Appendix XXXII: Louisiana Healthcare Connections 2013 Pharmacy Report

Pharmacy Report

BAYOU HEALTH Reporting

Health Plan ID: 2162845	Document ID:	PX055	Revision Date: 11/01/2013
Health Plan Name: Louisiana Healthcare Connections	Document Name:	**Pharmacy Report**	
Health Plan Contact: Alesia Wilkins-Braxton	Reporting Frequency:	Monthly	
Contact Email: albraxton@centene.com	Report Due Date:	15th of the month following end of reporting period	
Report Period Start Date: 1/1/2013	File Type:	Excel	
Report Period End Date: 12/31/2013	Subject Matter:	Pharmacy (X)	

	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Total number of prior authorizations requested	5811	6072	3455	2751	2404	1763	1878	2292	2160	2382	2611	2061
P.A. requests voided (incomplete)	1	5	2	3	1	2	0	1	1	0	0	1
P.A. Approved (on Initial request)	2199	2898	1279	914	893	750	682	883	731	837	1136	863
PA Denied	3611	3169	2174	1834	1510	1011	1196	1408	1428	1545	1475	1197
P.A. appeals	1	12	21	40	73	37	45	46	62	42	34	42
P.A. denials upheld	0	0	4	4	13	11	4	9	6	6	5	3
P.A. denials that are overturned	1	12	17	36	58	23	36	34	54	32	27	36
Prescriber provided more information (internal decision by Plan)												
Overturned by DAL												
*Invaild	0	0	0	0	2	3	5	3	2	4	2	3
Total number of unduplicated claims received	224073	196045	203703	187666	191153	157728	170285	181432	178335	192736	175445	184465
Total number of unduplicated claims paid	161208	143696	153472	142644	148612	122479	133369	141298	139907	151558	137394	145766
Total number of unduplicated claims denied	62865	52349	50231	45022	42541	35249	36916	40134	38428	41178	38051	38699
Required PA not obtained												
Denials for step-therapy												
Other clinical edit denials (excluding step-therapy)												
Non-clinical edit denials												
# of prescription claims subject to prior authorization	24927	17105	13549	11134	9745	7451	7666	8985	8440	8664	8950	8460
# of prescription claims subject to step-therapy or fail first protocols												
Attach current PDL/PA list*												

Comments: *Please provide any relevant information about changes or implementations that would affect these numbers.*

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

The Formulary is attached in Tab 3