

POSTING OF PREAUTHORIZATION REQUIREMENTS

Navitus Preauthorization Approval/Denial Statistics 2020

Total Preauthorization Requests for 2020	Approved	Denied	Total
Off Exchange	365	256	621
On Exchange	3,570	3,472	7,033

Community Preauthorization Approval/Denial Statistics 2020

Total Number of Prior Authorizations Marketplace 2020	57,352
Number of Providers requesting Prior Authorizations	7,449
Prior Authorization Request Reasons	
Neoplasms	8,423
Mental, Behavioral And Neurodevelopmental Disorders	1,257
Codes for Special Purposes	324
Diseases Of The Musculoskeletal System And Connective Tissue	13,025
Diseases Of The Digestive System	2,184
Factors Influencing Health Status And Contact With Health Services	3,695
Pregnancy, Childbirth And The Puerperium	524
External Causes Of Morbidity	44
Endocrine, Nutritional And Metabolic Diseases	2,235
Diseases Of The Respiratory System	1,852
Diseases Of The Eye And Adnexa	543
Certain Infections And Parasitic Diseases	601
Certain Conditions Originating In The Perinatal Period	88
Symptoms, Signs And Abnormal Clinical And Laboratory Findings, Not Elsewhere Classified	8,404
Diseases Of The Skin And Subcutaneous Tissue	1,257
Diseases Of The Ear And Mastoid Process	319
Congenital Malformations, Deformations And Chromosomal Abnormalities	287
Injury, Poisoning And Certain Other Consequences Of External Causes	2,383
Diseases Of The Genitourinary System	2,258
Diseases Of The Circulatory System	3,399
Diseases Of The Nervous System	3,462
Diseases Of The Blood And Blood-Forming Organs And Certain Disorders Involving The Immune Mechanism	788

Denied Prior Authorizations		
Prior Authorization Partially Denied		1,141
Approved		50,330
Fully Denied		4,301
Dismissed		1,580
Denial Reasons		
Benefit Exclusion		581
Lack of Information		2,631
Not Eligible		30
Not Medically Necessary		1,451
Provider Out of Network		729
Overturns		
Internal		95
IRO		5
Drug/Class	Effective Date	Overview
FERRIPROX	8/1/2021	Adding indication to PA
TYVASO INH SOLN	8/1/2021	Adding indication to PA
NURTEC ODT	8/1/2021	Updating PA form to clarify coverage for acute treatment
CRINONE GEL	8/1/2021	Adding indication to PA
AYVAKIT TAB	9/1/2021	Adding indication to PA
TRIKAFTA TAB	9/1/2021	Adding expanded age indication to PA
BENLYSTA INJ	9/1/2021	Adding limit of use in combination with voclosporin to PA
BENLYSTA AUTO INJECTOR	9/1/2021	Adding limit of use in combination with voclosporin to PA
OCALIVA TAB	9/1/2021	Adding safety criteria to PA

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