

## POSTING OF PREAUTHORIZATION REQUIREMENTS

### Navitus Preauthorization Approval/Denial Statistics 2020

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

### Community Preauthorization Approval/Denial Statistics 2020

<b>Total Number of Prior Authorizations Marketplace 2020</b>	<b>57,352</b>
<b>Number of Providers requesting Prior Authorizations</b>	<b>7,449</b>

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
OICALIVA TAB	9/1/2021	Adding safety criteria to PA
tiopronin tab (THIOLA Equiv)	10/1/2021	Adding PA to drug
VENCLEXTA TAB	10/1/2021	Updating PA form to align with FDA-approved indications
VENCLEXTA STARTER PACK	10/1/2021	Updating PA form to align with FDA-approved indications
IBRANCE CAP	10/1/2021	Updating criteria to align with Verzenio
IBRANCE TAB	10/1/2021	Updating criteria to align with Verzenio
VERZENIO TAB	10/1/2021	Updating criteria to align with Ibrance
KORLYM TAB	10/1/2021	Adding continuation criteria with 1 year approval to PA
SOLOSEC GRANULES PACKET	10/1/2021	Adding indication to PA

Drug/Class	Effective Date	Overview
Actemra	10/1/2021	Removing trial of 2 preferred medications to trial of 1 preferred medication
Orencia	12/1/2021	Adding trial of 2 preferred alternatives
Cimzia	10/1/2021	Adding Tremfya to alts for PsO, PsA, single ST (humira) for Crohns
Xeljanz	10/1/2021	Removing Xeljanz (tofacitinib) from a first-line preferred agent in ulcerative colitis to requiring a single step through a preferred agent, which is consistent with the approved indication requiring trial of a TNF inhibitor
Simponi	10/1/2021	Adding to formulary with PA
Tremfya	10/1/2021	Removing trial of 2 preferred medications to trial of 1 preferred medication
Zeposia	10/1/2021	Removing Xeljanz as a preferred agent criteria
Truvada	11/1/2021	Adding to formulary with PA due to clarifications from the federal government around ACA \$0 preventive coverage of HIV medications used for pre-exposure prophylaxis (PrEP)
Invega	11/1/2021	Removing PA
Brukinsa	11/15/2021	Adding indication to PA
Tibsovo	11/1/2021	Adding indication to PA
Lenvima	11/1/2021	Adding indication to PA
Signifor	11/1/2021	Adding continuation criteria; modify approval duration
Orkambi	11/1/2021	Updating continuation criteria to be consistent with other cystic fibrosis CFTR modulators
ambrisentan	12/1/2021	Adding PA to drug
bosentan	12/1/2021	Adding PA to drug
Nitrofurantoin susp	12/1/2021	Adding to formulary with PA
Nucala	12/1/2021	Adding indication to PA
Cabometyx	12/1/2021	Adding indication to PA
Jakafi	12/1/2021	Adding indication to PA
miglustat	12/1/2021	Updating criteria to align with other medications for Gaucher disease type 1
Sunosi	12/1/2021	Adding indication to PA
Wakix	12/1/2021	Adding indication to PA
Xyrem	12/1/2021	Adding indication to PA
Oxervate	12/1/2021	Updating PA form to require documentation of which eye or eyes treatment is being requested