

PRIOR AUTHORIZATION ANNUAL REPORT FORM

Company Name: Slate Rx, LLC **Date of Submission:** 5/28/2026

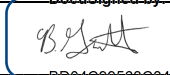
Registration Number: 15050202 **Reporting Period:** 2025

Contact Person: Jennilyn Nevins **Email:** Legal@Slate-Rx.com **Phone:** 888-915-9135

Prior Authorization (PA) *SlateRx did not have any non-ERISA members in Mississippi for the reporting period.

Total Number of PA Requested	Total Number of PA Request Denied	Total Number of PA Appeals Received	Total Number of PA Adverse Determination reversed on appeals	Out of the Total Number of PA requests, the number of PA requests NOT Submitted Electronically	Total Number of PA Claims for Health Care Services that were examined through a POST Service Utilization Review Process	Total Number of PA Claims for Health Care Services that were denied through a POST Service Utilization Review Process	Total Percentage (%) of PA Claims for Health Care Services denied through POST service utilization review
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Ten (10) Health Care Services that were most frequently denied through Prior Authorization:	
1	N/A
2	
3	
4	
5	
6	
7	
8	
9	
10	

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Ten (10) Reasons for Prior Authorizations Requests were most frequently Denied:	
1	N/A
2	
3	
4	
5	
6	
7	
8	
9	
10	

Ten (10) Health Care Services that were MOST Frequently Denied as a POST Service Utilization Review:	
1	N/A
2	
3	
4	
5	
6	
7	
8	
9	
10	

Are there any Prior Authorizations Requirements that have been Removed?
N/A

Signed by:  **VP & CFO**

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