



2026 Preauthorization Statistics for Indiana Plans with ESI QUARTER 1

Provider Specialty	Drug Name	Indication	PA Case Decision	Denial Reason Type	Decision Appealed?	Appeal Decision	Case Turnaround Time (Days)
Pediatrics	INSULIN ASPART 100 UNIT/ML VL	N/A	Approved	N/A	N/A	N/A	0.01
Internal Medicine	SKYRIZI 150 MG/ML PEN	Psoriatic Arthritis (PsA)	Denied	Medical Necessity	Yes	Approved	0.63
Nurse Practitioner	AUVELITY ER 45-105 MG TABLET	Major Depressive Disorder (MDD)	Approved	N/A	N/A	N/A	0
Internal Medicine	ITRACONAZOLE 10 MG/ML SOLUTION	Systemic infection such as pulmonary or extrapulmonary blastomycosis, histoplasmosis (including chronic cavitary pulmonary disease and disseminated, non-meningeal histoplasmosis), or pulmonary or extrapulmonary aspergillosis	Approved	N/A	N/A	N/A	0
Internal Medicine	DUPIXENT 300 MG/2 ML SYRINGE	Moderate to severe atopic dermatitis	Denied	Lack Of Information	No	N/A	15
Nurse Practitioner	DOXEPIN HCL 6 MG TABLET	N/A	Approved	N/A	N/A	N/A	0
Dermatology	SKYRIZI 150 MG/ML PEN	Moderate to severe plaque psoriasis (PsO)	Approved	N/A	N/A	N/A	0.01
Internal Medicine	SKYRIZI 150 MG/ML PEN	Psoriatic Arthritis (PsA)	Denied	Medical Necessity	Yes	N/A	0.04
Dermatology	SKYRIZI 150 MG/ML PEN	Moderate to severe plaque psoriasis (PsO)	Approved	N/A	N/A	N/A	0
Internal Medicine	DUPIXENT 300 MG/2 ML PEN	Eosinophilic esophagitis	Denied	Medical Necessity	No	N/A	0.33
Physician Assistant	DUPIXENT 300 MG/2 ML SYRINGE	Moderate to severe atopic dermatitis	Approved	N/A	N/A	N/A	0