

Prior Authorization Quarterly Report  
Period:

Label Name	Therapeutic Category / Drug or Drug Class Name	Submitted	RXs Requiring Review	Reviews Requested	APPROVALS				DENIALS		
					Original	Preapproval/ Renewals	Appeal	Approval Rate % <sup>(1)</sup>	Original	Preapproval/ Renewals	Appeal
Category Subtotal											
Total Q1 2017											
Total YTD 2017											

**NOTES:**  
(1) Denial Rate is the inverse of the approval rate.