Formulary Exception Requests Data

		Med/Surg	MH/SUD
1	Number of requests pursuant to § 15-831(c)(1) for coverage of a drug that is not on the formulary		
(a)	Number of requests in line 1 that were denied as adverse decisions		
(b)	Number of requests in line 1 that were approved		
2	Number of adverse decisions in line 1(a) for which a grievance was received by the carrier		
(a)	Number of grievances in line 2 for which the decision was upheld		
(b)	Number of grievances in line 2 for which the decision was reversed		
3	Number of requests pursuant to § 15-831(c)(2) for coverage of a drug at a tier with a lower level of cost-sharing		
(a)	Number of requests in line 3 that were denied as adverse decisions		
(b)	Number of requests in line 3 that were approved		
4	Number of adverse decisions in line 3(a) for which a grievance was received by the carrier		
(a)	Number of grievances in line 4 for which the decision was upheld		
(b)	Number of grievances in line 4 for which the decision was reversed		