

Quartz 2023 Prior Authorization Data – Minnesota

Individual Plans (see page 5 for Group Plans)

	Total # of Medical PA Requests	198	Total # of Pharmacy PA Requests	109
Determination	Approved	164	Approved	74
	Denied	34	Denied	35
Submission Method	Electronic	114	Electronic	94
	Other	84	Other	15
Top Denial Reasons	Facility/Provider not in network	27	Not Medically Necessary, which includes PA criteria not met	27
	Does not meet Medical Criteria	4	Excluded from coverage	8
	Not enough information to process the request	1		
	Not a Covered Benefit	1		
	Retroactive referrals not allowed for this provider	1		

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	4	0	N/A	N/A	N/A
BH Inpatient	1	0	N/A	N/A	N/A
Chiropractic Visits	7	0	N/A	N/A	N/A
Clinically Administered Drugs	12	3	0	0	0
Durable Medical Equipment (DME)	57	2	0	0	0
Genetic Testing	8	3	2	2	0
Home Health Care/ Home Infusion	5	0	N/A	N/A	N/A
Out of Network Services	27	24	3	3	0
Physical Therapy	1	0	N/A	N/A	N/A
Procedure (Outpatient)*	25	1	1	1	0
Transplant	1	0	N/A	N/A	N/A

*Procedure (Outpatient) could include varicose vein surgery, breast reduction, surgery that changes the shape of the nose, 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)
ABATACEPT	ORENCIA	1	0	N/A	N/A	N/A
ADALIMUMAB	HUMIRA (2 PEN)	6	2	1	1	0
ADALIMUMAB	HUMIRA (2 SYRINGE)	1	0	N/A	N/A	N/A
ATOGEPAANT	QULIPTA	1	0	N/A	N/A	N/A
AZELAIC ACID	AZELEX	1	0	N/A	N/A	N/A
BENRALIZUMAB	FASENRA PEN	2	1	0	0	0
BUDESONIDE	BUDESONIDE	1	1	0	0	0
CONTINUOUS BLOOD GLUC RECEIVER	RECEIVER - DEXCOM G6	1	0	N/A	N/A	N/A
CONTINUOUS BLOOD GLUC RECEIVER	RECEIVER - DEXCOM G7	2	0	N/A	N/A	N/A
CONTINUOUS BLOOD GLUC RECEIVER	READER - FREESTYLE LIBRE 2	1	0	N/A	N/A	N/A
CONTINUOUS BLOOD GLUC SENSOR	SENSOR - DEXCOM G6	3	0	N/A	N/A	N/A
CONTINUOUS BLOOD GLUC SENSOR	SENSOR - DEXCOM G7	3	1	0	0	0
CONTINUOUS BLOOD GLUC SENSOR	SENSOR - FREESTYLE LIBRE 2	1	0	N/A	N/A	N/A
CONTINUOUS BLOOD GLUC TRANSMIT	TRANSMITTER DEXCOM G6	3	0	N/A	N/A	N/A
DICLOFENAC SODIUM	DICLOFENAC SODIUM	1	1	0	0	0
DULAGLUTIDE	TRULICITY	14	0	N/A	N/A	N/A
DUPIUMAB	DUPIXENT	1	0	N/A	N/A	N/A
EMPAGLIFLOZIN	JARDIANCE	1	1	0	0	0
ERENUMAB-AOOE	AIMOVIG	3	0	N/A	N/A	N/A
EVOLOCUMAB	REPATHA SURECLICK	2	0	N/A	N/A	N/A
EXENATIDE	BYDUREON BCISE	1	0	N/A	N/A	N/A
FIDAXOMICIN	DIFICID	1	0	N/A	N/A	N/A
FLUOXETINE HCL	FLUOXETINE HCL	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)
FLUTICASONE PROPIONATE HFA	FLUTICASONE PROPIONATE HFA	1	1	0	0	0
GALCANEZUMAB-GNLM	EMGALITY	2	0	N/A	N/A	N/A
HYDROCORTISONE VALERATE	HYDROCORTISONE VALERATE	1	1	0	0	0
INSULIN ASPART	NOVOLOG FLEXPEN	1	0	N/A	N/A	N/A
INSULIN DETEMIR	LEVEMIR FLEXPEN	1	1	0	0	0
INSULIN GLARGINE	LANTUS SOLOSTAR	1	1	0	0	0
ITRACONAZOLE	ITRACONAZOLE	2	0	N/A	N/A	N/A
IVERMECTIN	IVERMECTIN	1	0	N/A	N/A	N/A
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE	1	0	N/A	N/A	N/A
LEUPROLIDE ACETATE	LEUPROLIDE ACETATE	1	1	0	0	0
LEVOTHYROXINE SODIUM	TIROSINT	1	1	0	0	0
LIRAGLUTIDE	VICTOZA	1	1	0	0	0
LISDEXAMFETAMINE DIMESYLATE	VYVANSE	1	0	N/A	N/A	N/A
METHYLPHENIDATE HCL	CONCERTA	1	1	0	0	0
MOMETASONE FUROATE	ASMANEX HFA	1	0	0	0	0
MOMETASONE FUROATE	MOMETASONE FUROATE	3	2	0	0	0
MORPHINE SULFATE	MORPHINE SULFATE ER	1	0	N/A	N/A	N/A
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	1	0	0	0
NICOTINE	NICOTROL	2	1	1	1	0
OXYCODONE HCL	OXYCODONE HCL	2	0	N/A	N/A	N/A
RIMEGEPANT SULFATE	NURTEC	3	1	0	0	0
RISANKIZUMAB-RZAA	SKYRIZI PEN	2	1	1	0	1

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)
SEMAGLUTIDE	OZEMPIC (0.25 OR 0.5 MG/DOSE)	2	2	0	0	0
SEMAGLUTIDE	OZEMPIC (1 MG/DOSE)	1	1	0	0	0
SEMAGLUTIDE	OZEMPIC (2 MG/DOSE)	1	0	N/A	N/A	N/A
SEMAGLUTIDE	RYBELSUS	1	1	0	0	0
SEMAGLUTIDE-WEIGHT MANAGEMENT	WEGOVY	2	2	0	0	0
SILDENAFIL CITRATE	SILDENAFIL CITRATE	1	1	0	0	0
SUMATRIPTAN SUCCINATE	SUMATRIPTAN SUCCINATE	1	1	0	0	0
TADALAFIL (PAH)	TADALAFIL (PAH)	1	0	N/A	N/A	N/A
TESTOSTERONE	TESTOSTERONE	2	0	N/A	N/A	N/A
TIOTROPIUM BROMIDE- OLODATEROL	STIOLTO RESPIMAT	1	0	N/A	N/A	N/A
TIRZEPATIDE	MOUNJARO	4	3	1	1	0
TOBRAMYCIN	TOBRAMYCIN	1	1	0	0	0
TRETINOIN	TRETINOIN	2	0	N/A	N/A	N/A
UBROGEPANT	UBRELVY	3	2	1	0	1
USTEKINUMAB	STELARA	1	0	N/A	N/A	N/A
VORTIOXETINE HBR	TRINTELLIX	1	0	N/A	N/A	N/A

Group Plans

	Total # of Medical PA Requests	101	Total # of Pharmacy PA Requests	74
Determination	Approved	90	Approved	54
	Denied	11	Denied	20
Submission Method	Electronic	79	Electronic	65
	Other	22	Other	9
Denial Reasons	Does Not Meet Medical Criteria	5	Not Medically Necessary, which includes PA criteria not met	16
	Not Medically Necessary (includes services considered experimental & investigational and services that are above the standard of care)	3	Excluded from coverage	4
	Facility/Provider Not in Network	2		
	Not a Covered Benefit	1		

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	3	2	0	0	0
BH Inpatient	1	0	N/A	N/A	N/A
Clinically Administered Drugs	8	1	1	0	1
Durable Medical Equipment (DME)	26	2	1	1	0
Genetic Testing	4	1	0	0	0
Hospital Inpatient	38	0	N/A	N/A	N/A
Out of Network Services	3	2	2	2	0
Physical Therapy	1	0	N/A	N/A	N/A
Procedure (Outpatient)*	14	3	1	1	0
Substance Use Disorder	1	0	N/A	N/A	N/A
Transplant	2	0	N/A	N/A	N/A

*Procedure (Outpatient) could include varicose vein surgery, breast reduction, surgery that changes the shape of the nose, 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)
ABALOPARATIDE	TYMLOS	1	0	N/A	N/A	N/A
ACYCLOVIR	ACYCLOVIR	1	0	N/A	N/A	N/A
ADALIMUMAB	HUMIRA (2 PEN)	5	0	N/A	N/A	N/A
AMMONIUM LACTATE	AMMONIUM LACTATE	1	1	0	0	0
APREMILAST	OTEZLA	1	0	N/A	N/A	N/A
CHOLECALCIFEROL	VITAMIN D3	1	0	N/A	N/A	N/A
CONTINUOUS BLOOD GLUC RECEIVER	DEXCOM G6 RECEIVER	4	0	N/A	N/A	N/A
CONTINUOUS BLOOD GLUC RECEIVER	DEXCOM G7 RECEIVER	2	0	N/A	N/A	N/A
CONTINUOUS BLOOD GLUC SENSOR	DEXCOM G6 SENSOR	4	0	N/A	N/A	N/A
CONTINUOUS BLOOD GLUC SENSOR	DEXCOM G7 SENSOR	3	0	N/A	N/A	N/A
CONTINUOUS BLOOD GLUC SENSOR	FREESTYLE LIBRE 2 SENSOR	1	1	0	0	0
CONTINUOUS BLOOD GLUC TRANSMIT	DEXCOM G6 TRANSMITTER	4	0	N/A	N/A	N/A
DULAGLUTIDE	TRULICITY	2	0	N/A	N/A	N/A
DUPIUMAB	DUPIXENT	2	1	0	0	0
EMPAGLIFLOZIN	JARDIANCE	1	1	0	0	0
ERENUMAB-AOOE	AIMOVIG	1	0	N/A	N/A	N/A
ETANERCEPT	ENBREL SURECLICK	1	0	N/A	N/A	N/A
EVOLOCUMAB	REPATHA	1	0	N/A	N/A	N/A
EXENATIDE	BYDUREON BCISE	2	0	N/A	N/A	N/A
GALCANEZUMAB-GNLM	EMGALITY	1	0	N/A	N/A	N/A
INSULIN DEGLUDEC	INSULIN DEGLUDEC FLEXTOUCH	3	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)
INSULIN DISPOSABLE PUMP	OMNIPOD 5 G5 INTRO (GEN 5)	1	0	N/A	N/A	N/A
INSULIN DISPOSABLE PUMP	OMNIPOD 5 G6 PODS (GEN 5)	2	1	0	0	0
ITRACONAZOLE	ITRACONAZOLE	1	0	N/A	N/A	N/A
LEVONORGEST-ETH ESTRAD 91-DAY	CAMRESE LO	1	1	0	0	0
LIFITEGRAST	XIIDRA	1	0	N/A	N/A	N/A
LIRAGLUTIDE	VICTOZA	1	0	N/A	N/A	N/A
MOMETASONE FURO-FORMOTEROL FUM	DULERA	1	1	0	0	0
NICOTINE	NICOTROL	1	1	0	0	0
OMALIZUMAB	XOLAIR	1	1	0	0	0
OMEPRAZOLE MAGNESIUM	PRILOSEC	1	0	N/A	N/A	N/A
OMEPRAZOLE-SODIUM BICARBONATE	KONVOMEF	1	1	0	0	0
OZANIMOD HCL	ZEPOSIA STARTER KIT	1	1	0	0	0
PHENTERMINE HCL	PHENTERMINE HCL	1	1	0	0	0
RIBOCICLIB SUCCINATE	KISQALI (600 MG DOSE)	1	0	N/A	N/A	N/A
RIMEGEPANT SULFATE	NURTEC	3	1	1	1	0
RISANKIZUMAB-RZAA	SKYRIZI PEN	2	0	N/A	N/A	N/A
SEMAGLUTIDE	OZEMPIC (0.25 OR 0.5 MG/DOSE)	4	3	0	0	0
SEMAGLUTIDE-WEIGHT MANAGEMENT	WEGOVY	1	1	1	1	0
SOMATROPIN	OMNITROPE	1	1	1	1	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)
SULFACETAMIDE SODIUM-SULFUR	SULFACETAMIDE SODIUM-SULFUR	1	1	0	0	0
TRETINOIN	TRETINOIN	1	0	N/A	N/A	N/A
VENLAFAXINE HCL	VENLAFAXINE HCL ER	1	1	0	0	0
VILOXAZINE HCL	QELBREE	1	0	N/A	N/A	N/A
ZOLMITRIPTAN	ZOLMITRIPTAN	1	0	N/A	N/A	N/A
ZOLPIDEM TARTRATE	ZOLPIDEM TARTRATE ER	1	0	N/A	N/A	N/A