

# Pharmacy Report

Health Plan I 2162934  
 Health Plan I AmeriHealth Caritas Louisiana  
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34,043  
 116,014

# BAYOU HEALTH Reporting

Document ID: RX055  
 Document Name: **Pharmacy Report**  
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	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
<b>Total number of prior authorizations requested</b>	6,042	4,136	3,083	2,554	2,473	2,168	3,153	2,359	1,948	2,274	2,006	1,870
P.A. requests voided (incomplete)	1,531	1,067	764	696	652	565	799	562	446	572	494	434
P.A. Approved (on Initial request)	3,222	2,098	1,455	1,253	1,282	1,148	1,566	1,237	980	1,071	1,012	973
PA Denied	1,289	971	864	605	539	455	788	560	522	631	500	463
P.A. appeals												
P.A. denials upheld												
P.A. denials that are overturned												
Prescriber provided more information (internal decision by Plan)												
Overturned by DAL												
<b>Total number of unduplicated claims received</b>	282,048	241,758	253,818	251,963	245,648	209,350	228,308	236,897	231,885	247,805	226,526	240,933
<b>Total number of unduplicated claims paid</b>	171,935	155,589	166,807	167,426	164,759	138,737	151,443	160,163	157,504	169,816	154,896	163,618
<b>Total number of unduplicated claims denied</b>	81,971	66,106	66,857	65,265	62,339	55,333	59,128	60,340	58,422	61,723	56,794	61,267
Required PA not obtained	35	26	48	44	120	198	3,121	465	378	457	550	490
Denials for step-therapy	10,800	4,405	4,146	3,485	3,117	2,635	2,734	2,484	2,266	2,330	2,045	2,289
Other clinical edit denials (excluding step-therapy)	23,406	19,289	19,325	18,133	17,816	15,396	16,719	16,641	16,283	16,847	15,424	16,620
Non-clinical edit denials	81,773	65,943	66,669	65,152	62,263	55,273	59,026	60,166	58,256	61,592	56,678	61,166
# of prescription claims subject to prior authorization	25,310	18,738	18,841	18,035	17,377	14,302	16,867	15,479	15,105	15,359	14,022	15,308
# of prescription claims subject to step-therapy or fail first protocols	2,832	1,325	1,313	1,237	1,173	978	870	915	854	907	814	740
<b>Attach current PDL/PA list*</b>												
<b>Comments:</b> Please provide any relevant information about changes or implementations that would affect this report.												

\* - Current Preferred drug list and prior authorization list of medications. Submit initially and when changes are made.