Quartz 2024 Prior Authorization Data - Minnesota

Individual Plans (see page 7 for Group Plans)

	Total # of Medical PA Requests	177	Total # of Pharmacy PA Requests	224
Data music ation	Approved	138	Approved	135
Determination	Denied	39	Denied	89
Cubmission Mathed	Electronic	119	Electronic	202
Submission Method	Other	58	Other	22
	Out of Network Deny - Resources Available in Network	28	Non Formulary	26
	Lack of Medical Necessity	6	Excluded from coverage	25
Top Denial Reasons	Excluded From Coverage	3	Lack of Medical necessity	25
	Retroactive Referral/Provider Liability	2	Experimental/Investigational	3
			Lack of info	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)
Behavioral Health (BH) Outpatient	7	1	0	0	0
BH Inpatient	8	0	0	0	0
Chiropractic Visits	12	0	0	0	0
Clinically Administered Drugs	19	4	0	0	0
Dental	1	1	0	0	0
Durable Medical Equipment (DME)	45	4	0	0	0
Genetic Testing	9	0	1	1	0
Out of Network Services	31	24	1	1	0
Physical, Occupational or Speech Therapy	2	0	0	0	0
Procedure (Outpatient)*	43	5	0	0	0
Transplant	0	0	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

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	0	0	0
ACETAMINOPHEN/CODEINE	ACETAMINOPHEN/CODEIN E	1		0	0	0
ADALIMUMAB	HUMIRA (2 PEN)	2	0	0	0	0
ADAPALENE	ADAPALENE CREAM	1	0	0	0	0
ADAPALENE/BENZOYL PEROXIDE	ADAPALENE/BENZOYL PEROXIDE	1	1	0	0	0
VENTOLIN HFA	ALBUTEROL SULFATE INHALER	1	1	0	0	0
ALPRAZOLAM ER	ALPRAZOLAM ER	2	1	0	0	0
AMPHETAMINE- DEXTROAMPHETAMINE ER	ADDERALL XR	1	1	0	0	0
APREMILAST	OTEZLA	2	1	0	0	0
ATOGEPANT	QULIPTA	1	0	0	0	0
AZELAIC ACID	AZELAIC ACID GEL	1	1	0	0	0
AZELAIC ACID	AZELEX	1	1	0	0	0
BENRALIZUMAB	FASENRA PEN	1	0	0	0	0
BINIMETINIB	MEKTOVI	1	0	0	0	0
BREXPIPRAZOLE	REXULTI	1	0	0	0	0
BUDESONIDE INHALER	PULMICORT FLEXHALER	1	0	0	0	0
BUPROPION HYDROCHLORIDE ER (XL)	BUPROPION ER 24HR	2	1	0	0	0
CELECOXIB	CELECOXIB	1	0	0	0	0
CLINDAMYCIN/BENZOYL PEROXIDE	CLINDAMYCIN/BENZOYL PEROXIDE GEL	1	1	0	0	0
CLOMIPRAMINE	CLOMIPRAMINE	1	0	0	0	0
CYCLOSPORINE (OPHTH)	CEQUA	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)
CONTINUOUS BLOOD GLUC SENSOR	SENSOR – FREESTYLE LIBRE 2	1	0	0	0	0
CONTINUOUS BLOOD GLUC SENSOR	SENSOR – DEXCOM G6	2	0	0	0	0
CONTINUOUS BLOOD GLUC SENSOR	SENSOR – DEXCOM G7	2	0	0	0	0
DAPAGLIFLOZIN	DAPAGLIFLOZIN	1	1	0	0	0
DESONIDE	DESONIDE CREAM	1	1	0	0	0
DESVENLAFAXINE ER	DESVENLAFAXINE ER	1	0	0	0	0
DOXEPIN	DOXEPIN	1	1	0	0	0
DULAGLUTIDE	TRULICITY	26	1	0	0	0
DUPILUMAB	DUPIXENT	5	0	0	0	0
ELAGOLIX	ORILISSA	1	0			
EMPAGLIFLOZIN	JARDIANCE	3	0	0	0	0
ENCORAFENIB	BRAFTOVI	1	0			
ERENUMAB-AOOE	AIMOVIG	8	3	0	0	0
ESTRADIOL- LEVONORGESTREL PATCH	CLIMARA PRO	1	0	0	0	0
ETANERCEPT PREFILLED SYRINGE	ENBREL	1	0	0	0	0
EVOLOCUMAB	REPATHA SURECLICK	1	0	0	0	0
EXENATIDE	BYDUREON BCISE	9	0	0	0	0
EXENATIDE	BYETTA	1	0	0	0	0
FLUTICASONE PROPIONATE/SALMETER OL	FLUTICASONE PROPIONATE/SALMETE ROL HFA	1	0	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)
AJOVY FREMANEZUMAB- VFRM PREF SYRINGE	YVOLA	1	1	0	0	0
GALCANEZUMAB-GNLM	EMGALITY	2	1	0	0	0
GLATIRAMER	GLATIRAMER PREFILLED SYRINGE	1	0	0	0	0
GLUCOSE BLOOD TEST STRIP	CONTOUR NEXT BLOOD GLUCOSE TEST	1	1	0	0	0
HYALURONAN PREFILLED SYRINGE	ORTHOVISC	1	1	0	0	0
HYDROCODONE BITARTRATE/ACETAMINOPH EN	HYDROCODONE BITARTRATE/ACETAMINO PHEN	1	0	0	0	0
INSULIN ASPART	NOVOLOG FLEXPEN	1	1	0	0	0
INSULIN DETEMIR	INSULIN DEGLUDEC FLEXPEN	3	2	0	0	0
INSULIN GLARGINE	SEMGLEE	1	1	0	0	0
INSULIN GLARGINE	TOUJEO SOLOSTAR	1	1	0	0	0
INSULIN INFUSION DISPOSABLE PUMP RESERVOIR	OMNIPOD 5 G6 PODS	2	0	0	0	0
INSULIN NPH	HUMULIN N	1	1	0	0	0
ISRADIPINE	ISRADIPINE	1	0	0	0	0
LENALIDOMIDE	REVLIMID	1	0	0	0	0
LEUPROLIDE	LUPRON DEPOT	1	1	0	0	0
LINACLOTIDE	LINZESS	2	2	0	0	0
LIRAGLUTIDE	LIRAGLUTIDE	1	0	0	0	0
LURASIDONE	LURASIDONE	4	0	0	0	0
MEPOLIZUMAB	NUCALA	1	0	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)
METFORMIN HYDROCHLORIDE ER OSMOTIC	METFORMIN HYDROCHLORIDE ER	1	1	0	0	0
METOPROLOL SUCCINATE ER	METOPROLOL SUCCINATE ER	1	0	0	0	0
MIRABEGRON	MYRBETRIQ	1	0	0	0	0
MOMETASONE- FORMOTEROL INHALER	DULERA	2	1	0	0	0
NALTREXONE	NALTREXONE	1	0	0	0	0
NALTREXONE -BUPROPION	CONTRAVE	1	1	0	0	0
NEBIVOLOL	NEBIVOLOL	1	0	0	0	0
OMALIZUMAB	XOLAIR	1	0	0	0	0
OMEPRAZOLE SUSPENION COMPOUND KIT	FIRST-OMEPRAZOLE	1	1	0	0	0
ONABOTULINUM TOXIN A	ВОТОХ	4	4	0	0	0
OSPEMIFENE	OSPHENA	1	0	0	0	0
OXYBUTYNIN CHLORIDE ER	OXYBUTYNIN CHLORIDE ER	1	1	0	0	0
PROGESTERONE IM IN OIL	PROGESTERONE	1	1	0	0	0
RIMEGEPANT	NURTEC	3	1	0	0	0
RUXOLITINIB PHOSPHATE CREAM 1.5%	OPZELURA	2	1	0	0	0
SECUKINUMAB	COSENTYX SENSOREADY PEN	6	0	0	0	0
SEMAGLUTIDE	OZEMPIC	19	14	0	0	0
SEMAGLUTIDE	RYBELSUS	1	1	0	0	0
SEMAGLUTIDE-WEIGHT MANAGEMENT	WEGOVY	10	10	1	1	0
SILDENAFIL CITRATE (PAH)	SILDENAFIL CITRATE	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)
SUVOREXANT	BELSOMRA	1	1	1	1	0
TADALAFIL (BPH)	TADALAFIL	3	1	0	0	0
TAZAROTENE CREAM	TAZORAC	1	1	0	0	0
TENOFOVIR ALAFENAMIDE FUMARATE	VEMLIDY	1	1	0	0	0
TESTOSTERONE	TESTOSTERONE	4	1	0	0	0
TIOTROPIUM BROMIDE- OLODATEROL	STIOLTO RESPIMAT	2	1	0	0	0
TIRZEPATIDE	MOUNJARO	12	3	1	1	0
TIRZEPATIDE	ZEPBOUND	5	5	0	0	0
TIZANIDINE	TIZANIDINE	1	1			
TRETINOIN	TRETINOIN	2	1	0	0	0
UBROGEPANT	UBRELVY	2	0	0	0	0
UPADACITINIB	RINVOQ	1	0			
USTEKINUMAB	STELARA	5	3	1	0	1
VENLAFAXINE HYDROCHLORIDE ER	VENLAFAXINE HYDROCHLORIDE ER	2	2	0	0	0
VORTIOXETINE HBR	TRINTELLIX	3	0	0	0	0
ZOLPIDEM TARTRATE ER	ZOLPIDEM TARTRATE ER	1	1	0	0	0

Group Plans

	Total # of Medical PA Requests	105	Total # of Pharmacy PA Requests	75
D - 4	Approved	86	Approved	52
Determination	Denied	19	Denied	23
Codemical or Mathead	Electronic	85	Electronic	74
Submission Method	Other	20	Other	1
	Out of Network Deny - Resources Available in	o	Medical necessity	7
	Network	8		
	Lack of Medical Necessity	8	Excluded from coverage	7
Denial Reasons	Excluded from Coverage	3	Non Formulary	5
			Experimental/Investigational	3

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	2	0	0	0
BH Inpatient	1	0	0	0	0
Chiropractic Visits	10	2	0	0	0
Clinically Administered Drugs	10	2	0	0	0
Dental	0	0	0	0	0
Durable Medical Equipment (DME)	25	4	0	0	0
Genetic Testing	12	0	0	0	0
Out of Network Services	8	7	0	0	0
Physical, Occupational or Speech Therapy	13	0	0	0	0
Procedure (Outpatient)*	20	2	0	0	0
Transplant	2	0	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

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	ABALOPARATIDE	1	0	0	0	0
ADALIMUMAB	HUMIRA (2 PEN)	4	0	0	0	0
AMPHETAMINE- DEXTROAMPHETAMIN E ER	ADDERALL XR	1	1	0	0	0
APREMILAST	OTEZLA	2	0	0	0	0
BUDESONIDE INHALER	PULMICORT FLEXHALER	1	0	0	0	0
CARIPRAZINE	VRAYLAR	1	1	1	0	1
DULAGLUTIDE	TRULICITY	10	0	0	0	0
ERENUMAB-AOOE	AIMOVIG	2	0	0	0	0
ESCITALOPRAM	LEXAPRO	1	1	0	0	0
ESOMEPRAZOLE MAGNESIUM	ESOMEPRAZOLE MAGNESIUM	1	0	0	0	0
ETANERCEPT	ENBREL SURECLICK	1	0	0	0	0
EVOLOCUMAB	REPATHA	3	1	0	0	0
EXENATIDE	BYDUREON BCISE	2	0	0	0	0
FINGOLIMOD	FINGOLIMOD	1	0	0	0	0
FREMANEZUMAB-VFRM	AJOVY	1	0	0	0	0
GALCANEZUMAB- GNLM	EMGALITY	4	0	0	0	0
INSULIN DETEMIR PEN	LEVEMIR FLEXPEN	1	1	0	0	0
ISAVUCONAZONIUM	CRESEMBA	1	0	0	0	0
LETERMOVIR	PREVYMIS	2	2	1	1	0
LINACLOTIDE	LINZESS	1	1	0	0	0
LIRAGLUTIDE PEN	LIRAGLUTIDE	1	0	0	0	0
LOPERAMIDE	LOPERAMIDE	1	0	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)
MESALAMINE ER	APRISO	1	1	0	0	0
MOMETASONE FUROATE	ASMANEX HFA	1	0	0	0	0
OMEPRAZOLE	PRILOSEC	1	1	0	0	0
POSACONAZOLE DR	POSACONAZOLE DR	1	0	0	0	0
RIBOCICLIB	KISQALI	2	0	0	0	0
RISANKIZUMAB-RZAA	SKYRIZI PEN	2	0	0	0	0
SEMAGLUTIDE PEN	OZEMPIC	6	3	0	0	0
SEMAGLUTIDE (WEIGHT MNGMT) SOLN AUTO- INJECTOR 0.25 MG/0.5ML	WEGOVY	5	5	0	0	0
SILDENAFIL (ED)	SILDENAFIL	1	1	0	0	0
SOMATROPIN	OMNITROPE	1	0	0	0	0
TESTOSTERONE GEL	TESTOSTERONE	1	1	0	0	0
TIRZEPATIDE	ZEPBOUND	1	1	0	0	0
TIRZEPATIDE	MOUNJARO	5	2	0	0	0
TRETINOIN CREAM	TRETINOIN	1	0	0	0	0
UBROGEPANT	UBRELVY	1	0	0	0	0
UPADACITINIB ER	RINVOQ	1	0	0	0	0
VILAZODONE	VILAZODONE HYDROCHLORIDE	1	0	0	0	0