

Quartz 2025 Prior Authorization Data – Minnesota

Individual Plans (see page 6 for Group Plans)

	Total # of Medical PA Requests	70	Total # of Pharmacy PA Requests	257
Determination	Approved	54	Approved	149
	Denied	16	Denied	108
Submission Method	Electronic	52	Electronic	231
	Other	18	Other	26
Top Denial Reasons	Out of Network Deny – Resources Available in Network	12	Non Formulary	20
	Lack of Medical Necessity	1	Excluded from coverage	40
	Does Not Meet Medical Criteria	2	Lack of Medical necessity	36
	Retroactive Referral/Provider Liability	1	Experimental/Investigational	8
			Lack of info	4

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 Therapy	1	0	0	0	0
Clinically Administered Drugs	4	0	0	0	0
Durable Medical Equipment (DME)	32	1	0	0	0
Genetic Testing	4	1	0	0	0
Home Health	2	0	0	0	0
Hospice	1	0	0	0	0
Out of Network Services	17	12	1	0	1
Physical, Occupational or Speech Therapy	1	0	0	0	0
Procedure (Outpatient)*	8	2	0	0	0

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

Pharmacy Services Requiring Prior Authorization

Brand Name	Generic 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)
ACIPHEX	RABEPRAZOLE SODIUM	1	0	0	0	0
ADVAIR	FLUTICASONE-SALMETEROL	1	1	0	0	0
AIMOVIG	ERENUMAB-AOOE	3	0	0	0	0
AIRSUPRA	ALBUTEROL / BUDESONIDE	1	1	0	0	0
AJOVY	FREMANEZUMAB-VFRM	2	0	0	0	0
ALBENZA	ALBENDAZOLE	1	0	0	0	0
ANDROGEL	TESTERONE	2	0	0	0	0
ATIVAN	LORAZEPAM	1	0	0	0	0
BREO ELLIPTA	GLUTICASONE FUROATE / VILANTEROL	1	1	0	0	0
CIALIS	TADALAFIL	2	0	0	0	0
CLOBEX	CLOBETASOL	1	1	0	0	0
CONTOUR NEXT	CONTOUR NEXT	1	1	0	0	0
CONTRAVE	CONTRAVE	1	1	0	0	0
COSENTYX	SECUKINUMAB	3	0	0	0	0
CRESEMBA	ISAVUCONAZONIUM SULFATE	2	1	0	0	0
DALIRESP	ROFLUMILAST	1	0	0	0	0
DEPO-TESTOSTERONE	TESTOSERONE CYPIONATE	2	0	0	0	0
DEXCOM SENSOR	DEXCOM SENSOR	5	2	0	0	0
DULERA	MOMETASONE FUROATE / FORMOTEROL FUMARATE	1	1	0	0	0
DUPIXENT	DUPILUMAB	15	3	1	0	1
EFFEXOR XR	VENLAFAXINE HCL ER	1	0	0	0	0
ELIDEL	PIMECROLIMUS	1	0	0	0	0
EMGALITY	GALCANEZUMAB-GNLM	4	4	0	0	0
EUCRISA	CRISABOROLE	1	1	0	0	0
EXENATIDE	BYDUREON BCISE	1	0	0	0	0
FASENRA PEN	BENRALIZUMAB	2	2	1	1	0

Brand Name	Generic 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)
FIASP FLEXTOUCH	INSULIN ASPART	1	0	0	0	0
GEMTESA	VIBEGRON	1	0	0	0	0
GENGRAF	CYCLOSPORINE	2	0	0	0	0
HADLIMA	ADALIMUMAB-BWWD	4	0	0	0	0
IMITREX	SUMATRIPTAN SUCCINATE	1	1	0	0	0
INCRUSE ELLIPTA	UMECLIDINIUM BROMIDE	1	1	0	0	0
JANOVIA	SITAGLIPTIN	2	1	0	0	0
KISQALI	RIBOCICLIB	1	0	0	0	0
LINZESS	LINACLOTIDE	2	0	0	0	0
LO LESTRIN FE	LO LOESTRIN FE	2	1	0	0	0
LOKELMA	SODIUM ZIRCONIUM CYCLOSILICATE	3	3	1	0	1
LYRICA	PREGABALIN	1	0	0	0	0
MOTEGRITY	PRUCALOPRIDE SUCCINATE	3	1	0	0	0
MOUNJARO	TIRZEPATIDE	22	8	1	0	1
MS CONTIN	MORHINE SULFATE ER	4	1	0	0	0
ALEVE	NAPROXEN DR	1	1	0	0	0
NUCALA	MEPOLIZUMAB	2	0	0	0	0
NURTEC	RIMEGEPANT	11	3	0	0	0
NUVIGIL	ARMODAFINIL	2	1	0	0	0
ORENCIA	ABATACEPT	1	0	0	0	0
OTEZLA	APREMILAST	2	0	0	0	0
OXYCONTIN	OXYCODONE HCL	5	0	0	0	0
OZEMPIC	SEMAGLUTIDE	6	5	0	0	0
PREVYMIS	LETERMOVIR	1	1	0	0	0
PRIOSEC	OMEPRAZOLE	8	1	0	0	0
PROAIR RESPICLICK	ALBUTEROL	1	1	1	0	1
PROTONIX	PANTOPRAZOLE SODIUM	4	0	0	0	0
PROVIGIL	MODAFINIL	2	1	1	0	1
QELBREE	VILOXAZINE	1	1	1	0	1
QULIPTA	ATOGEANT	1	1	0	0	0
RELPAK	ELETRIPTAN HYDROBROMIDE	1	1	0	0	0

Brand Name	Generic 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)
REVLIMID	LENALIDOMIDE	1	0	0	0	0
RINVOQ	UPADACITINIB	3	2	0	0	0
RYBELSUS	SEMAGLUTIDE	2	2	0	0	0
SEMGLEE (YFGN)	INSULIN GLARGINE-YFGN	1	1	0	0	0
SPRAVATO	ESKETAMINE	1	1	0	0	0
STEGLATRO	ERTUGLIFLOZIN	2	2	0	0	0
STELARA	USTEKINUMAB	2	0	0	0	0
STEQEYMA	USTEKINUMAB	2	0	0	0	0
STRATERRA	ATOMOXETINE-HCL	2	0	0	0	0
SUBLOCADE	BUPRENORPHINE ER	1	0	0	0	0
SUBUTEX	BUPRENORPHINE	1	0	0	0	0
SYMBICORT	BUDESONIDE-FORMOTEROL FUMARATE	2	0	0	0	0
SYNTHROID	LEVOTHYROXINE	3	3	1	1	0
TEMODAR	TEMOZOLOMIDE	1	0	0	0	0
TEZSPIRE	TEZPELUMAB	2	0	0	0	0
TREMFYA	GUSELKUMAB	2	0	0	0	0
TRESIBA	INSULIN DEGLUDEC	3	0	0	0	0
TRESIBA FLEXTOUCH	INSULIN DEGLUDEC	2	2	0	0	0
TRULICITY	DULAGLUTIDE	14	1	1	0	1
UBRELVY	UBROGEPANT	4	0	0	0	0
ULTRAM	TRAMADOL	3	1	0	0	0
VENTOLIN	ALBUTEROL	1	1	0	0	0
VEVYE	CYCLOSPORINE OPTHALMIC	1	0	0	0	0
VFEND	VORICONAZOLE	1	0	0	0	0
VIAGRA	SILDENAFIL CITRATE	1	1	0	0	0
VICODIN	HYDROCODONE ACETAMINOPHEN	3	1	0	0	0
VIIBRYD	VILAZODONE	1	0	0	0	0
VYVANSE	LISDEXAMFETAMINE	1	1	0	0	0
WEGOVY	SEMAGLUTIDE	12	12	2	2	0
XIFAXAN	RIFAXIMIN	2	2	0	0	0

XOLAIR	OMALIZUMAB	1	0	0	0	0
XOPENEX	LEVALBUTEROL	2	2	0	0	0
ZEPBOUND	TIRZEPATIDE	18	18	1	1	0
ZYPREXA	OLANZAPINE	1	1	0	0	0

Group Plans

	Total # of Medical PA Requests	128	Total # of Pharmacy PA Requests	96
Determination	Approved	109	Approved	60
	Denied	19	Denied	36
Submission Method	Electronic	111	Electronic	86
	Other	17	Other	10
Denial Reasons	Medical necessity	8	Medical necessity	10
	Provider out of network - in-network capability	4	Experimental/Investigational	2
	Doesn't meet medical necessity criteria	3	Partial denial	2
	Excluded from coverage	2	Excluded from coverage	15
	Experimental and Investigational	2	Non Formulary	7

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	1	0	0	0	0
Chiropractic Visits	20	1	0	0	0
Clinically Administered Drugs	7	1	0	0	0
Durable Medical Equipment (DME)	33	1	0	0	0
Genetic Testing	13	2	0	0	0
Home Health	2	0	0	0	0
Out of Network Services	15	5	0	0	0
Physical, Occupational or Speech Therapy	20	0	0	0	0
Procedure (Outpatient)*	17	9	0	0	0

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

Pharmacy Services Requiring Prior Authorization

Brand Name	Generic 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)
ADVAIR	FLUTICASONE-SALMETEROL	1	0	0	0	0
AIMOVIG	ERENUMAB-AOOE	1	0	0	0	0
AJOVY	FREMANEZUMAB-VFRM	4	0	0	0	0
ARANESP	DARBEPOETIN ALFA	1	0	0	0	0
CARDIZEM	DILTIAZEM	1	1	0	0	0
CIALIS	TADALAFIL	2	0	0	0	0
CRESEMBA	ISAVUCONAZONIUM SULFATE	1	1	0	0	0
CRYSVITA	BUROSUMAB-TWZA	1	1	1	1	0
CYMBALTA	DULOXETINE HCL	1	0	0	0	0
DEXCOM RECEIVER	DEXCOM RECEIVER	1	0	0	0	0
DEXCOM SENSOR	DEXCOM SENSOR	2	0	0	0	0
EMGALITY	GALCANEZUMAB-GNLM	2	2	1	1	0
FARXIGA	DAPAGLIFLOZIN PROPANEDIOL	1	1	0	0	0
FLOVENT	FLUTICASONE PROPIONATE	1	1	0	0	0
FOCALIN XR	DEXMETHYLPHENIDATE HCL	2	0	0	0	0
GEMTESA	VIBEGRON	1	1	0	0	0
GILENYA	FINGOLIMOD	1	0	0	0	0
HUMERA	ADALIMUMAB-ADAZ	1	0	0	0	0
JANUVIA	SITAGLIPTIN	1	0	0	0	0
KONVOMEK	OMEPRAZOLE / SODIUM BICARBONATE	2	2	1	1	0
LANTUS SOLOSTAR	INSULIN GLARGINE	1	1	0	0	0
LOKELMA	SODIUM ZIRCONIUM CYCLOSILICATE	1	1	1	1	0
LUPRON DEPOT	LEUPROLIDE ACETATE	1	0	0	0	0
MOUNJARO	TIRZEPATIDE	7	0	0	0	0
MS CONTIN	MORPHINE SULFATE ER	2	1	0	0	0

Brand Name	Generic 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)
NEXIUM	ESOMOPRAZOLE MAGNESIUM	1	1	1	0	1
NORITATE	METRONIDAZOLE TOPICAL	1	1	0	0	0
NURTEC	RIMEGEPANT	3	0	0	0	0
NUVIGIL	ARMODAFINIL	2	0	0	0	0
OMNITROPE	SOMATRIPIN	2	1	0	0	0
OTEZLA	APREMILAST	2	1	0	0	0
OXYCONTIN	OXYCODONE	1	0	0	0	0
OZEMPIC	SEMAGLUTIDE	2	2	0	0	0
PRILOSEC	OMEPRAZOLE	3	0	0	0	0
PROTONIX	PANTOPRAZOLE SODIUM	2	0	0	0	0
PROVIGIL	MODAFINIL	6	4	3	1	2
QELBREE	VILOXAZINE HYDROCHLORIDE	1	1	0	0	0
REPATHA SURECLICK	EVOLUCUMAB	1	0	0	0	0
SEMGLEE (YFGN)	INSULIN GLARGINE- YFGN	1	1	0	0	0
SENSIPAR	CINACALCET HCL	1	1	0	0	0
SKYRIZI PEN	RISANKIZUMAB-RZAA	3	0	0	0	0
STRATERRA	ATOMOXETINE HCL	1	0	0	0	0
SYNTHROID	LEVOTHYROXINE SODIUM	2	2	0	0	0
TRESIBA	INSULIN DEGLUDEC	2	0	0	0	0
TRESIBA FLEXTOUCH	INSULIN DEGLUDEC	1	1	0	0	0
TRINTELLIX	VORTIOXETINE	1	0	0	0	0
TRULICITY	DULAGLUTIDE	3	0	0	0	0
TYMLOS	ABALOPARATIDE	1	1	0	0	0
UBRELVY	UBROGEPANT	3	0	0	0	0
ULTRAM	TRAMADOL HCL	1	0	0	0	0
VYLESSI	BREMELANOTIDE	1	1	0	0	0
WELLBUTRIN XL	BUPROPION HCL ER	2	0	0	0	0
XOLAIR	OMALIZUMAB	2	0	0	0	0

Brand Name	Generic 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)
XOPENEX HFA	LEVALBUTEROL TARTRATE	1	1	0	0	0
ZEPBOUND	TIRZEPATIDE	3	3	0	0	0