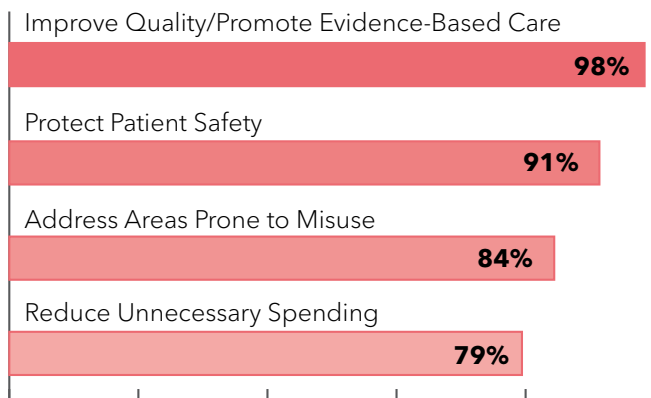


Prior Authorization: Selectively Used & Evidence-Based

RESULTS OF INDUSTRY SURVEYS

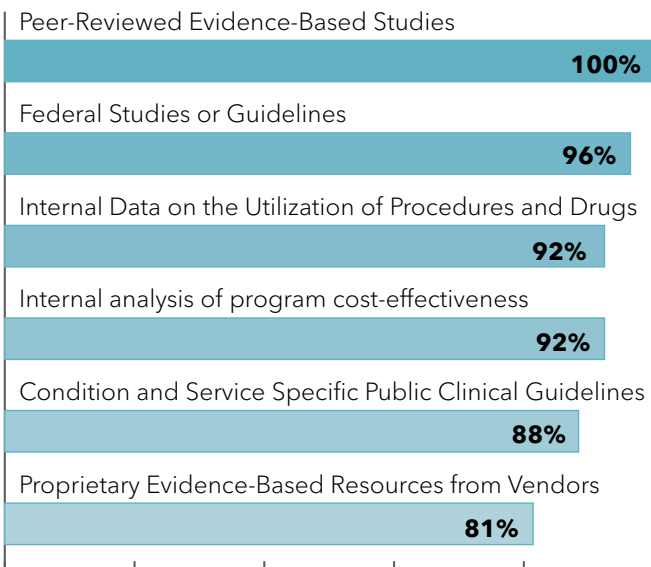
Primary Goals of Prior Authorization Programs



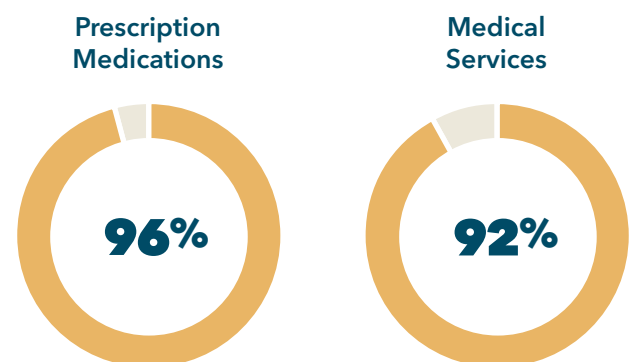
Vast Majority of Health Plans Report Positive Impacts from Prior Authorization Programs



Evidence-Based Resources Used to Design Prior Authorization Programs



Vast Majority of Plans Streamlining Prior Authorization Process



Industry-wide survey on prior authorization practices of commercial plans were conducted via a web-based tool in September-December of 2019 and February-April of 2022. The survey results are based on responses from plans covering 109-122 million commercial enrollees.

Selective Use of Prior Authorization

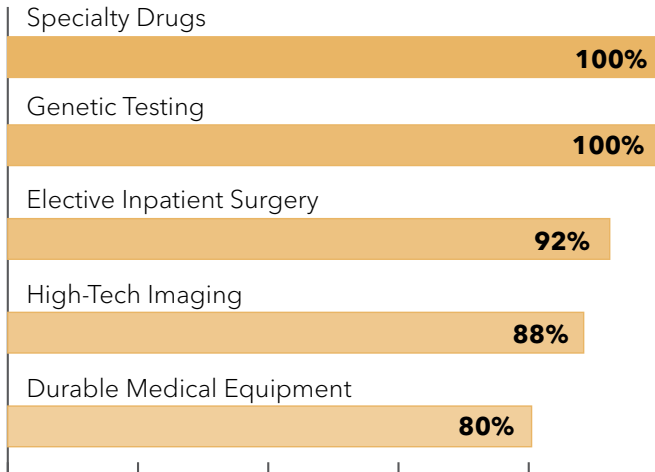


83% of commercial enrollees are in plans where less than **10% of drugs** are subject to prior authorization

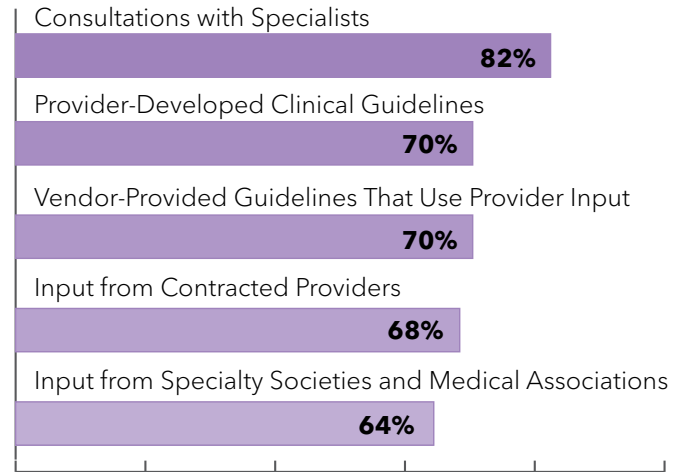


92% of commercial enrollees are in plans where less than **24% of services** are subject to prior authorization

Some of the Most Common Treatments for Prior Authorization



Prior Authorization Programs Rely on Provider Input



Three Biggest Opportunities for Improving Prior Authorization Programs

- Automating the Prior Authorization Process: **84%**
- Provider Participation in Risk Contracts: **49%**
- Evidence-Based Care Adoption: **42%**

The vast majority of plans review their lists of:

drugs (**100%**) and medical services (**96%**) that require prior authorization at least annually.



A Common Barrier to Automating Prior Authorization Programs

71% Provider Does Not Use Electronic Health Records Enabled for Electronic Prior Authorization



The Most Common Reason for an Initial Prior Authorization Request to Be Denied is that:

86% The provider did not submit the clinical information necessary with the initial request