

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 |
| 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 |