

Quartz 2023 Prior Authorization Data – Illinois

Individual Plans (see page 7 for Group plans)

	Total # of Medical PA Requests	282	Total # of Pharmacy PA Requests	389
Determination	Approved	253	Approved	253
	Denied	29	Denied	136
Submission Method	Electronic	111	Electronic	379
	Other	171	Other	10
Top Denial Reasons	Facility/Provider Not in Network	10	Not Medically Necessary, which includes Does Not Meet Medical Criteria	89
	Does Not Meet Medical Criteria	7	Excluded	47
	Not Medically Necessary	8		
	Not a Covered Benefit	2		
	Experimental/Investigational	1		
Insufficient Information	1			
Average Review Time in days		0.83		1.18

Medical Services **Requiring Prior Authorization**

Type of Health Care Service	# of Requests for the Service	# of Denials for the Service	How Many Denials Were Appealed?	# Appeals Upheld (stayed denied)	# Appeals Overturned (changed to approved)
Behavioral Health (BH) Outpatient	20	1	0	0	0
BH Inpatient	8	0	N/A	N/A	N/A
Chiropractic Services	7	0	N/A	N/A	N/A
Durable Medical Equipment (DME)	38	2	0	0	0
Genetic Testing	6	2	1	1	0
Home Health Care/ Home Infusion	15	0	N/A	N/A	N/A
Hospice	3	0	N/A	N/A	N/A
Hospital Inpatient	20	1	0	0	0

Type of Health Care Service	# of Requests for the Service	# of Denials for the Service	How Many Denials Were Appealed?	# Appeals Upheld (stayed denied)	# Appeals Overturned (changed to approved)
Out of Network Services	15	10	3	2	1
Pain Management	1	0	N/A	N/A	N/A
Clinically Administered Drugs	44	3	1	1	0
Procedure (Outpatient)*	52	9	3	2	1
Skilled Nursing Facility	1	0	N/A	N/A	N/A
Substance Use Disorder	5	0	N/A	N/A	N/A
Physical Therapy	1	0	N/A	N/A	N/A
Radiology Services	40	1	0	0	0
Urgent/Emergent Care	2	0	N/A	N/A	N/A
Chiropractic Visits**	4	0	N/A	N/A	N/A

*Procedure (Outpatient) could include varicose vein surgery, surgery to change the shape of the nose, breast reduction, etc.

**Chiropractic visits are managed by Quartz delegate Fulcrum

Pharmacy Services **Requiring Prior Authorization**

Generic Name	Brand Name	# of Requests for this Drug/Supply	# of Denials for this Drug/Supply	How Many Denials Were Appealed?	# of Appeals Upheld (stayed denied)	# of Appeals Overturned (changed to approved)
ABATACEPT	ORENCIA CLICKJECT	1	0	N/A	N/A	N/A
ABEMACICLIB	VERZENIO	1	0	N/A	N/A	N/A
ACYCLOVIR	ACYCLOVIR	1	1	0	0	0
ADALIMUMAB	HUMIRA (2 PEN)	6	1	0	0	0
ADALIMUMAB	HUMIRA (2 SYRINGE)	1	0	N/A	N/A	N/A
ADALIMUMAB	HUMIRA-PSORIASIS/UVEIT STARTER	1	1	0	0	0
ALIROCUMAB	PRALUENT	1	0	N/A	N/A	N/A
APREMILAST	OTEZLA	6	2	1	1	0
ATOGEPAANT	QULIPTA	5	5	0	0	0
AZATHIOPRINE	AZATHIOPRINE	1	1	0	0	0
BEMPEDOIC ACID	NEXLETOL	1	1	0	0	0

Generic Name	Brand Name	# of Requests for this Drug/Supply	# of Denials for this Drug/Supply	How Many Denials Were Appealed?	# of Appeals Upheld (stayed denied)	# of Appeals Overturned (changed to approved)
CANDESARTAN CILEXETIL	CANDESARTAN CILEXETIL	3	2	0	0	0
CERTOLIZUMAB PEGOL	CIMZIA	1	0	N/A	N/A	N/A
CICLOPIROX	CICLOPIROX	1	1	0	0	0
CLOBETASOL PROPIONATE	IMPOYZ	2	1	0	0	0
CLOMIPRAMINE HCL	CLOMIPRAMINE HCL	1	0	N/A	N/A	N/A
CONTINUOUS BLOOD GLUCOSE RECEIVER	DEXCOM G6 RECEIVER	13	0	N/A	N/A	N/A
CONTINUOUS BLOOD GLUCOSE RECEIVER	DEXCOM G7 RECEIVER	8	1	0	0	0
CONTINUOUS BLOOD GLUCOSE SENSOR	DEXCOM G6 SENSOR	15	2	0	0	0
CONTINUOUS BLOOD GLUCOSE SENSOR	DEXCOM G7 SENSOR	13	4	0	0	0
CONTINUOUS BLOOD GLUCOSE SENSOR	FREESTYLE LIBRE 2 SENSOR	2	1	0	0	0
CONTINUOUS BLOOD GLUCOSE SENSOR	FREESTYLE LIBRE 3 SENSOR	3	2	0	0	0
CONTINUOUS BLOOD GLUCOSE TRANSMITTER	DEXCOM G6 TRANSMITTER	13	0	N/A	N/A	N/A
DALFAMPRIDINE	DALFAMPRIDINE ER	2	0	N/A	N/A	N/A
DESOXIMETASONE	DESOXIMETASONE	2	1	0	0	0
DESVENLAFAXINE SUCCINATE	DESVENLAFAXINE SUCCINATE ER	1	0	N/A	N/A	N/A
DEXLANSOPRAZOLE	DEXLANSOPRAZOLE	2	1	0	0	0
DICLOFENAC POTASSIUM (MIGRAINE)	CAMBIA	1	0	N/A	N/A	N/A
DICLOFENAC POTASSIUM (MIGRAINE)	DICLOFENAC POTASSIUM (MIGRAINE)	1	0	N/A	N/A	N/A
DIMETHYL FUMARATE	DIMETHYL FUMARATE	1	0	N/A	N/A	N/A
DIMETHYL FUMARATE	DIMETHYL FUMARATE STARTER PACK	1	0	N/A	N/A	N/A

Generic Name	Brand Name	# of Requests for this Drug/Supply	# of Denials for this Drug/Supply	How Many Denials Were Appealed?	# of Appeals Upheld (stayed denied)	# of Appeals Overturned (changed to approved)
DULAGLUTIDE	TRULICITY	49	5	0	0	0
DUPIUMAB	DUPIXENT	6	2	0	0	0
EMPAGLIFLOZIN	JARDIANCE	3	3	0	0	0
ERENUMAB-AOOE	AIMOVIG	4	0	N/A	N/A	N/A
ESKETAMINE HCL	SPRAVATO (56 MG DOSE)	1	1	0	0	0
ESOMEPRAZOLE MAGNESIUM	ESOMEPRAZOLE MAGNESIUM	1	0	N/A	N/A	N/A
ETANERCEPT	ENBREL SURECLICK	2	0	N/A	N/A	N/A
EVOLOCUMAB	REPATHA SURECLICK	5	1	0	0	0
FEBUXOSTAT	FEBUXOSTAT	1	0	N/A	N/A	N/A
FIDAXOMICIN	DIFICID	3	2	0	0	0
FINASTERIDE	FINASTERIDE	1	1	0	0	0
FREMANEZUMAB-VFRM	AJOVY	2	0	N/A	N/A	N/A
GALCANEZUMAB-GNLM	EMGALITY	14	0	N/A	N/A	N/A
ICOSAPENT ETHYL	ICOSAPENT ETHYL	1	0	N/A	N/A	N/A
INSULIN ASPART	NOVOLOG FLEXPEN	2	0	N/A	N/A	N/A
INSULIN ASPART (W/NIACINAMIDE)	FIASP	1	0	N/A	N/A	N/A
INSULIN DEGLUDEC	INSULIN DEGLUDEC FLEXTOUCH	4	1	0	0	0
INSULIN DEGLUDEC	TRESIBA FLEXTOUCH	1	1	0	0	0
INSULIN DETEMIR	LEVEMIR	1	1	0	0	0
INSULIN DETEMIR	LEVEMIR FLEXTOUCH	4	3	0	0	0
INSULIN DISPOSABLE PUMP	OMNIPOD 5 G6 INTRO (GEN 5)	1	0	N/A	N/A	N/A
INSULIN DISPOSABLE PUMP	OMNIPOD 5 G6 PODS (GEN 5)	2	0	N/A	N/A	N/A
INSULIN DISPOSABLE PUMP	OMNIPOD DASH PODS (GEN 4)	1	0	N/A	N/A	N/A
INSULIN GLARGINE	BASAGLAR KWIKPEN	1	1	0	0	0
INSULIN GLARGINE	LANTUS SOLOSTAR	1	0	N/A	N/A	N/A
INSULIN GLARGINE	TOUJEO SOLOSTAR	1	1	0	0	0
INSULIN GLARGINE-LIXISENATIDE	SOLIQUA	1	0	N/A	N/A	N/A
LACOSAMIDE	LACOSAMIDE	3	2	0	0	0

Generic Name	Brand Name	# of Requests for this Drug/Supply	# of Denials for this Drug/Supply	How Many Denials Were Appealed?	# of Appeals Upheld (stayed denied)	# of Appeals Overturned (changed to approved)
LAMOTRIGINE	LAMOTRIGINE ER	1	0	N/A	N/A	N/A
LASMIDITAN SUCCINATE	REYVOW	1	0	N/A	N/A	N/A
LEVOTHYROXINE SODIUM	TIROSINT	1	0	N/A	N/A	N/A
LIFITEGRAST	XIIDRA	1	0	N/A	N/A	N/A
LINACLOTIDE	LINZESS	6	3	0	0	0
LIRAGLUTIDE	VICTOZA	1	0	N/A	N/A	N/A
LIRAGLUTIDE -WEIGHT MANAGEMENT	SAXENDA	4	4	0	0	0
LISDEXAMFETAMINE DIMESYLATE	VYVANSE	4	1	0	0	0
LURASIDONE HCL	LURASIDONE HCL	5	0	N/A	N/A	N/A
METHYLPHENIDATE HCL	METHYLPHENIDATE HCL ER (OSM)	1	1	0	0	0
MIRABEGRON	MYRBETRIQ	4	1	0	0	0
MOMETASONE FURO-FORMOTEROL FUM	DULERA	1	0	N/A	N/A	N/A
NALOXEGOL OXALATE	MOVANTIK	2	1	0	0	0
NALTREXONE	VIVITROL	1	1	0	0	0
NA SULFATE-K SULFATE-MG SULF	NA SULFATE-K SULFATE-MG SULF	1	0	N/A	N/A	N/A
NEBIVOLOL HCL	NEBIVOLOL HCL	1	0	N/A	N/A	N/A
NILOTINIB HCL	TASIGNA	1	0	N/A	N/A	N/A
OFATUMUMAB	KESIMPTA	1	1	1	1	0
ORAL WOUND CARE PRODUCTS	MUGARD	1	0	N/A	N/A	N/A
OZANIMOD HCL	ZEPOSIA 7-DAY STARTER PACK	1	1	0	0	0
PANCRELIPASE (LIP-PROT-AMYL)	VIOKACE	1	0	N/A	N/A	N/A
PENCICLOVIR	PENCICLOVIR	1	0	N/A	N/A	N/A
REGORAFENIB	STIVARGA	1	1	0	0	0
RIMEGEPANT SULFATE	NURTEC	4	0	N/A	N/A	N/A
RISANKIZUMAB-RZAA	SKYRIZI	2	0	N/A	N/A	N/A

Generic Name	Brand Name	# of Requests for this Drug/Supply	# of Denials for this Drug/Supply	How Many Denials Were Appealed?	# of Appeals Upheld (stayed denied)	# of Appeals Overturned (changed to approved)
RISANKIZUMAB-RZAA	SKYRIZI PEN	5	0	N/A	N/A	N/A
ROFLUMILAST	ZORYVE	1	0	N/A	N/A	N/A
RUXOLITINIB PHOSPHATE	OPZELURA	1	0	N/A	N/A	N/A
SECUKINUMAB	COSENTYX SENSOREADY (300 MG)	1	0	N/A	N/A	N/A
SEMAGLUTIDE	OZEMPIC (0.25 OR 0.5 MG/DOSE)	12	8	0	0	0
SEMAGLUTIDE	OZEMPIC (1 MG/DOSE)	6	4	0	0	0
SEMAGLUTIDE	OZEMPIC (2 MG/DOSE)	1	0	N/A	N/A	N/A
SEMAGLUTIDE	RYBELSUS	6	6	1	1	0
SEMAGLUTIDE-WEIGHT MANAGEMENT	WEGOVY	19	19	2	2	0
SILDENAFIL CITRATE	SILDENAFIL CITRATE	4	4	0	0	0
SUMATRIPTAN	TOSYMRA	1	0	N/A	N/A	N/A
SUVOREXANT	BELSOMRA	1	0	N/A	N/A	N/A
TADALAFIL	TADALAFIL	3	2	0	0	0
TESTOSTERONE	TESTOSTERONE	6	2	0	0	0
TESTOSTERONE CYPIONATE	TESTOSTERONE CYPIONATE	3	0	N/A	N/A	N/A
TIRZEPATIDE	MOUNJARO	23	19	0	0	0
TOCILIZUMAB	ACTEMRA ACTPEN	1	0	N/A	N/A	N/A
TRIFLURIDINE-TIPIRACIL	LONSURF	2	1	0	0	0
UBROGEPANT	UBRELVY	4	0	N/A	N/A	N/A
UPADACITINIB	RINVOQ	4	0	N/A	N/A	N/A
USTEKINUMAB	STELARA	1	0	N/A	N/A	N/A
VALBENZAZINE TOSYLATE	INGREZZA	1	0	N/A	N/A	N/A
VILOXAZINE HCL	QELBREE	4	3	0	0	0
VORTIOXETINE HBR	TRINTELLIX	2	0	N/A	N/A	N/A
ZOLMITRIPTAN	ZOLMITRIPTAN	1	0	N/A	N/A	N/A

Group Plans

	Total # of Medical PA Requests	202	Total # of Pharmacy PA Requests	157
Determination	Approved	171	Approved	92
	Denied	31	Denied	65
Submission Method	Electronic	81	Electronic	113
	Other	119	Other	44
Denial Reasons	Does Not Meet Medical Criteria	8	Excluded	18
	Facility/Provider Not in Network	2	Not Medically Necessary, which includes PA criteria not met	47
	Not a Covered Benefit	1		
	Not Medically Necessary (includes services considered experimental & investigational and services that are above the standard of care)	20		
Average Review Time in days		0.93		1.12

Medical Services Requiring Prior Authorization

Type of Health Care Service	# of Requests for the Service	# of Denials for the Service	How Many Denials Were Appealed?	# Appeals Upheld (stayed denied)	# Appeals Overturned (changed to approved)
Autism Services	2	0	N/A	N/A	N/A
Behavioral Health (BH) Outpatient	14	0	N/A	N/A	N/A
BH Inpatient	4	0	N/A	N/A	N/A
Chiropractic Services	2	0	N/A	N/A	N/A
Diagnostic Laboratory Testing	4	1	0	0	0
Durable Medical Equipment (DME)	41	3	0	0	0
Genetic Testing	4	1	0	0	0
Home Health Care/ Home Infusion	7	0	N/A	N/A	N/A
Hospital Inpatient	10	2	0	0	0
Out of Network Services	1	1	0	0	0

Type of Health Care Service	# of Requests for the Service	# of Denials for the Service	How Many Denials Were Appealed?	# Appeals Upheld (stayed denied)	# Appeals Overturned (changed to approved)
Clinically Administered Drugs	24	4	0	0	0
Procedure (Outpatient)*	64	13	0	0	0
Radiology	22	5	0	0	0
Substance Use Disorder	3	1	1	1	0

*Procedure (Outpatient) could include varicose vein surgery, surgery to change the shape of the nose, breast reduction, etc.

Pharmacy Services **Requiring Prior Authorization**

Generic Name	Brand Name	# of Requests for this Drug/Supply	# of Denials for this Drug/Supply	How Many Denials Were Appealed?	# of Appeals Upheld (stayed denied)	# of Appeals Overturned (changed to approved)
ADALIMUMAB	HUMIRA (2 PEN)	2	0	N/A	N/A	N/A
ALBUTEROL SULFATE	VENTOLIN HFA	1	1	0	0	0
APREMILAST	OTEZLA	3	3	3	3	0
ATOGEPAANT	QULIPTA	5	3	0	0	0
BECLOMETHASONE DIPROP HFA	QVAR REDHALER	1	0	N/A	N/A	N/A
BUPRENORPHINE	SUBLOCADE	1	1	0	0	0
CARIPRAZINE HCL	VRAYLAR	2	1	0	0	0
CHORIONIC GONADOTROPIN	CHORIONIC GONADOTROPIN	1	0	N/A	N/A	N/A
CLASCOTERONE	WINLEVI	1	1	0	0	0
CLINDAMYCIN PHOS-BENZOYL PEROX	CLINDAMYCIN PHOS-BENZOYL PEROX	2	2	0	0	0
CONTINUOUS BLOOD GLUCOSE RECEIVER	DEXCOM G6 RECEIVER	2	0	N/A	N/A	N/A
CONTINUOUS BLOOD GLUCOSE RECEIVER	DEXCOM G7 RECEIVER	1	0	N/A	N/A	N/A
CONTINUOUS BLOOD GLUCOSE SENSOR	DEXCOM G6 SENSOR	4	0	N/A	N/A	N/A

Generic Name	Brand Name	# of Requests for this Drug/Supply	# of Denials for this Drug/Supply	How Many Denials Were Appealed?	# of Appeals Upheld (stayed denied)	# of Appeals Overturned (changed to approved)
CONTINUOUS BLOOD GLUCOSE SENSOR	DEXCOM G7 SENSOR	4	2	0	0	0
CONTINUOUS BLOOD GLUCOSE SENSOR	FREESTYLE LIBRE 2 SENSOR	2	2	0	0	0
CONTINUOUS BLOOD GLUCOSE TRANSMIT	DEXCOM G6 TRANSMITTER	5	0	N/A	N/A	N/A
DAPSONE	DAPSONE	1	0	N/A	N/A	N/A
DESVENLAFAXINE SUCCINATE	DESVENLAFAXINE SUCCINATE ER	1	0	N/A	N/A	N/A
DOXEPIN HCL	DOXEPIN HCL	1	1	0	0	0
DPH-LIDO-ALHYDR-MGHYDR-SIMETH	FIRST-MOUTHWASH BLM	1	1	0	0	0
DULAGLUTIDE	TRULICITY	34	7	0	0	0
DUPILUMAB	DUPIXENT	2	2	0	0	0
EMPAGLIFLOZIN	JARDIANCE	2	1	1	1	0
ERENUMAB-AOOE	AIMOVIG	1	0	N/A	N/A	N/A
ETANERCEPT	ENBREL SURECLICK	1	0	N/A	N/A	N/A
ETONOGESTREL-ETHINYL ESTRADIOL	ELURYNG	1	0	N/A	N/A	N/A
EVOLOCUMAB	REPATHA SURECLICK	2	0	N/A	N/A	N/A
EXENATIDE	BYETTA 5 MCG PEN	1	0	N/A	N/A	N/A
FAMCICLOVIR	FAMCICLOVIR	1	0	N/A	N/A	N/A
FLUTICASONE-SALMETEROL	WIXELA INHUB	1	1	0	0	0
GALCANEZUMAB-GNLM	EMGALITY	2	0	N/A	N/A	N/A
GLECAPREVIR-PIBRENTASVIR	MAVYRET	1	0	N/A	N/A	N/A
GLUCOSE BLOOD	FREESTYLE LITE TEST	1	0	N/A	N/A	N/A
INSULIN DETEMIR	LEVEMIR FLEXPEN	1	0	N/A	N/A	N/A
INSULIN GLARGINE	TOUJEO SOLOSTAR	1	0	N/A	N/A	N/A
INSULIN NPH HUMAN (ISOPHANE)	HUMULIN N KWIKPEN	1	1	0	0	0
ITRACONAZOLE	ITRACONAZOLE	1	0	N/A	N/A	N/A
IXEKIZUMAB	TALTZ	1	1	0	0	0

Generic Name	Brand Name	# of Requests for this Drug/Supply	# of Denials for this Drug/Supply	How Many Denials Were Appealed?	# of Appeals Upheld (stayed denied)	# of Appeals Overturned (changed to approved)
LINACLOTIDE	LINZESS	3	2	0	0	0
LIRAGLUTIDE	VICTOZA	2	0	N/A	N/A	N/A
LISDEXAMFETAMINE DIMESYLATE	VYVANSE	1	1	0	0	0
LURASIDONE HCL	LURASIDONE HCL	1	0	N/A	N/A	N/A
METHYLPHENIDATE HCL	JORNAY PM	2	2	0	0	0
MOMETASONE FURO-FORMOTEROL FUM	DULERA	2	0	N/A	N/A	N/A
NALTREXONE-BUPROPION HCL	CONTRAVE	1	1	0	0	0
NORETHINDRONE ACET-ETHINYL EST	LOESTRIN 1/20 (21)	1	0	N/A	N/A	N/A
PALBOCICLIB	IBRANCE	1	0	N/A	N/A	N/A
PEG-KCL-NAACL-NASULF-NA ASC-C	PLENVU	2	1	0	0	0
PLECANATIDE	TRULANCE	1	1	0	0	0
PREGABALIN	PREGABALIN	1	0	N/A	N/A	N/A
PROGESTERONE	PROGESTERONE	1	0	N/A	N/A	N/A
RIMEGEPANT SULFATE	NURTEC	2	1	0	0	0
RISANKIZUMAB-RZAA	SKYRIZI	2	0	N/A	N/A	N/A
RISANKIZUMAB-RZAA	SKYRIZI PEN	2	0	N/A	N/A	N/A
RITLECITINIB TOSYLATE	LITFULO	1	1	0	0	0
SECUKINUMAB	COSENTYX	1	0	N/A	N/A	N/A
SECUKINUMAB	COSENTYX SENSOREADY PEN	1	0	N/A	N/A	N/A
SEMAGLUTIDE	OZEMPIC (0.25 OR 0.5 MG/DOSE)	3	3	0	0	0
SEMAGLUTIDE	OZEMPIC (1 MG/DOSE)	1	1	0	0	0
SEMAGLUTIDE	OZEMPIC (2 MG/DOSE)	1	1	0	0	0
SEMAGLUTIDE	RYBELSUS	1	1	1	1	0
SEMAGLUTIDE-WEIGHT MANAGEMENT	WEGOVY	3	3	1	1	0
TADALAFIL	TADALAFIL	4	4	0	0	0
TESTOSTERONE CYPIONATE	TESTOSTERONE CYPIONATE	4	1	0	0	0

Generic Name	Brand Name	# of Requests for this Drug/Supply	# of Denials for this Drug/Supply	How Many Denials Were Appealed?	# of Appeals Upheld (stayed denied)	# of Appeals Overturned (changed to approved)
TIRZEPATIDE	MOUNJARO	9	9	0	0	0
TOFACITINIB CITRATE	XELJANZ	1	0	N/A	N/A	N/A
TRETINOIN	TRETINOIN	2	0	N/A	N/A	N/A
TRETINOIN MICROSPHERE	RETIN-A MICRO PUMP	1	0	N/A	N/A	N/A
UBROGEPANT	UBRELVY	1	0	N/A	N/A	N/A
VILOXAZINE HCL	QELBREE	2	1	1	1	0