

**HIM ARKANSAS PA Stats Regulatory Report**  
**Report Date Range: Jan 1, 2021 to 31 Mar 2021**

Plan Name	Fax Month	Denial Reason	Denied PAs
HIM ARKANSAS	202101	UNABLE TO APPROVE: Does Not Meet Medical Necessity Criteria	704
HIM ARKANSAS	202101	UNABLE TO APPROVE: Off Label Use - Diagnosis	133
HIM ARKANSAS	202101	UNABLE TO APPROVE: Formulary Alternative	96
HIM ARKANSAS	202101	UNABLE TO APPROVE: PLAN EXCLUSION	60
HIM ARKANSAS	202101	UNABLE TO APPROVE: Step Therapy	53
HIM ARKANSAS	202101	PLAN EXCLUSION: PLAN EXCLUSION	24
HIM ARKANSAS	202101	Does Not Meet Medical Necessity Criteria: UNABLE TO APPROVE	22
HIM ARKANSAS	202101	UNABLE TO APPROVE: Does Not Meet Medical Necessity Criteria: Formulary Alternative	7
HIM ARKANSAS	202101	UNABLE TO APPROVE: Request Denied - Off Label Use - dosage	5
HIM ARKANSAS	202101	PLAN EXCLUSION: UNABLE TO APPROVE	5
HIM ARKANSAS	202101	UNABLE TO APPROVE: Request Denied - Off Label Use - age	3
HIM ARKANSAS	202101	Formulary Alternative: UNABLE TO APPROVE	2
HIM ARKANSAS	202101	Off Label Use - Diagnosis: UNABLE TO APPROVE	2
HIM ARKANSAS	202101	UNABLE TO APPROVE: Step Therapy: Does Not Meet Medical Necessity Criteria	1
HIM ARKANSAS	202101	UNABLE TO APPROVE: Off Label Use - Diagnosis: Ambetter - experimental/investigational treatment	1
HIM ARKANSAS	202101	UNABLE TO APPROVE: Does Not Meet Medical Necessity Criteria: PLAN EXCLUSION	1
HIM ARKANSAS	202101	UNABLE TO APPROVE: Does Not Meet Medical Necessity Criteria: Off Label Use - Diagnosis	1
HIM ARKANSAS	202101	UNABLE TO APPROVE: PLAN EXCLUSION: PLAN EXCLUSION	1
HIM ARKANSAS	202101	PEER to PEER - APPROVED	0
HIM ARKANSAS	202101	APPROVED - pharmacy auth - BRAND	0
HIM ARKANSAS	202101	[None]	0
HIM ARKANSAS	202101	Approved under Pharmacy benefit for generic	0
HIM ARKANSAS	202101	APPROVED - Pharmacy Auth - GENERIC	0
HIM ARKANSAS	202102	UNABLE TO APPROVE: Does Not Meet Medical Necessity Criteria	589
HIM ARKANSAS	202102	UNABLE TO APPROVE: Off Label Use - Diagnosis	99
HIM ARKANSAS	202102	UNABLE TO APPROVE: Formulary Alternative	75
HIM ARKANSAS	202102	UNABLE TO APPROVE: PLAN EXCLUSION	60
HIM ARKANSAS	202102	UNABLE TO APPROVE: Step Therapy	45
HIM ARKANSAS	202102	Does Not Meet Medical Necessity Criteria: UNABLE TO APPROVE	28
HIM ARKANSAS	202102	PLAN EXCLUSION: PLAN EXCLUSION	21
HIM ARKANSAS	202102	UNABLE TO APPROVE: Does Not Meet Medical Necessity Criteria: Formulary Alternative	17
HIM ARKANSAS	202102	UNABLE TO APPROVE: Does Not Meet Medical Necessity Criteria: Step Therapy	5
HIM ARKANSAS	202102	UNABLE TO APPROVE: Does Not Meet Medical Necessity Criteria: Request Denied - Off Label Use - dosage	3
HIM ARKANSAS	202102	Off Label Use - Diagnosis: UNABLE TO APPROVE	3
HIM ARKANSAS	202102	UNABLE TO APPROVE: Request Denied - Off Label Use - dosage	2
HIM ARKANSAS	202102	UNABLE TO APPROVE: Formulary Alternative: Does Not Meet Medical Necessity Criteria	1
HIM ARKANSAS	202102	PLAN EXCLUSION: UNABLE TO APPROVE: PLAN EXCLUSION	1
HIM ARKANSAS	202102	UNABLE TO APPROVE: PLAN EXCLUSION: PLAN EXCLUSION	1
HIM ARKANSAS	202102	Does Not Meet Medical Necessity Criteria: UNABLE TO APPROVE: Formulary Alternative	1
HIM ARKANSAS	202102	Does Not Meet Medical Necessity Criteria: PLAN EXCLUSION: PLAN EXCLUSION	1
HIM ARKANSAS	202102	UNABLE TO APPROVE: Does Not Meet Medical Necessity Criteria: Off Label Use - Diagnosis	1
HIM ARKANSAS	202102	Formulary Alternative: UNABLE TO APPROVE: Off Label Use - Diagnosis	1
HIM ARKANSAS	202102	UNABLE TO APPROVE: Does Not Meet Medical Necessity Criteria: PLAN EXCLUSION: PLAN EXCLUSION	1
HIM ARKANSAS	202102	[None]	0

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Plan Name	Fax Month	Denial Reason	Denied PAs
HIM ARKANSAS	202102	Approved under Pharmacy benefit for generic	0
HIM ARKANSAS	202102	APPROVED - pharmacy auth - BRAND	0
HIM ARKANSAS	202102	PEER to PEER - APPROVED	0
HIM ARKANSAS	202102	APPROVED - Pharmacy Auth - GENERIC	0
HIM ARKANSAS	202103	UNABLE TO APPROVE: Does Not Meet Medical Necessity Criteria	775
HIM ARKANSAS	202103	UNABLE TO APPROVE: Off Label Use - Diagnosis	114
HIM ARKANSAS	202103	UNABLE TO APPROVE: Formulary Alternative	79
HIM ARKANSAS	202103	UNABLE TO APPROVE: Step Therapy	60
HIM ARKANSAS	202103	Does Not Meet Medical Necessity Criteria: UNABLE TO APPROVE	45
HIM ARKANSAS	202103	UNABLE TO APPROVE: PLAN EXCLUSION	45
HIM ARKANSAS	202103	PLAN EXCLUSION: PLAN EXCLUSION	44
HIM ARKANSAS	202103	UNABLE TO APPROVE: Does Not Meet Medical Necessity Criteria: Formulary Alternative	40
HIM ARKANSAS	202103	UNABLE TO APPROVE: Does Not Meet Medical Necessity Criteria: Step Therapy	12
HIM ARKANSAS	202103	Off Label Use - Diagnosis: UNABLE TO APPROVE	9
HIM ARKANSAS	202103	Step Therapy: UNABLE TO APPROVE	5
HIM ARKANSAS	202103	UNABLE TO APPROVE: Request Denied - Off Label Use - dosage	4
HIM ARKANSAS	202103	UNABLE TO APPROVE: Does Not Meet Medical Necessity Criteria: Request Denied - Off Label Use - dosage	4
HIM ARKANSAS	202103	Formulary Alternative: UNABLE TO APPROVE	3
HIM ARKANSAS	202103	PLAN EXCLUSION: UNABLE TO APPROVE	3
HIM ARKANSAS	202103	UNABLE TO APPROVE: Does Not Meet Medical Necessity Criteria: Off Label Use - Diagnosis	2
HIM ARKANSAS	202103	UNABLE TO APPROVE: Formulary Alternative: Does Not Meet Medical Necessity Criteria	2
HIM ARKANSAS	202103	UNABLE TO APPROVE: PLAN EXCLUSION: Request Denied - Off Label Use - dosage	1
HIM ARKANSAS	202103	UNABLE TO APPROVE: Off Label Use - Diagnosis: Does Not Meet Medical Necessity Criteria	1
HIM ARKANSAS	202103	UNABLE TO APPROVE: Step Therapy: Does Not Meet Medical Necessity Criteria	1
HIM ARKANSAS	202103	PLAN EXCLUSION: PLAN EXCLUSION: UNABLE TO APPROVE	1
HIM ARKANSAS	202103	Does Not Meet Medical Necessity Criteria: UNABLE TO APPROVE: Formulary Alternative	1
HIM ARKANSAS	202103	APPEAL - APPROVED BY PLAN: APPROVED - pharmacy auth - BRAND	0
HIM ARKANSAS	202103	APPEAL - APPROVED BY PLAN: Approved under Pharmacy benefit for generic	0
HIM ARKANSAS	202103	Approved under Pharmacy benefit for generic	0
HIM ARKANSAS	202103	ACARIA HEALTH SPECIALTY	0
HIM ARKANSAS	202103	PEER to PEER - APPROVED	0
HIM ARKANSAS	202103	APPROVED - pharmacy auth - BRAND	0
HIM ARKANSAS	202103	[None]	0