorac nodes (ICD-10)	Approved	
Entyvio	Ulcerative (chronic) rectosigmoiditis w unsp complications (ICD-10)	Approved	
Lupron Depot (1-Month)	Unspecified ovarian cyst, unspecified side (ICD-10)	Approved	
Keytruda	Malignant neoplasm of esophagus, unspecified (ICD-10)	Denied	NCCN regimen denial reason
Prolia	Oth disrd of bone density and structure, unspecified site (ICD-10)	Approved	
Gamunex-C	Common variable immunodeficiency, unspecified (ICD-10)	Approved	
Keytruda	Malignant neoplasm of endometrium (ICD-10)	Approved	
Entyvio	Ulcerative colitis, unspecified, without complications (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Procrit	Malignant neoplasm of lower lobe, right bronchus or lung (ICD-10)	Approved	
Inflectra	Crohn's disease of both small and lg int w/o complications (ICD-10)	Approved	
Neulasta Onpro	Intrahepatic bile duct carcinoma (ICD-10)	Approved	
Lupron Depot (1-Month)	Malig neoplasm of upper-outer quadrant of right female breast (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
Remicade	Crohn's disease of both small and lg int w oth complication (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Neulasta	Malignant neoplasm of endometrium (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Botox	Migraine w/o aura, not intractable, w/o status migrainosus (ICD-10)	Approved	
Gammplex	Other inflammatory polyneuropathies (ICD-10)	Approved	
Lupron Depot (1-Month)	Endometriosis of the uterus, unspecified (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Spravato (84 MG Dose)	Major depressv disorder, recurrent severe w/o psych features (ICD-10)	Approved	
Rituxan	Antineutrophilic cytoplasmic antibody [ANCA] vasculitis (ICD-10)	AdminDenied	Plan Exclusion - ALL
Truxima	Diffuse large B-cell lymphoma, extrnod and solid organ sites (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Polivy	Diffuse large B-cell lymphoma, extrnod and solid organ sites (ICD-10)	Approved	
Synvisc One	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Eligard	Malignant neoplasm of prostate (ICD-10)	Approved	
Vyepti	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	AdminDenied	Plan Exclusion - ALL
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Injectafer	Malignant neoplasm of urinary organ, unspecified (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Neulasta	Malignant neoplasm of rectosigmoid junction (ICD-10)	Approved	
Ruxience	Idiopathic pulmonary fibrosis (ICD-10)	Approved	
Xgeva	Multiple myeloma not having achieved remission (ICD-10)	Approved	
Eylea	Type 2 diab with prolif diab rtnop without macular edema, bi (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Rolvedon	Malignant neoplasm of rectum (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Truxima	Mediastnl (thymic) large B-cell lymphoma, intrathorac nodes (ICD-10)	Approved	
Fulphila	Mediastnl (thymic) large B-cell lymphoma, intrathorac nodes (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Mvasi	Malignant neoplasm of unspecified ovary (ICD-10)	Approved	
Neulasta	Malignant neoplasm of bilateral ovaries (ICD-10)	Approved	
Benlysta	Systemic lupus erythematosus, organ or system involv unsp (ICD-10)	Approved	

Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Skyrizi	Crohn's disease, unspecified, without complications (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Xgeva	Multiple myeloma not having achieved remission (ICD-10)	Approved	
Inflectra	Other specified arthritis, unspecified site (ICD-10)	AdminDenied	Plan Exclusion - ALL
Lupron Depot (3-Month)	Malignant neoplasm of prostate (ICD-10)	Approved	
Entyvio	Crohn's disease, unspecified, without complications (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Eylea	Central retinal vein occls, right eye, with macular edema (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Entyvio	Crohn's disease, unspecified, without complications (ICD-10)	Approved	
Orencia	Rheu arthritis w rheu factor mult site w/o org/sys involv (ICD-10)	Approved	
Durolane	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Truxima	Diffuse large B-cell lymphoma, extrnod and solid organ sites (ICD-10)	Approved	
Procrit	Anemia due to antineoplastic chemotherapy (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Entyvio	Ulcerative (chronic) pancolitis with rectal bleeding (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Lucentis	Type 2 diab with prolif diab rtnop with macular edema, r eye (ICD-10)	Approved	
Vyepti	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Entyvio	Crohn's disease of small intestine without complications (ICD-10)	Approved	
Synvisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Prolia	Age-rel osteopor w current path fracture, unsp site, init (ICD-10)	AdminDenied	Plan Exclusion - ALL
Eylea HD	Type 2 diab with moderate nonp rtnop with macular edema, bi (ICD-10)	Approved	
Truxima	Pemphigus vulgaris (ICD-10)	Approved	
Avsola	Crohn's disease of both small and lg int w oth complication (ICD-10)	AdminDenied	Plan Exclusion - ALL
Vabysmo	Central retinal vein occlusion, left eye, with macular edema (ICD-10)	Approved	
Synvisc One	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Injectafer	Excessive and frequent menstruation with regular cycle (ICD-10)	Approved	
Eylea	Type 2 diab with prolif diab rtnop with macular edema, bi (ICD-10)	Approved	
Injectafer	Iron deficiency anemia, unspecified (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
Monoferric	Disorder of iron metabolism, unspecified (ICD-10)	Approved	
Aranesp (Albumin Free)	Anemia in chronic kidney disease (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Privigen	Selective deficiency of immunoglobulin G [IgG] subclasses (ICD-10)	Approved	
Entyvio	Left sided colitis with rectal bleeding (ICD-10)	Approved	
Fulphila	Neutropenia, unspecified (ICD-10)	Approved	
Truxima	Other dermatomyositis, organ involvement unspecified (ICD-10)	Approved	MUST CUSTOMIZE - Investigational/Experimental - ALL
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Orencia	Rheu arthritis w rheu factor mult site w/o org/sys involv (ICD-10)	Approved	
Tezspire	Severe persistent asthma, uncomplicated (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Opdivo	Malignant neoplasm of connective and soft tissue of pelvis (ICD-10)	Denied	MUST CUSTOMIZE - Investigational/Experimental - JCA
Eylea	Type 2 diab with mild nonp rtnop with macular edema, l eye (ICD-10)	Approved	
Eylea HD	Type 1 diab with prolif diab rtnop with macular edema, bi (ICD-10)	Approved	
Neulasta Onpro	Squamous cell carcinoma of anal skin (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Aranesp (Albumin Free)	Anemia, unspecified (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Mvasi	Malignant neoplasm of duodenum (ICD-10)	Approved	
Tepezza	Thyrotoxicosis w diffuse goiter w/o thyrotoxic crisis (ICD-10)	Approved	
Rituxan	Cutan folict center lymphoma, extrnod and solid organ sites (ICD-10)	Approved	
Remicade	Rheumatoid arthritis, unspecified (ICD-10)	AdminDenied	Plan Exclusion - ALL
Entyvio	Crohn's disease of both small and lg int w/o complications (ICD-10)	Approved	
Tysabri	Multiple sclerosis (ICD-10)	Approved	
Truxima	Diffuse large B-cell lymphoma, unspecified site (ICD-10)	Approved	
Gammagard	Unspecified transplanted organ and tissue rejection (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Inflectra	Crohn's disease, unspecified, without complications (ICD-10)	Approved	
Gammaked	Chronic inflammatory demyelinating polyneuritis (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Leqvio	Mixed hyperlipidemia (ICD-10)	Approved	
Octagam	Other dermatomyositis without myopathy (ICD-10)	Approved	
Truxima	Wegener's granulomatosis without renal involvement (ICD-10)	Approved	
Truxima	Cutan folict center lymphoma, extrnod and solid organ sites (ICD-10)	Approved	
Enhertu	Malig neoplsm of upper-inner quadrant of right female breast (ICD-10)	Approved	
Ultomiris	Unsp nephritic syndrome with other morphologic changes (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w status migrainosus (ICD-10)	Approved	
Neulasta	Malignant neoplasm of body of stomach (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Remicade	Crohn's disease of small intestine without complications (ICD-10)	Approved	
Eylea	Type 2 diab with prolif diab rtnop with macular edema, bi (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	

Lupron Depot (1-Month)	Endometriosis, unspecified (ICD-10)	Approved	
Vabysmo	Type 2 diab with severe nonp rtnop with macular edema, bi (ICD-10)	Approved	
Abraxane	Malignant neoplasm of unsp site of unspecified female breast (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Lupron Depot (3-Month)	Malignant neoplasm of prostate (ICD-10)	Approved	
Saphnelo	Systemic lupus erythematosus, unspecified (ICD-10)	Approved	
Botox	Blepharospasm (ICD-10)	Approved	
Zarxio	Malignant neoplasm of connective and soft tissue, unsp (ICD-10)	Approved	
Xgeva	Malignant neoplasm of unsp site of right female breast (ICD-10)	Approved	
Lucentis	Retinal neovascularization, unspecified, right eye (ICD-10)	Approved	
Neulasta Onpro	Diffuse large B-cell lymphoma, unspecified site (ICD-10)	Approved	
Inflectra	Ulcerative colitis, unspecified with other complication (ICD-10)	Approved	
Spravato (56 MG Dose)	Major depressv disorder, recurrent severe w/o psych features (ICD-10)	Approved	
Octagam	Antibody defic w near-norm immunoglob or w hyperimmunoglob (ICD-10)	Approved	
Truxima	Hairy cell leukemia not having achieved remission (ICD-10)	Approved	
Remicade	Rheumatoid arthritis w/o rheumatoid factor, multiple sites (ICD-10)	Approved	
Botox	Overactive bladder (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Orencia	Psoriatic spondylitis (ICD-10)	Approved	
Remicade	Crohn's disease of both small and lg int w oth complication (ICD-10)	Approved	
Botox	Anal fissure, unspecified (ICD-10)	Approved	
Botox	Spastic hemiplegia affecting unspecified side (ICD-10)	Approved	
Xgeva	Secondary malignant neoplasm of bone (ICD-10)	Approved	
Eligard	Malignant neoplasm of prostate (ICD-10)	Approved	
Botox	Spasmodic torticollis (ICD-10)	Approved	
Vabysmo	Type 2 diab with moderate nonp rtnop with macular edema, bi (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	AdminDenied	Plan Exclusion - ALL
Xolair	Idiopathic urticaria (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Neulasta	Diffuse large B-cell lymphoma, unspecified site (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Gamunex-C	Nonfamilial hypogammaglobulinemia (ICD-10)	Approved	
Keytruda	Malignant neoplasm of unsp part of unsp bronchus or lung (ICD-10)	Approved	
Injectafer	Other iron deficiency anemias (ICD-10)	Approved	
Botox	Generalized hyperhidrosis (ICD-10)	AdminDenied	Plan Exclusion - ALL
Eylea	Exdtve age-rel mclr degn, right eye, with actv chrdl neovas (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Botox	Overactive bladder (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Hizentra	Antibody defic w near-norm immunoglob or w hyperimmunoglob (ICD-10)	Approved	
Entyvio	Crohn's disease, unspecified, without complications (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Truxima	Bullous pemphigoid (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
Entyvio	Crohn's disease of small intestine without complications (ICD-10)	Approved	
Synvisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Cyramza	Malignant neoplasm of unsp part of unsp bronchus or lung (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Opdivo	Malignant neoplasm of unspecified ovary (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Simponi Aria	Other psoriatic arthropathy (ICD-10)	Approved	
Ocrevus	Multiple sclerosis (ICD-10)	Approved	
Columvi	Unspecified B-cell lymphoma, unspecified site (ICD-10)	Approved	
Eylea	Type 2 diab with mild nonp rtnop with macular edema, r eye (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Stelara	Ulcerative (chronic) rectosigmoiditis without complications (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Inflectra	Crohn's disease of small intestine without complications (ICD-10)	Approved	
Entyvio	Ulcerative (chronic) pancolitis with rectal bleeding (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Euflexxa	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Tezspire	Severe persistent asthma, uncomplicated (ICD-10)	Approved	
Vabysmo	Exdtve age-rel mclr degn, left eye, with inact chrdl neovas (ICD-10)	Approved	
Euflexxa	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Remicade	Rheumatoid arthritis w/o rheumatoid factor, multiple sites (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
Monoferric	Iron deficiency anemia secondary to blood loss (chronic) (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Keytruda	Malignant neoplasm of urinary organ, unspecified (ICD-10)	Approved	
Leqvio	Mixed hyperlipidemia (ICD-10)	Approved	
Simponi Aria	Rheumatoid arthritis w/o rheumatoid factor, multiple sites (ICD-10)	Approved	
Skyrizi	Crohn's disease of both small and lg int w/o complications (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Lanreotide Acetate	Other benign neuroendocrine tumors (ICD-10)	Approved	

Neulasta	Malig neoplasm of upper-outer quadrant of right female breast (ICD-10)	Approved	
Eylea	Type 2 diab with moderate nonp rtnop with macular edema, bi (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Ocrevus	Multiple sclerosis (ICD-10)	Approved	
Botox	Primary focal hyperhidrosis, axilla (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Monoferic	Iron deficiency anemia, unspecified (ICD-10)	Approved	
OrthoVisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Eligard	Malignant neoplasm of prostate (ICD-10)	Approved	
Cimerli	Degeneratv myopia with choroidal neovascularization, l eye (ICD-10)	Approved	
Trazimera	Malig neoplasm of upper-outer quadrant of left female breast (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Vectibix	Malignant neoplasm of sigmoid colon (ICD-10)	Approved	
Kyprolis	Multiple myeloma not having achieved remission (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Adcetris	Nodular sclerosis Hodgkin lymphoma, lymph nodes mult site (ICD-10)	Denied	MUST CUSTOMIZE - Not Medically Necessary - JCA
Fulphila	Nodular sclerosis Hodgkin lymphoma, lymph nodes mult site (ICD-10)	Approved	
Perjeta	Malig neoplasm of upper-outer quadrant of right female breast (ICD-10)	Approved	
Perjeta	Malig neoplasm of upper-outer quadrant of right female breast (ICD-10)	Approved	
Kanjinti	Malig neoplasm of upper-outer quadrant of right female breast (ICD-10)	Approved	
Kanjinti	Malig neoplasm of upper-outer quadrant of right female breast (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Gamunex-C	Dermatopolymyositis, unsp, organ involvement unspecified (ICD-10)	Approved	
Trazimera	Malig neoplasm of upper-outer quadrant of left female breast (ICD-10)	Approved	
Perjeta	Malignant neoplasm of unsp site of unspecified female breast (ICD-10)	Approved	
Monoferic	Iron deficiency anemia secondary to blood loss (chronic) (ICD-10)	Approved	
Adcetris	Nodular sclerosis Hodgkin lymphoma, lymph nodes mult site (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Aranesp (Albumin Free)	Anemia in chronic kidney disease (ICD-10)	Approved	
Xgeva	Secondary malignant neoplasm of bone (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Fulphila	Malignant neoplasm of endometrium (ICD-10)	Approved	
Synvisc One	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Benlysta	Other neutropenia (ICD-10)	Approved	
Lupron Depot (3-Month)	Malig neoplasm of upper-outer quadrant of left female breast (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Monovisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Botox	Urgency of urination (ICD-10)	Approved	
Eligard	Malignant neoplasm of prostate (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Inflectra	Arthropathic psoriasis, unspecified (ICD-10)	Approved	
Prolia	Age-related osteoporosis w/o current pathological fracture (ICD-10)	Approved	
Eylea HD	Exdtve age-rel mclr degn, left eye, with actv chrdl neovas (ICD-10)	Approved	
Synvisc	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, not intractable, w/o stat migr (ICD-10)	Approved	
Neulasta	Malignant (primary) neoplasm, unspecified (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Lupron Depot (1-Month)	Malignant neoplasm of unsp site of unspecified female breast (ICD-10)	Approved	
Botox	Spastic hemiplegia affecting right dominant side (ICD-10)	Approved	
Simponi Aria	Rheu arthritis w rheu factor mult site w/o org/sys involv (ICD-10)	Approved	
Botox	Chronic migraine w/o aura, intractable, w/o stat migr (ICD-10)	Approved	
Saphnelo	Systemic lupus erythematosus, unspecified (ICD-10)	Approved	
OrthoVisc	Unilateral primary osteoarthritis, left knee (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	Approved	
Eylea	Type 2 diab with severe nonp rtnop with macular edema, bi (ICD-10)	Approved	
Monovisc	Unilateral primary osteoarthritis, right knee (ICD-10)	AdminDenied	Plan Exclusion - ALL
Synvisc One	Bilateral primary osteoarthritis of knee (ICD-10)	Approved	
Xeomin	Other dystonia (ICD-10)	Approved	

Aetna Health Inc. - 2024 Utilization Review Decisions		
Request Type	Average Decision Making Time (Days)	Median Decision Making Time (Days)
Medical RX – Urgent	1	1
Medical RX – Routine	4	1

Aetna Life Insurance Company - 2024 Utilization Review Decisions		
Request Type	Average Decision Making Time (Days)	Median Decision Making Time (Days)
Medical RX – Urgent	4	1
Medical RX – Routine	4	2

Prior authorizations	Total
Total Appealed	16
Total Approved	2
Total Denied	14
Number of appeals generated for cases denied in which there was inadequate or no prior clinical information	1