|  |  |  |
| --- | --- | --- |
| **Quartz Individual – IL (1/1/2021 – 12/31/2021)** | | |
| Average Review Time – All | | 2.2 days |
|  | | **# of Requests** |
| **Total # of PA Requests** |  | 578 |
| **Determination** | Approved | 498 |
| Denied | 80 |
| **Submission Method** | Electronic | 179 |
| Other | 399 |
| **Denial Reasons** | Does Not Meet Medical Criteria | 42 |
| Facility/Provider Not in Network | 24 |
| Insufficient Information | 1 |
| Not a Covered Benefit | 4 |
| Not Medically Necessary | 9 |

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| --- | --- | --- | --- | --- | --- |
| **Quartz Individual - IL (1/1/2021 – 12/31/2021)** | | | | | |
| **Type of Health Care Service** | **# of Requests for this Service** | **# of Denials for this Service** | **# of Denials Appealed** | **# Appeals Upheld** | **# Appeals Overturned** |
| Autism Services | 0 | 0 | 0 | 0 | 0 |
| Behavioral Health (BH) Outpatient | 5 | 3 | 0 | 0 | 0 |
| BH Inpatient | 3 | 0 | 0 | 0 | 0 |
| Dental | 0 | 0 | 0 | 0 | 0 |
| Durable Medical Equipment (DME) | 80 | 11 | 2 | 1 | 1 |
| Genetic Testing | 32 | 14 | 1 | 0 | 1 |
| Home Health Care/ Home Infusion | 38 | 2 | 0 | 0 | 0 |
| Hospice | 4 | 0 | 0 | 0 | 0 |
| Hospital Inpatient | 157 | 0 | 0 | 0 | 0 |
| **Quartz Individual – IL (1/1/2021 – 12/31/2021)** | | | | | |
| **Type of Health Care Services** | **# of Requests for this Service** | **# of Denials for this Service** | **# of Denials Appealed** | **# Appeals Upheld** | **# Appeals Overturned** |
| Out of Network Services | 35 | 24 | 5 | 3 | 2 |
| Clinically Administered Drugs | 50 | 11 | 0 | 0 | 0 |
| Procedure (outpatient) | 41 | 7 | 0 | 0 | 0 |
| Radiology Services | 119 | 8 | 3 | 3 | 0 |
| Skilled Nursing Facility | 2 | 0 | 0 | 0 | 0 |
| Substance Use Disorder | 7 | 0 | 0 | 0 | 0 |
| Transplant | 5 | 0 | 0 | 0 | 0 |

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| --- | --- | --- |
| **Quartz Individual (on- and off-exchange combined) – IL (1/1/2021-12/31/2021)** | | **# of Requests** |
| **Total # of PA Requests for prescription drugs** |  | 276 |
| **Determination** | Approved | 176 |
| Denied | 100 |
| **Submission Method** | Electronic | 10 |
| Other | 266 |
| **Denial Reasons** | Not covered benefit | 10 |
| Not Medically Necessary, which includes not meeting PA criteria | 90 |
| **Average Review Time** |  | 0.55 days |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quartz Individual (on- and off-exchange combined) – IL (1/1/2021-12/31/2021)** | | | | | | |
| **Simple Generic Name** | **Short Name (Product Name)** | **# of Requests for Drug/Supply** | **# of Denials for Drug/Supply** | **# of Denials Appealed** | **# of Appeals & Upheld** | **# of Appeals & Overturned** |
| ABALOPARATIDE | TYMLOS | 1 |  |  |  |  |
| ADALIMUMAB | HUMIRA | 1 |  |  |  |  |
| ADALIMUMAB | HUMIRA PEN | 4 |  |  |  |  |
| ALIROCUMAB | PRALUENT | 1 | 1 |  |  |  |
| ALPRAZOLAM | ALPRAZOLAM ER | 1 |  |  |  |  |
| APREMILAST | OTEZLA | 5 | 1 |  |  |  |
| ASENAPINE MALEATE | ASENAPINE MALEATE | 1 |  |  |  |  |
| AZELAIC ACID | AZELAIC ACID | 1 | 1 |  |  |  |
| BECLOMETHASONE DIPROP HFA | QVAR REDIHALER | 2 | 2 |  |  |  |
| BUDESONIDE-FORMOTEROL FUMARATE | BUDESONIDE-FORMOTEROL FUMARATE | 6 | 6 |  |  |  |
| CANDESARTAN CILEXETIL-HCTZ | CANDESARTAN CILEXETIL-HCTZ | 1 | 1 |  |  |  |
| CARIPRAZINE HCL | VRAYLAR | 1 |  |  |  |  |
| CETRORELIX ACETATE | CETROTIDE | 1 |  |  |  |  |
| CHORIONIC GONADOTROPIN | PREGNYL | 1 |  |  |  |  |
| CICLOPIROX | CICLOPIROX | 2 | 2 |  |  |  |
| CLINDAMYCIN PHOS-BENZOYL PEROX | ONEXTON | 1 | 1 |  |  |  |
| CLOCORTOLONE PIVALATE | CLOCORTOLONE PIVALATE | 1 |  |  |  |  |
| CONTINUOUS BLOOD GLUC RECEIVER | DEXCOM G5 RECEIVER KIT | 2 |  |  |  |  |
| CONTINUOUS BLOOD GLUC RECEIVER | DEXCOM G6 RECEIVER | 5 |  |  |  |  |
| CONTINUOUS BLOOD GLUC RECEIVER | FREESTYLE LIBRE 2 READER | 1 |  |  |  |  |
| CONTINUOUS BLOOD GLUC SENSOR | DEXCOM G6 SENSOR | 12 | 5 | 1 | 1 |  |
| CONTINUOUS BLOOD GLUC SENSOR | FREESTYLE LIBRE 2 SENSOR | 1 |  |  |  |  |
| CONTINUOUS BLOOD GLUC TRANSMIT | DEXCOM G6 TRANSMITTER | 7 |  |  |  |  |
| **Quartz Individual (on- and off-exchange combined) – IL (1/1/2021-12/31/2021)** | | | | | | |
| **Simple Generic Name** | **Short Name (Product Name)** | **# of Requests for Drug/Supply** | **# of Denials for Drug/Supply** | **# of Denials Appealed** | **# of Appeals & Upheld** | **# of Appeals & Overturned** |
| DABRAFENIB MESYLATE | TAFINLAR | 1 |  |  |  |  |
| DALFAMPRIDINE | DALFAMPRIDINE ER | 1 |  |  |  |  |
| DESONIDE | DESONIDE | 2 | 1 |  |  |  |
| DEXLANSOPRAZOLE | DEXILANT | 1 | 1 |  |  |  |
| DICLOFENAC | ZORVOLEX | 1 | 1 | 1 | 1 |  |
| DICLOFENAC POTASSIUM(MIGRAINE) | CAMBIA | 2 | 1 |  |  |  |
| DIHYDROERGOTAMINE MESYLATE HFA | TRUDHESA | 1 | 1 |  |  |  |
| DIMETHYL FUMARATE | DIMETHYL FUMARATE | 1 |  |  |  |  |
| DIMETHYL FUMARATE | DIMETHYL FUMARATE STARTER PACK | 1 |  |  |  |  |
| DIROXIMEL FUMARATE | VUMERITY (STARTER) | 1 | 1 | 1 | 1 |  |
| DULAGLUTIDE | TRULICITY | 12 |  |  |  |  |
| DUPILUMAB | DUPIXENT | 1 |  |  |  |  |
| ELAGOLIX SODIUM | ORILISSA | 1 | 1 |  |  |  |
| EMPAGLIFLOZIN | JARDIANCE | 6 | 6 |  |  |  |
| ERENUMAB-AOOE | AIMOVIG | 2 |  |  |  |  |
| ESTRADIOL | ESTRADIOL | 1 |  |  |  |  |
| ETANERCEPT | ENBREL SURECLICK | 2 |  |  |  |  |
| EVOLOCUMAB | REPATHA SURECLICK | 8 |  |  |  |  |
| EXENATIDE | BYDUREON | 2 |  |  |  |  |
| EXENATIDE | BYDUREON BCISE | 2 | 1 |  |  |  |
| EXENATIDE | BYETTA 5 MCG PEN | 1 |  |  |  |  |
| FENTANYL | FENTANYL | 1 |  |  |  |  |
| FIDAXOMICIN | DIFICID | 1 |  |  |  |  |
| FLUOXETINE HCL | FLUOXETINE HCL | 1 | 1 |  |  |  |
| FOLLITROPIN ALFA | GONAL-F RFF REDIJECT | 1 |  |  |  |  |
| FREMANEZUMAB-VFRM | AJOVY | 2 |  |  |  |  |
| GALCANEZUMAB-GNLM | EMGALITY | 13 |  |  |  |  |
| GLATIRAMER ACETATE | GLATIRAMER ACETATE | 2 |  |  |  |  |
| GLUCOSE BLOOD | ACCU-CHEK AVIVA PLUS | 1 | 1 |  |  |  |
| GLUCOSE BLOOD | ONETOUCH VERIO | 1 | 1 |  |  |  |
| **Quartz Individual (on- and off-exchange combined) – IL (1/1/2021-12/31/2021)** | | | | | | |
| **Simple Generic Name** | **Short Name (Product Name)** | **# of Requests for Drug/Supply** | **# of Denials for Drug/Supply** | **# of Denials Appealed** | **# of Appeals & Upheld** | **# of Appeals & Overturned** |
| GUSELKUMAB | TREMFYA | 3 |  |  |  |  |
| HYDROCODONE-ACETAMINOPHEN | HYDROCODONE-ACETAMINOPHEN | 2 | 1 |  |  |  |
| IBRUTINIB | IMBRUVICA | 1 |  |  |  |  |
| ICOSAPENT ETHYL | ICOSAPENT ETHYL | 1 |  |  |  |  |
| INSULIN ASPART | NOVOLOG FLEXPEN | 2 |  |  |  |  |
| INSULIN ASPART (W/NIACINAMIDE) | FIASP FLEXTOUCH | 1 | 1 |  |  |  |
| INSULIN DEGLUDEC | TRESIBA FLEXTOUCH | 3 | 2 |  |  |  |
| INSULIN DETEMIR | LEVEMIR | 2 |  |  |  |  |
| INSULIN DETEMIR | LEVEMIR FLEXTOUCH | 1 | 1 |  |  |  |
| INSULIN GLARGINE | BASAGLAR KWIKPEN | 2 |  |  |  |  |
| INSULIN GLARGINE | LANTUS SOLOSTAR | 2 | 2 |  |  |  |
| INSULIN GLARGINE | TOUJEO SOLOSTAR | 1 | 1 |  |  |  |
| INSULIN LISPRO | INSULIN LISPRO (1 UNIT DIAL) | 1 | 1 |  |  |  |
| INTERFERON BETA-1A | REBIF REBIDOSE | 1 |  |  |  |  |
| \*INVALID OR NOT FOUND | \*INVALID OR NOT FOUND | 1 |  |  |  |  |
| IXEKIZUMAB | TALTZ | 1 | 1 |  |  |  |
| LASMIDITAN SUCCINATE | REYVOW | 1 |  |  |  |  |
| LATANOPROSTENE BUNOD | VYZULTA | 1 |  |  |  |  |
| LETERMOVIR | PREVYMIS | 1 |  |  |  |  |
| LEVOTHYROXINE SODIUM | LEVOTHYROXINE SODIUM | 1 |  |  |  |  |
| LEVOTHYROXINE SODIUM | SYNTHROID | 1 | 1 |  |  |  |
| LEVOTHYROXINE SODIUM | TIROSINT | 1 | 1 | 1 | 1 |  |
| LIDOCAINE-HYDROCORTISONE ACE | LIDOCAINE-HYDROCORTISONE ACE | 1 | 1 |  |  |  |
| LINACLOTIDE | LINZESS | 6 | 1 |  |  |  |
| LIRAGLUTIDE | VICTOZA | 4 | 4 |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Quartz Individual (on- and off-exchange combined) – IL (1/1/2021-12/31/2021)** | | | | | | |
| **Simple Generic Name** | **Short Name (Product Name)** | **# of Requests for Drug/Supply** | **# of Denials for Drug/Supply** | **# of Denials Appealed** | **# of Appeals & Upheld** | **# of Appeals & Overturned** |
| LISDEXAMFETAMINE DIMESYLATE | VYVANSE | 1 |  |  |  |  |
| LURASIDONE HCL | LATUDA | 1 |  |  |  |  |
| MACITENTAN | OPSUMIT | 1 |  |  |  |  |
| MENOTROPINS | MENOPUR | 1 |  |  |  |  |
| MEPOLIZUMAB | NUCALA | 1 |  |  |  |  |
| METHADONE HCL | METHADONE HCL | 1 | 1 |  |  |  |
| METOPROLOL SUCCINATE | METOPROLOL SUCCINATE ER | 2 | 2 |  |  |  |
| MIRABEGRON | MYRBETRIQ | 1 | 1 |  |  |  |
| NALOXEGOL OXALATE | MOVANTIK | 1 |  |  |  |  |
| NA SULFATE-K SULFATE-MG SULF | SUPREP BOWEL PREP KIT | 3 | 3 |  |  |  |
| NICOTINE | NICOTROL | 1 |  |  |  |  |
| NIRAPARIB TOSYLATE | ZEJULA | 1 |  |  |  |  |
| OLMESARTAN MEDOXOMIL | OLMESARTAN MEDOXOMIL | 1 | 1 |  |  |  |
| OMALIZUMAB | XOLAIR | 1 | 1 |  |  |  |
| PEG-KCL-NACL-NASULF-NA ASC-C | PLENVU | 1 | 1 |  |  |  |
| PITAVASTATIN CALCIUM | LIVALO | 2 | 2 | 1 | 1 |  |
| PLECANATIDE | TRULANCE | 3 |  |  |  |  |
| PROGESTERONE | PROGESTERONE | 1 |  |  |  |  |
| PRUCALOPRIDE SUCCINATE | MOTEGRITY | 2 |  |  |  |  |
| RIBOCICLIB SUCCINATE | KISQALI (200 MG DOSE) | 1 |  |  |  |  |
| RIMEGEPANT SULFATE | NURTEC | 5 | 1 |  |  |  |
| RISANKIZUMAB-RZAA | SKYRIZI (150 MG DOSE) | 1 |  |  |  |  |
| ROFLUMILAST | DALIRESP | 1 |  |  |  |  |
| SECUKINUMAB | COSENTYX | 1 |  |  |  |  |
| SECUKINUMAB | COSENTYX SENSOREADY (300 MG) | 1 |  |  |  |  |
| SECUKINUMAB | COSENTYX SENSOREADY PEN | 1 |  |  |  |  |
| **Quartz Individual (on- and off-exchange combined) – IL (1/1/2021-12/31/2021)** | | | | | | |
| **Simple Generic Name** | **Short Name (Product Name)** | **# of Requests for Drug/Supply** | **# of Denials for Drug/Supply** | **# of Denials Appealed** | **# of Appeals & Upheld** | **# of Appeals & Overturned** |
| SEMAGLUTIDE | OZEMPIC (0.25 OR 0.5 MG/DOSE) | 1 | 1 |  |  |  |
| SEMAGLUTIDE | RYBELSUS | 8 | 8 |  |  |  |
| SEMAGLUTIDE-WEIGHT MANAGEMENT | WEGOVY | 1 | 1 |  |  |  |
| SILDENAFIL CITRATE | SILDENAFIL CITRATE | 3 | 2 |  |  |  |
| SOMATROPIN (NON-REFRIGERATED) | SAIZEN | 2 | 2 |  |  |  |
| SUMATRIPTAN | TOSYMRA | 1 | 1 |  |  |  |
| SUMATRIPTAN SUCCINATE | ZEMBRACE SYMTOUCH | 1 | 1 |  |  |  |
| SUVOREXANT | BELSOMRA | 3 | 2 |  |  |  |
| TADALAFIL | TADALAFIL | 3 | 3 |  |  |  |
| TASIMELTEON | HETLIOZ | 1 | 1 |  |  |  |
| TESTOSTERONE | TESTOSTERONE | 4 | 1 |  |  |  |
| TESTOSTERONE CYPIONATE | TESTOSTERONE CYPIONATE | 3 |  |  |  |  |
| TOCILIZUMAB | ACTEMRA ACTPEN | 1 |  |  |  |  |
| TOFACITINIB CITRATE | XELJANZ | 1 | 1 |  |  |  |
| TOFACITINIB CITRATE | XELJANZ XR | 1 |  |  |  |  |
| TOPIRAMATE | TOPIRAMATE ER | 1 | 1 |  |  |  |
| TOPIRAMATE | TROKENDI XR | 1 | 1 |  |  |  |
| TRAMADOL HCL | TRAMADOL HCL | 1 |  |  |  |  |
| TRAMETINIB DIMETHYL SULFOXIDE | MEKINIST | 1 |  |  |  |  |
| TRETINOIN | TRETINOIN | 1 |  |  |  |  |
| TRIFAROTENE | AKLIEF | 1 |  |  |  |  |
| UBROGEPANT | UBRELVY | 7 | 2 |  |  |  |
| UPADACITINIB | RINVOQ | 2 |  |  |  |  |
| USTEKINUMAB | STELARA | 1 |  |  |  |  |
| VARDENAFIL HCL | VARDENAFIL HCL | 1 | 1 |  |  |  |
| VARENICLINE TARTRATE | APO-VARENICLINE | 1 |  |  |  |  |
| VENETOCLAX | VENCLEXTA | 1 |  |  |  |  |
| VILAZODONE HCL | VIIBRYD | 5 | 1 |  |  |  |
| **Quartz Individual (on- and off-exchange combined) – IL (1/1/2021-12/31/2021)** | | | | | | |
| **Simple Generic Name** | **Short Name (Product Name)** | **# of Requests for Drug/Supply** | **# of Denials for Drug/Supply** | **# of Denials Appealed** | **# of Appeals & Upheld** | **# of Appeals & Overturned** |
| VORTIOXETINE HBR | TRINTELLIX | 7 | 2 |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Quartz Group HMO - IL (1/1/2021 – 12/31/2021)** | | |
| Average Review Time – All | | 1.5 days |
|  | | **# of Requests** |
| **Total # of PA Requests** |  | 211 |
| **Determination** | Approved | 192 |
| Denied | 19 |
| **Submission Method** | Electronic | 64 |
| Other | 147 |
| **Denial Reasons** | Does Not Meet Medical Criteria | 11 |
| Facility/Provider Not in Network | 3 |
| Insufficient Information | 1 |
| Not a Covered Benefit | 2 |
| Not Medically Necessary | 2 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quartz Group HMO - IL (1/1/2021 – 12/31/2021)** | | | | | |
| **Type of Health Care Service** | **# of Requests for this Service** | **# of Denials for this Service** | **# of Denials Appealed** | **# Appeals Upheld** | **# Appeals Overturned** |
| Autism Services | 0 | n/a | n/a | n/a | n/a |
| Behavioral Health (BH) Outpatient | 4 | 0 | n/a | n/a | n/a |
| BH Inpatient | 8 | 0 | n/a | n/a | n/a |
| Clinically Administered Drugs | 12 | 0 | n/a | n/a | n/a |
| Dental | 1 | 0 | n/a | n/a | n/a |
| Durable Medical Equipment (DME) | 40 | 5 | 1 | 0 | 1 |
| Genetic Testing | 2 | 0 | n/a | n/a | n/a |
| Home Health Care/ Home Infusion | 5 | 0 | n/a | n/a | n/a |
| Hospice | 0 | n/a | n/a | n/a | n/a |
| Hospital Inpatient | 63 | 0 | n/a | n/a | n/a |
| Out of Network Services | 12 | 2 | 1 | 1 | 0 |
| Palliative Care | 1 | 0 | n/a | n/a | n/a |
| Procedure (Outpatient)\* | 18 | 3 | 0 | 0 | 0 |
| Radiology Services | 44 | 3 | 0 | 0 | 0 |
| Skilled Nursing Facility (SNF) | 0 | n/a | n/a | n/a | n/a |
| Substance Use Disorder | 1 | 0 | n/a | n/a | n/a |
| Transplant | 0 | 0 | 0 | 0 | 0 |

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| --- | --- | --- |
| **Quartz Group HMO – IL**  **1/1/2021-12/31/2021** | | **# of Requests** |
| **Total # of PA Requests for prescription drugs** |  | 115 |
| **Determination** | Approved | 65 |
| Denied | 50 |
| **Submission Method** | Electronic | 59 |
| Other | 56 |
| **Denial Reasons** | Not covered benefit | 6 |
| Not Medically Necessary, which includes not meeting PA criteria | 44 |
| **Average Review Time** |  | 0.34 days |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quartz Group HMO – IL 1/1/2021-12/31/2021** | | | | | | |
| **Simple Generic Name** | **Short Name**  **(Product Name)** | **# of Requests for Drug/Supply** | **# of Denials for Drug/Supply** | **# of Denials Appealed** | **# of Appeals & Upheld** | **# of Appeals & Overturned** |
| ABALOPARATIDE | TYMLOS | 1 |  |  |  |  |
| ABATACEPT | ORENCIA CLICKJECT | 1 |  |  |  |  |
| ADALIMUMAB | HUMIRA PEN | 1 |  |  |  |  |
| ALBUTEROL SULFATE | ALBUTEROL SULFATE HFA | 1 | 1 |  |  |  |
| ALOSETRON HCL | ALOSETRON HCL | 2 | 1 | 1 |  | 1 |
| APREMILAST | OTEZLA | 1 |  |  |  |  |
| AZELAIC ACID | AZELAIC ACID | 2 | 1 |  |  |  |
| BENZOYL PEROXIDE | BENZOYL PEROXIDE | 1 | 1 |  |  |  |
| BUDESONIDE-FORMOTEROL FUMARATE | BUDESONIDE-FORMOTEROL FUMARATE | 1 | 1 |  |  |  |
| BUPROPION HCL | WELLBUTRIN XL | 1 | 1 | 1 | 1 |  |
| CANAGLIFLOZIN | INVOKANA | 1 | 1 |  |  |  |
| CICLOPIROX | CICLOPIROX | 2 | 2 |  |  |  |
| CLINDAMYCIN PHOS-BENZOYL PEROX | CLINDAMYCIN PHOS-BENZOYL PEROX | 2 | 2 |  |  |  |
| CONTINUOUS BLOOD GLUC RECEIVER | DEXCOM G5 RECEIVER KIT | 2 |  |  |  |  |
| CONTINUOUS BLOOD GLUC RECEIVER | DEXCOM G6 RECEIVER | 1 |  |  |  |  |
| CONTINUOUS BLOOD GLUC RECEIVER | FREESTYLE LIBRE 2 READER | 1 |  |  |  |  |
| CONTINUOUS BLOOD GLUC SENSOR | DEXCOM G6 SENSOR | 3 |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Quartz Group HMO – IL 1/1/2021-12/31/2021** | | | | | | |
| **Simple Generic Name** | **Short Name**  **(Product Name)** | **# of Requests for Drug/Supply** | **# of Denials for Drug/Supply** | **# of Denials Appealed** | **# of Appeals & Upheld** | **# of Appeals & Overturned** |
| CONTINUOUS BLOOD GLUC SENSOR | FREESTYLE LIBRE 2 SENSOR | 1 |  |  |  |  |
| CONTINUOUS BLOOD GLUC TRANSMIT | DEXCOM G6 TRANSMITTER | 3 |  |  |  |  |
| DESONIDE | DESONIDE | 1 | 1 |  |  |  |
| DICLOFENAC POTASSIUM(MIGRAINE) | CAMBIA | 1 |  |  |  |  |
| DOXYCYCLINE | DOXYCYCLINE | 1 | 1 |  |  |  |
| DULAGLUTIDE | TRULICITY | 11 | 1 |  |  |  |
| DUPILUMAB | DUPIXENT | 3 |  |  |  |  |
| EMPAGLIFLOZIN | JARDIANCE | 4 | 3 |  |  |  |
| EMPAGLIFLOZIN-METFORMIN HCL | SYNJARDY | 3 | 3 |  |  |  |
| ETANERCEPT | ENBREL SURECLICK | 1 |  |  |  |  |
| EVOLOCUMAB | REPATHA SURECLICK | 4 |  |  |  |  |
| EXENATIDE | BYDUREON | 1 | 1 |  |  |  |
| EXENATIDE | BYETTA 5 MCG PEN | 1 |  |  |  |  |
| FENTANYL | FENTANYL | 2 |  |  |  |  |
| FLUOXETINE HCL | FLUOXETINE HCL | 3 | 2 | 1 | 1 |  |
| FREMANEZUMAB-VFRM | AJOVY | 2 | 2 |  |  |  |
| GALCANEZUMAB-GNLM | EMGALITY | 2 |  |  |  |  |
| HYDROCODONE-ACETAMINOPHEN | HYDROCODONE-ACETAMINOPHEN | 3 | 2 |  |  |  |
| HYDROQUINONE | HYDROQUINONE | 1 | 1 |  |  |  |
| INSULIN GLARGINE | LANTUS | 1 | 1 |  |  |  |
| **Quartz Group HMO – IL (1/1/2021-12/31/2021)** | | | | | | |
| **Simple Generic Name** | **Short Name**  **(Product Name)** | **# of Requests for Drug/Supply** | **# of Denials for Drug/Supply** | **# of Denials Appealed** | **# of Appeals & Upheld** | **# of Appeals & Overturned** |
| INSULIN LISPRO | HUMALOG | 1 | 1 |  |  |  |
| INSULIN LISPRO | INSULIN LISPRO | 1 |  |  |  |  |
| IVABRADINE HCL | CORLANOR | 2 |  |  |  |  |
| LAMOTRIGINE | SUBVENITE STARTER KIT-ORANGE | 1 | 1 |  |  |  |
| LINACLOTIDE | LINZESS | 1 |  |  |  |  |
| LIRAGLUTIDE | VICTOZA | 3 | 3 |  |  |  |
| LISDEXAMFETAMINE DIMESYLATE | VYVANSE | 1 |  |  |  |  |
| LURASIDONE HCL | LATUDA | 2 |  |  |  |  |
| MEPOLIZUMAB | NUCALA | 1 |  |  |  |  |
| METFORMIN HCL | METFORMIN HCL ER (MOD) | 1 | 1 |  |  |  |
| MIRABEGRON | MYRBETRIQ | 1 | 1 |  |  |  |
| NICOTINE | NICOTROL | 1 |  |  |  |  |
| NORETHIN-ETH ESTRAD-FE BIPHAS | LO LOESTRIN FE | 1 | 1 |  |  |  |
| PREGABALIN | LYRICA | 1 |  |  |  |  |
| SEMAGLUTIDE | OZEMPIC (0.25 OR 0.5 MG/DOSE) | 1 | 1 |  |  |  |
| SEMAGLUTIDE | OZEMPIC (1 MG/DOSE) | 1 |  |  |  |  |
| SEMAGLUTIDE | RYBELSUS | 5 | 4 | 1 |  | 1 |
| TACROLIMUS | ENVARSUS XR | 2 |  |  |  |  |
| TADALAFIL | CIALIS | 1 | 1 |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quartz Group HMO – IL (1/1/2021-12/31/2021)** | | | | | | |
| **Simple Generic Name** | **Short Name**  **(Product Name)** | **# of Requests for Drug/Supply** | **# of Denials for Drug/Supply** | **# of Denials Appealed** | **# of Appeals & Upheld** | **# of Appeals & Overturned** |
| TADALAFIL | TADALAFIL | 2 | 2 | 1 | 1 |  |
| TESTOSTERONE | TESTOSTERONE | 1 | 1 |  |  |  |
| TESTOSTERONE CYPIONATE | TESTOSTERONE CYPIONATE | 2 |  |  |  |  |
| TOFACITINIB CITRATE | XELJANZ | 1 | 1 | 1 |  | 1 |
| UBROGEPANT | UBRELVY | 2 | 1 |  |  |  |
| USTEKINUMAB | STELARA | 2 | 1 | 1 | 1 |  |
| VALSARTAN-HYDROCHLOROTHIAZIDE | DIOVAN HCT | 1 | 1 | 1 | 1 |  |
| VORTIOXETINE HBR | TRINTELLIX | 2 |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Quartz PPO (small/large group) – IL**  **(1/1/2021-12/31/2021)** | | **# of Requests** |
| **Total # of PA Requests for prescription drugs** |  | 4 |
| **Determination** | Approved | 3 |
| Denied | 1 |
| **Submission Method** | Electronic | 4 |
| Other | 0 |
| **Denial Reasons** | Not Medically Necessary, which includes PA Criteria Not Met | 1 |
| **Average Review Time** |  | 0.21 day |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quartz PPO (small/large group) – IL**  **(1/1/2021-12/31/2021)** | | | | | | |
| **Simple Generic Name** | **Short Name (Product Name)** | **# of Requests for Drug/Supply** | **# of Denials for Drug/Supply** | **# of Denials Appealed** | **# of Appeals & Upheld** | **# of Appeals & Overturned** |
| ADALIMUMAB | HUMIRA PEN | 1 | 0 |  |  |  |
| CONTINUOUS BLOOD GLUC RECEIVER | DEXCOM G6 RECEIVER | 1 | 1 |  |  |  |
| DULAGLUTIDE | TRULICITY | 1 | 0 |  |  |  |
| MIRABEGRON | MYRBETRIQ | 1 | 0 |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Quartz Group POS – IL (1/1/2021-12/31/2021)** | | **# of Requests** |
| **Total # of PA Requests for prescription drugs** |  | 7 |
| **Determination** | Approved | 6 |
| Denied | 1 |
| **Submission Method** | Electronic | 1 |
| Other | 6 |
| **Denial Reasons** | Not covered benefit | 0 |
| Not Medically Necessary, which includes not meeting PA criteria | 1 |
| **Average Review Time** |  | 0.19 days |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quartz Group POS – IL (1/1/2021-12/31/2021)** | | | | | | |
| **Simple Generic Name** | **Short Name**  **(Product Name)** | **# of Requests for Drug/Supply** | **# of Denials for Drug/Supply** | **# of Denials Appealed** | **# of Appeals & Upheld** | **# of Appeals & Overturned** |
| CONTINUOUS BLOOD GLUC RECEIVER | DEXCOM G6 RECEIVER | 1 |  |  |  |  |
| CONTINUOUS BLOOD GLUC SENSOR | DEXCOM G6 SENSOR | 1 |  |  |  |  |
| CONTINUOUS BLOOD GLUC TRANSMIT | DEXCOM G6 TRANSMITTER | 1 |  |  |  |  |
| GALCANEZUMAB-GNLM | EMGALITY | 1 |  |  |  |  |
| LISDEXAMFETAMINE DIMESYLATE | VYVANSE | 1 |  |  |  |  |
| RIMEGEPANT SULFATE | NURTEC | 1 |  |  |  |  |
| ZOLPIDEM TARTRATE | ZOLPIDEM TARTRATE | 1 | 1 |  |  |  |