



**2025 PRIOR AUTHORIZATION DETERMINATIONS
PURSUANT TO DC B25-124**

MEDICAL					
MEDICATION, TEST, PROCEDURE OR TREATMENT	INDICATION OFFERED (DX)	DENIAL REASON	TIME BETWEEN SUBMISSION DATE AND DETERMINATION DATE	TIME BETWEEN SUBMISSION OF APPEAL AND DETERMINATION	SPECIALTY OF PHYSICIAN REVIEWER Please see link here:
MRI - spinal canal and contents, lumbar; without contrast material	Radiculopathy lumbar region	Not Medically Necessary	4	N/A	Product Disclosures Cigna Healthcare
IP General Medicine	Unspecified abdominal pain	Requested Information Not Received	1	N/A	
Injection - Ferumoxytol	Other iron deficiency anemias	Medical Director Decision	2	N/A	
Therapeutic Exercise	Low back pain, unspecified	Not Medically Necessary	1	N/A	
MEDICAL APPEALS					
		TOTAL NUMBER OF APPEALS	0		
		TOTAL APPROVED	0		
		TOTAL DENIED	0		

PHARMACY
Wellfleet pharmacy data can be found at the following link:
Prior Authorization Resources Evernorth