

Preauthorization Rates by Prescriber Specialty

KAISER PERMANENTE

KPIC CO HB19-1211 - 2024 YTD

Last Process Status Date: 01/01/2024 through 12/31/2024

*Identification Independent Review Organization depends upon the appeal being processed through the MRA system. If the appeal is processed through a different source, all overturned appeals will be counted as internal.

Prescriber Specialty	Approved	Approved %	Denied	Denied %	Partial Approved	Partial Approved %	Other	Other %	Total PA Count	Denial Overturned - Internal Appeal	Denials Overturned - IRO	Total Overturned
ADVANCED PRACTICE NURSE	11	73.3%	4	26.7%	0	0.0%	0	0.0%	15	1	0	1
ALLERGY & IMMUNOLOGY	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
CARDIOLOGY	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
CARDIOLOGY, INTERVENTIONAL	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
CLINICAL NURSE SPECIALIST	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
DERMATOLOGY	8	88.9%	1	11.1%	0	0.0%	0	0.0%	9	0	0	0
EMERGENCY MEDICINE	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
ENDOCRINOLOGY, DIABETES & METABOLISM	3	100.0%	0	0.0%	0	0.0%	0	0.0%	3	0	0	0
ENDOCRINOLOGY, PEDIATRIC	1	50.0%	1	50.0%	0	0.0%	0	0.0%	2	0	0	0
ENDOCRINOLOGY, REPRODUCTIVE	1	50.0%	1	50.0%	0	0.0%	0	0.0%	2	0	0	0
FAMILY PRACTICE	20	55.6%	15	41.7%	1	2.8%	0	0.0%	36	0	0	0
GASTROENTEROLOGY	2	50.0%	2	50.0%	0	0.0%	0	0.0%	4	0	0	0
HEMATOLOGY & ONCOLOGY	1	33.3%	2	66.7%	0	0.0%	0	0.0%	3	1	0	1
INTERNAL MEDICINE	14	60.9%	8	34.8%	1	4.3%	0	0.0%	23	2	0	2
MATERNAL & FETAL MEDICINE	2	100.0%	0	0.0%	0	0.0%	0	0.0%	2	0	0	0
NEUROLOGY	7	70.0%	3	30.0%	0	0.0%	0	0.0%	10	0	0	0
NEUROLOGY, PEDIATRIC	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
NURSE PRACTITIONER	13	56.5%	10	43.5%	0	0.0%	0	0.0%	23	1	0	1
OBSTETRICS & GYNECOLOGY	3	100.0%	0	0.0%	0	0.0%	0	0.0%	3	0	0	0

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ONCOLOGY, MEDICAL	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
OPTOMETRIST	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
PHYSICAL MEDICINE & REHABILITATION	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0
PHYSICIAN ASSISTANT	21	67.7%	10	32.3%	0	0.0%	0	0.0%	31	1	0	1
PSYCHIATRY	3	75.0%	1	25.0%	0	0.0%	0	0.0%	4	0	0	0
RHEUMATOLOGY	3	100.0%	0	0.0%	0	0.0%	0	0.0%	3	0	0	0
SURGERY, GENERAL	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
	0	0.0%	2	100.0%	0	0.0%	0	0.0%	2	0	0	0
Overall - Summary	122	65.9%	61	33.0%	2	1.1%	0	0.0%	185	6	0	6

Preauthorization Rates by Therapeutic Class

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Therapeutic Class	Approved	Approved %	Denied	Denied %	Partial Approved	Partial Approved %	Other	Other %	Total PA Count	Denial Overturned - Internal Appeal	Denials Overturned - IRO	Total Overturned
ACNE AGENTS, TOPICAL	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	7	77.8%	2	22.2%	0	0.0%	0	0.0%	9	0	0	0
ANALGESICS, NARCOTICS	3	75.0%	1	25.0%	0	0.0%	0	0.0%	4	1	0	1
ANDROGENIC AGENTS	9	69.2%	4	30.8%	0	0.0%	0	0.0%	13	2	0	2
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	6	75.0%	2	25.0%	0	0.0%	0	0.0%	8	1	0	1
ANTI-INFLAMMATORY, PHOSPHODIESTERASE-4 (PDE4) INHIB.	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
ANTI-OBESITY - INCRETIN MIMETICS COMBINATION	0	0.0%	3	100.0%	0	0.0%	0	0.0%	3	0	0	0
ANTI-OBESITY - OPIOID ANTAG/NOREPI & DA REUP INHIB	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONIST	0	0.0%	3	100.0%	0	0.0%	0	0.0%	3	0	0	0
ANTICONVULSANT - CANNABINOID TYPE	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
ANTIFUNGAL AGENTS	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
ANTIHYPERGLYCEMIC, INCRETIN MIMETIC (GLP-1 RECEPTOR AGONIST)	14	66.7%	7	33.3%	0	0.0%	0	0.0%	21	0	0	0
ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION	4	40.0%	6	60.0%	0	0.0%	0	0.0%	10	0	0	0
ANTIMIGRAINE PREPARATIONS	13	72.2%	4	22.2%	1	5.6%	0	0.0%	18	0	0	0
ANTINEOPLASTIC LHRH (GONADOTROPIN-RELEASING HORMONE) AGONIST, PITUITARY SUPPRESSOR	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	2	66.7%	1	33.3%	0	0.0%	0	0.0%	3	0	0	0

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ANTINEOPLASTIC-B CELL LYMPHOMA-2(BCL-2) INHIBITORS	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	1	0	1
ANTIPSORIATIC AGENTS,SYSTEMIC	5	71.4%	2	28.6%	0	0.0%	0	0.0%	7	0	0	0
ANTI PSYCHOTIC-ATYPICAL,D3/D2 PARTIAL AG-5HT MIXED	5	100.0%	0	0.0%	0	0.0%	0	0.0%	5	0	0	0
ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
BLOOD SUGAR DIAGNOSTICS	2	100.0%	0	0.0%	0	0.0%	0	0.0%	2	0	0	0
BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
DIABETIC SUPPLIES	2	100.0%	0	0.0%	0	0.0%	0	0.0%	2	0	0	0
DIGITALIS GLYCOSIDES	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
DIRECT FACTOR XA INHIBITORS	3	100.0%	0	0.0%	0	0.0%	0	0.0%	3	0	0	0
DRUGS TO TREAT IMPOTENCY	1	25.0%	3	75.0%	0	0.0%	0	0.0%	4	0	0	0
ESTROGENIC AGENTS	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
GLUCOCORTICOID, ORALLY INHALED	1	50.0%	1	50.0%	0	0.0%	0	0.0%	2	0	0	0
GLYPROMATE (GPE) ANALOGS	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
GROWTH HORMONES	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
HUMAN CHORIONIC GONADOTROPIN (HCG)	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0
IBS AGENTS,MIXED OPIOID RECEPTOR AGONISTS/ANTAGONISTS	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0
IBS AGENTS,SODIUM-HYDROGEN EXCHANGER 3(NHE3) INHIB	1	50.0%	1	50.0%	0	0.0%	0	0.0%	2	1	0	1
IL-23 RECEPTOR ANTAGONIST, MONOCLONAL	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0

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ANTIBODY												
IMMUNOMODULATOR,B-LYMPHOCYTE STIM(BLYS)-SPEC INHIB	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
IMMUNOSUPPRESSIVES	3	100.0%	0	0.0%	0	0.0%	0	0.0%	3	0	0	0
INSULINS	2	33.3%	4	66.7%	0	0.0%	0	0.0%	6	0	0	0
INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	2	50.0%	2	50.0%	0	0.0%	0	0.0%	4	0	0	0
IRRITABLE BOWEL AGENTS,GUANYLATE CYLASE-C AGONIST	1	50.0%	1	50.0%	0	0.0%	0	0.0%	2	0	0	0
JANUS KINASE (JAK) INHIBITORS	3	100.0%	0	0.0%	0	0.0%	0	0.0%	3	0	0	0
LAXATIVES AND CATHARTICS	2	100.0%	0	0.0%	0	0.0%	0	0.0%	2	0	0	0
LEUKOCYTE (WBC) STIMULANTS	1	33.3%	2	66.7%	0	0.0%	0	0.0%	3	0	0	0
MENOPAUSAL SYMPTOMS SUPPRESSANT-NK3 RECEPTOR ANTAG	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
NARCOLEPSY AND SLEEP DISORDER THERAPY AGENTS	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	1	50.0%	1	50.0%	0	0.0%	0	0.0%	2	0	0	0
OVERACTIVE BLADDER AGENTS, BETA-3 ADRENERGIC RECEPTOR	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
PULM ANTI-HTN,SOLUBLE GUANYLATE CYCLASE STIMULATOR	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB	0	0.0%	2	100.0%	0	0.0%	0	0.0%	2	0	0	0
PULMONARY ANTI-HTN, ENDOTHELIN	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0

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RECEPTOR ANTAGONIST												
PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0
RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	0	0.0%	1	50.0%	1	50.0%	0	0.0%	2	0	0	0
SSRI & SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANT	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
THYROID HORMONES	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
TOPICAL ANTICHOLINERGIC HYPERHIDROSIS TX AGENTS	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
TOPICAL IMMUNOSUPPRESSIVE AGENTS	2	66.7%	1	33.3%	0	0.0%	0	0.0%	3	0	0	0
TOPICAL JANUS KINASE (JAK) INHIBITORS	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0
VAGINAL ESTROGEN PREPARATIONS	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
VIRAL/TUMORIGENIC VACCINES	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0
VITAMIN A DERIVATIVES	3	100.0%	0	0.0%	0	0.0%	0	0.0%	3	0	0	0
Overall - Summary	122	65.9%	61	33.0%	2	1.1%	0	0.0%	185	6	0	6

Preauthorization Rates by Drug Name

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ADEMPAS	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
AIMOVIG AUTOINJECTOR	1	50.0%	1	50.0%	0	0.0%	0	0.0%	2	0	0	0
ALVESCO	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
AMJEVITA(CF) AUTOINJECTOR	6	100.0%	0	0.0%	0	0.0%	0	0.0%	6	0	0	0
BENLYSTA	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
BUDESONIDE	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0
BUPRENORPHINE	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
CLENPIQ	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
CONTRACE	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
COSENTYX SENSOREADY (2 PENS)	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
COSENTYX UNOREADY PEN	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
DAPSONE	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0
DAYBUE	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
DEXCOM G7 RECEIVER	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
DEXCOM G7 SENSOR	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
DEXTROAMPHETAMINE-AMPHETAMINE	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
DIGOXIN	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
DUPIXENT PEN	2	50.0%	2	50.0%	0	0.0%	0	0.0%	4	0	0	0
ELIQUIS	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
EMGALITY PEN	4	80.0%	1	20.0%	0	0.0%	0	0.0%	5	0	0	0
EMTRICITABINE-	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0

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TENOFIVIR DISOP												
ENBREL SURECLICK	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	1	0	1
EPIDIOLEX	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
ESTRING	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
EVEROLIMUS	2	100.0%	0	0.0%	0	0.0%	0	0.0%	2	0	0	0
FULPHILA	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
GEMTESA	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
HUMALOG JUNIOR KWIKPEN	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0
HUMALOG KWIKPEN U-100	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
HYDROCODONE-ACETAMINOPHEN	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
IBSRELA	1	50.0%	1	50.0%	0	0.0%	0	0.0%	2	1	0	1
IMATINIB MESYLATE	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
INSULIN ASPART PENFILL	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
INSULIN GLARGINE-YFGN	0	0.0%	2	100.0%	0	0.0%	0	0.0%	2	0	0	0
LEUPROLIDE ACETATE	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
LINZESS	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0
LISDEXAMFETAMINE DIMESYLATE	4	66.7%	2	33.3%	0	0.0%	0	0.0%	6	0	0	0
LUBIPROSTONE	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
MOUNJARO	4	40.0%	6	60.0%	0	0.0%	0	0.0%	10	0	0	0
MYCOPHENOLIC ACID	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
NIVESTYM	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0
NOVOLOG PENFILL	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0

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Jan 29, 2025

Preauthorization Rates by Drug Name

KAISER PERMANENTE

KPIC CO HB19-1211 - 2024 YTD

Last Process Status Date: 01/01/2024 through 12/31/2024

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Drug Name	Approved	Approved %	Denied	Denied %	Partial Approved	Partial Approved %	Other	Other %	Total PA Count	Denial Overturned - Internal Appeal	Denials Overturned - IRO	Total Overturned
NURTEC ODT	1	25.0%	2	50.0%	1	25.0%	0	0.0%	4	0	0	0
OLUMIANT	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
OMNITROPE	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
ONETOUCH VERIO TEST STRIP	2	100.0%	0	0.0%	0	0.0%	0	0.0%	2	0	0	0
OPSUMIT	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
OPZELURA	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0
OTEZLA	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
OVIDREL	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0
OXYCODONE HCL	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	1	0	1
OXYCONTIN	2	100.0%	0	0.0%	0	0.0%	0	0.0%	2	0	0	0
OZEMPIC	14	66.7%	7	33.3%	0	0.0%	0	0.0%	21	0	0	0
PIMECROLIMUS	1	50.0%	1	50.0%	0	0.0%	0	0.0%	2	0	0	0
POSACONAZOLE	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
PREMARIN	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
QBREXZA	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
REMICADE	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0
RETIN-A	3	100.0%	0	0.0%	0	0.0%	0	0.0%	3	0	0	0
REYVOW	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
RINVOQ	2	100.0%	0	0.0%	0	0.0%	0	0.0%	2	0	0	0
RYDAPT	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0
SHINGRIX	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0
SILDENAFIL CITRATE	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0
SKYRIZI ON-BODY	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0

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SKYRIZI PEN	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0
SOFOSBUVIR-VELPATASVIR	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
SUNOSI	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
SYNTHROID	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
TACROLIMUS	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
TADALAFIL	1	20.0%	4	80.0%	0	0.0%	0	0.0%	5	0	0	0
TALTZ AUTOINJECTOR	1	50.0%	1	50.0%	0	0.0%	0	0.0%	2	0	0	0
TALTZ AUTOINJECTOR (3 PACK)	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
TERIPARATIDE	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
TESTOSTERONE	3	60.0%	2	40.0%	0	0.0%	0	0.0%	5	2	0	2
TESTOSTERONE CYPIONATE	5	71.4%	2	28.6%	0	0.0%	0	0.0%	7	0	0	0
TREMFYA	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
TRINTELLIX	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
TRULANCE	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
TYVASO DPI	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0
UBRELVY	6	100.0%	0	0.0%	0	0.0%	0	0.0%	6	0	0	0
VENCLEXTA	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	1	0	1
VEOZAH	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
VERZENIO	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
VIBERZI	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0
VRAYLAR	5	100.0%	0	0.0%	0	0.0%	0	0.0%	5	0	0	0
VYVANSE	2	100.0%	0	0.0%	0	0.0%	0	0.0%	2	0	0	0

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Preauthorization Rates by Drug Name

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WEGOVY	0	0.0%	3	100.0%	0	0.0%	0	0.0%	3	0	0	0
XARELTO	2	100.0%	0	0.0%	0	0.0%	0	0.0%	2	0	0	0
XIFAXAN	0	0.0%	1	50.0%	1	50.0%	0	0.0%	2	0	0	0
XIIDRA	1	50.0%	1	50.0%	0	0.0%	0	0.0%	2	0	0	0
XYOSTED	1	100.0%	0	0.0%	0	0.0%	0	0.0%	1	0	0	0
ZARXIO	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0	0	0
ZEPBOUND	0	0.0%	3	100.0%	0	0.0%	0	0.0%	3	0	0	0
Overall - Summary	122	65.9%	61	33.0%	2	1.1%	0	0.0%	185	6	0	6

Preauthorization Rates by Denial Type

KAISER PERMANENTE

KPIC CO HB19-1211 - 2024 YTD

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Denial Type	Approved	Approved %	Denied	Denied %	Partial Approved	Partial Approved %	Other	Other %	Total PA Count	Denial Overturned - Internal Appeal	Denials Overturned - IRO	Total Overturned
ADMINISTRATIVE	0	0.0%	12	100.0%	0	0.0%	0	0.0%	12	0	0	0
CLINICAL NECESSITY	0	0.0%	47	95.9%	2	4.1%	0	0.0%	49	0	0	0
NA	122	98.4%	2	1.6%	0	0.0%	0	0.0%	124	6	0	6
Overall - Summary	122	65.9%	61	33.0%	2	1.1%	0	0.0%	185	6	0	6