

ANNUAL PRIOR AUTHORIZATION STATISTICS

Prescription Drugs

Oscar Health provides the following information to comply with a regulatory requirement for the state of **Texas** to disclose information for services that require pre-service review. The following report details the number of pre-service requests that have received approvals and adverse determinations (denials) for the plan year of 2022.

| Annual Prior Authorization Volume, by Outcome | | | | | | | |
|---|-----------|----------|----------------|-----------|----------|---------------|---------------|
| | Approved | | | Denied | | | Total |
| | Expedited | Standard | Total Approved | Expedited | Standard | Total Denied | |
| Prior Authorization Requests Received (count) | 2,860 | 4,046 | 6,906 | 5,263 | 10,352 | 15,615 | 22,521 |
| Prior Authorization Requests Received (rate) | 12.7% | 18.0% | 30.7% | 23.4% | 46.0% | 69.3% | 100% |

| Annual Appeal Volume, by Outcome | | | | | | | |
|----------------------------------|-----------------------|----------|------------------|-----------------|----------|--------------|-------------|
| | Overturned (Approved) | | | Upheld (Denied) | | | Total |
| | Expedited | Standard | Total Overturned | Expedited | Standard | Total Upheld | |
| Appeal Requests Received (count) | 202 | 193 | 395 | 161 | 161 | 322 | 717 |
| Appeal Requests Received (rate) | 28.2% | 26.9% | 55.1% | 22.5% | 22.5% | 44.9% | 100% |

| Rate of Adverse Determinations Overturned by an IRO | |
|--|---|
| Appeals Overturned by an Independent Review Organization (IRO) | 0 |

| Annual Prior Authorization Volume, by Patient Indication (Diagnosis) Top Thirty (30) | | | |
|---|--|-------------|-------|
| No. | Consumer Description | ICD-10 Code | % |
| 1 | Type 2 diabetes mellitus with hyperglycemia | E11.65 | 7.14% |
| 2 | Type 2 diabetes mellitus without complications | E11.9 | 4.98% |
| 3 | Mixed hyperlipidemia | E78.2 | 4.80% |
| 4 | Hyperlipidemia, unspecified | E78.5 | 4.80% |
| 5 | Testicular hypofunction | E29.1 | 2.86% |
| 6 | Acne vulgaris | L70.0 | 2.54% |
| 7 | Chronic pain syndrome | G89.4 | 2.39% |
| 8 | Psoriasis vulgaris | L40.0 | 1.74% |
| 9 | Gastro-esophageal reflux disease without esophagitis | K21.9 | 1.61% |
| 10 | Attn-defct hyperactivity disorder, predominately inattentive type | F90.0 | 1.33% |
| 11 | Major depressive disorder, recurrent, moderate | F33.1 | 1.29% |
| 12 | Migraine, unspecified, not intractable, without status migrainosus | G43.909 | 1.28% |
| 13 | Pure hypercholesterolemia, unspecified | E78.00 | 1.20% |
| 14 | Major depressive disorder, recurrent severe without psychotic features | F33.2 | 1.17% |

| | | | |
|----|--|---------|-------|
| 15 | Attention-deficit hyperactivity disorder, combined type | F90.2 | 1.03% |
| 16 | Pure hyperglyceridemia | E78.1 | 0.93% |
| 17 | Dry eye syndrome of bilateral lacrimal glands | H04.123 | 0.88% |
| 18 | Type 2 diabetes mellitus with other specified complication | E11.69 | 0.87% |
| 19 | Migraine w/o aura, not intractable, w/o status migrainosus | G43.009 | 0.76% |
| 20 | Atopic Dermatitis | L20.9 | 0.74% |
| 21 | Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral | H16.223 | 0.72% |
| 22 | Chronic migraine without aura, not intractable, without status migrainosus | G43.709 | 0.69% |
| 23 | Atherosclerotic heart disease of native coronary artery wo angina pectoris | I25.10 | 0.69% |
| 24 | Fibromyalgia | M79.7 | 0.67% |
| 25 | Exposure to HIV virus | Z20.6 | 0.66% |
| 26 | Radiculopathy, lumbar region | M54.16 | 0.64% |
| 27 | Age-related osteoporosis w/o current pathological fracture | M81.0 | 0.60% |
| 28 | Rheumatoid arthritis, unspecified | M06.9 | 0.59% |
| 29 | Attention-deficit hyperactivity disorder, unspecified type | F90.9 | 0.54% |
| 30 | Type 2 diabetes mellitus with diabetic polyneuropathy | E11.42 | 0.52% |

| Top Five (5) Reasons for Adverse Determinations (Denials) | | |
|---|--|-------|
| No. | Reason | % |
| 1 | Criteria for medical necessity not met (general) | 28.0% |
| 2 | Criteria for medical necessity not met (non-formulary) | 19.0% |
| 3 | Missing required information (clinical) | 2.4% |
| 4 | Exceeds quantity limit | 1.5% |
| 5 | Missing required information (admin) | 0.8% |

| Annual Prior Authorization Volume, by Requesting Prescriber Top Ten (10) | |
|---|-------------------------------------|
| No. | Requesting Prescriber Type |
| 1 | Doctor of Medicine (MD) |
| 2 | Nurse Practitioner (NP) |
| 3 | Doctor of Osteopathic Medicine (DO) |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| No. | Requesting Prescriber Specialty |
| 1 | Family Practice |
| 2 | Nurse Practitioner |

| | |
|----|---------------------------------------|
| 3 | Internal Medicine |
| 4 | Physician Assistant |
| 5 | Psychiatrist |
| 6 | Dermatologist |
| 7 | OBGYN (Obstetrician and Gynecologist) |
| 8 | Cardiologist |
| 9 | Ophthalmologist |
| 10 | Oncologist |