Wyoming

Prior Authorization Data Commercial (Pharmacy) Q4 2025

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

©2026 Aetna Inc. Proprietary.

PROCEDURE CODE TYPE	PROCEDURE CODE	PROCEDURE DESCRIPTION	Approved Count	Denied Count	Modified Count (if applicable)	Total Count	Average Processing (Days)
N/A	N/A	DUPIXENT	1	0	N/A	1	1
N/A	N/A	EMGALITY	1	0	N/A	1	0
N/A	N/A	EPINEPHRINE	0	2	N/A	2	0
N/A	N/A	HUMIRA	0	0	N/A	0	0
N/A	N/A	HYRIMOZ	1	0	N/A	1	2
N/A	N/A	MODAFINIL	0	1	N/A	1	1
N/A	N/A	MOUNJARO	1	1	N/A	2	0
N/A	N/A	NURTEC	0	0	N/A	0	0
N/A	N/A	OXYCODONE	1	0	N/A	1	0
N/A	N/A	OZEMPIC	1	0	N/A	1	0
N/A	N/A	PANTOPRAZOLE	1	0	N/A	1	0
N/A	N/A	SANTYL	1	0	N/A	1	0
N/A	N/A	SPRAVATO	1	0	N/A	1	0
N/A	N/A	SYMPROIC	1	0	N/A	1	0
N/A	N/A	TADALAFIL	0	0	N/A	0	0
N/A	N/A	TESTOSTERONE	1	3	N/A	4	2
N/A	N/A	TREMFYA	1	0	N/A	1	0
N/A	N/A	TRETINOIN	0	1	N/A	1	2
N/A	N/A	UREA	0	1	N/A	1	0
N/A	N/A	VILAZODONE	0	2	N/A	2	1
N/A	N/A	VRAYLAR	2	0	N/A	2	0
N/A	N/A	WEGOVY	0	2	N/A	2	0

Reason for Adverse Determination	Appeal Count	Upheld Count	Reversed Count	Total
EXP/ INV BASED ON CLINICAL REVIEW	1	1		1
NON COVERED BENEFIT	1	1		1
Total			**2**	

Health Care Provider Specialty
Internal Medicine
Nurse Practitioner
Family Medicine
Surgery
Psychiatry & Neurology
Clinical Nurse Specialist
Dermatology
Anesthesiology
Physician Assistant