

**Health Alliance
2021 Data Statistics
Medical & Pharmacy Prior Authorization**

Purpose: To provide annual medical and pharmacy prior authorization data statistics in accordance with the Illinois Prior Authorization Reform Act, Public Act 102-0409.

**Medical Prior Authorization
January 1, 2021- September 30, 2021**

Section 20. Disclosure and review of prior authorization requirements.

(g) Entities using prior authorization shall make statistics available regarding prior authorization approvals and denials on their website in a readily accessible format. The statistics must be updated annually and include all of the following information:

(1) A list of all health care services, including medications, that are subject to prior authorization;

**Health Alliance 2021 Standard Prior Authorization List
Health Alliance 2021 Standard Durable Medical Equipment (DME) Prior
Authorization List**

(2) The total number of prior authorization requests received:

Category of prior authorization requests received	Total number of prior authorization requests received
Medical, Surgical, Mental Health, or Substance Use Disorder	78,114
Pharmacy	8102

(3) The number of prior authorization requests denied during the previous plan year by the health insurance issuer or its contracted utilization review organization with respect to each service described in paragraph (1) and the top 5 reasons for denial;

Categories of health care services subject to prior authorization	Number of denied prior authorization requests per category
BONE GROWTH STIMULATORS	2
CARDIAC IMAGING AND PROCEDURES	649
CHIROPRACTIC AND MASSAGE THERAPY	45
GENETIC TESTING (INCLUDING MOLECULAR DIAGNOSTICS)	409
IMAGING: CT, CTA, MRI, MRA, PET, 3D	2531

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IMAGING: OBSTETRICAL AND DIAGNOSTIC ULTRASOUND	1105
INTERVENTIONAL PAIN MANAGEMENT	92
JOINT SURGERY - SELECT	122
RADIATION THERAPY: INCLUDING BUT NOT LIMITED TO PROTON BEAM, STEREOTACTIC RADIO	16
REHABILITATIVE THERAPIES	44
SLEEP DIAGNOSTICS, EVALUATIONS AND SUPPLIES	651
SPINE SURGERY - SELECT	32
OTHER	
Behavioral Health	11
Consult and Treat	266
Consult and Treat – Mental Health	2
Consult Only	3
Diagnostic Test	7
DME Purchase	38
DME Rent to Purchase	3
DME Rental	58
Infertility	22
Inpatient Admissions	112
Medical Office Visit	7
Occupational Therapy	1
Physical Therapy	22
Procedure - Inpatient Facility	9
Procedure - Outpatient Facility	132
Procedure - Provider or Physician's Office	29
Second Opinion	8
Transplant Evaluation - Consult and Treat	1

Top 5 prior authorization reasons for denial	Number of denied prior authorizations
UM MD Review Criteria Not Met	5945
UM RN Review Benefit Denial	356
UM Insufficient Information	48
UM MD Review Benefit Denial	31
UM Medically Unnecessary Days	30

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(4) the number of requests described in paragraph (3) that were appealed, the number of the appealed requests that upheld the adverse determination, and the number of appealed requests that reversed the adverse determination;

Prior authorization statistics	Number of appealed requests
The number of requests in paragraph (3) that were appealed	411
The number of appealed requests that upheld the adverse determination	230
The number of appealed requests that reversed the adverse determination	181

(5) the average time between submission and response; and

Average time between admission submission and response	0.82 days (20 hours)
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(6) any other information as the Director determines appropriate.

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**Pharmacy Prior Authorization
January 1, 2021-November 30, 2021**

Section 20. Disclosure and review of prior authorization requirements.

(g) Entities using prior authorization shall make statistics available regarding prior authorization approvals and denials on their website in a readily accessible format. The statistics must be updated annually and include all of the following information:

(1) A list of all health care services, including medications, that are subject to prior authorization;

All pharmacy benefit medications that are subject to prior authorization are listed in the table below.

(2) The total number of prior authorization requests received:

Category of prior authorization requests received	Total number of prior authorization requests received
Medications administered in an outpatient setting	2053
Medications obtained through the pharmacy benefit	6049

(3) The number of prior authorization requests denied during the previous plan year by the health insurance issuer or its contracted utilization review organization with respect to each service described in paragraph (1) and the top 5 reasons for denial;

Categories of health care services subject to prior authorization	Number of denied prior authorization requests per category
Medications administered in an outpatient setting	76
Medications Administered through the pharmacy benefit. Detail is included for individual prescription benefit medications.	1244*
ABECMA	0
ABIRATERONE ACETATE	0
ABSORICA	0

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Categories of health care services subject to prior authorization	Number of denied prior authorization requests per category
ABSORICA LD	0
ABSTRAL	0
ACTEMRA	1
ACTEMRA ACTPEN	3
ACTHAR	4
ACTIMMUNE	0
ACTIQ	0
ADAKVEO	0
ADCIRCA	0
ADEFOVIR DIPIVOXIL	0
ADEMPAS	0
ADRIAMYCIN	0
ADRUCIL	0
ADVAIR DISKUS	5
ADVAIR HFA	27
AFINITOR	0
AFINITOR DISPERZ	0
AIMOVIG	49
AJOVY	14
ALECENSA	0
ALOGLIPTIN	5
ALOGLIPTIN/METFORMIN HCL	1
ALOGLIPTIN/PIOGLITAZONE	0
ALTOPREV	1
ALUNBRIG	0
ALYQ	0
AMBRISENTAN	0
AMONDYS 45	0
ANDRODERM	4
ANDROGEL	0
ANDROGEL PUMP	1
APOKYN	0
ARCALYST	0
ARIKAYCE	0
ARNUITY ELLIPTA	11
ARYMO ER	0

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Categories of health care services subject to prior authorization	Number of denied prior authorization requests per category
ASENAPINE MALEATE SL	0
ASPARLAS	0
ATGAM	0
AUSTEDO	0
AYVAKIT	0
AZELAIC ACID	14
AZELEX	1
BALVERSA	0
BARACLUDE	0
BAVENCIO	0
BELRAPZO	0
BETHKIS	0
BEXAROTENE	0
BOSENTAN	0
BOSULIF	0
BOTOX	19
BP CLEANSING WASH	0
BRAFTOVI	0
BREO ELLIPTA	71
BRONCHITOL	0
BRONCHITOL TOLERANCE TEST	0
BRUKINSA	0
BUDESONIDE ER	9
BYLVAY	0
BYLVAY (PELLETS)	0
BYNFEZIA PEN	0
CABOMETYX	0
CALQUENCE	0
CAMPTOSAR	0
CAPECITABINE	0
CAPLYTA	0
CAPRELSA	0
CARBAGLU	0
CAYSTON	0
CERDELGA	0
CETROTIDE	0

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Categories of health care services subject to prior authorization	Number of denied prior authorization requests per category
CHOLBAM	0
CHORIONIC GONADOTROPIN	0
CINACALCET HYDROCHLORIDE	1
CLOFARABINE	0
CLOMIPHENE CITRATE	2
CLOVIQUE	0
COMETRIQ	0
COPIKTRA	0
CORLANOR	0
COSELA	0
COSENTYX	2
COSENTYX SENSOREADY PEN	26
COTELLIC	0
CROTAN	0
CUVITRU	0
CYCLOPHOSPHAMIDE	0
DALFAMPRIDINE ER	0
DALIRESP	3
DAURISMO	0
DEFERASIROX	0
DESVENLAFAXINE ER	75
DEXILANT	11
DIBENZYLINE	0
DIHYDROERGOTAMINE MESYLATE	1
DOPTELET	0
DOXERCALCIFEROL	0
DOXIL	0
DROXIDOPA	0
DUPIXENT	2
DURAGESIC	0
DURYSTA	0
DYANAVAL XR	0
DYSPORT	0
EGRIFTA	0
EMBEDA	0
EMCYT	0

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Categories of health care services subject to prior authorization	Number of denied prior authorization requests per category
EMEND	0
EMFLAZA	0
EMGALITY	25
EMPAVELI	0
ENBREL	4
ENBREL MINI	9
ENBREL SURECLICK	15
ENSPRYNG	0
ENTECAVIR	0
EPCLUSA	0
EPIDIOLEX	0
EPIRUBICIN HCL	0
EPOPROSTENOL SODIUM	0
ERIVEDGE	0
ERLEADA	0
ERLOTINIB HYDROCHLORIDE	0
ESBRIET	0
ETOPOPHOS	0
ETOPOSIDE	0
EUCRISA	23
EVRYSDI	2
EXJADE	0
EZALLOR SPRINKLE	1
FANAPT	0
FANAPT TITRATION PACK	0
FARESTON	0
FARXIGA	62
FARYDAK	0
FENTANYL	4
FENTANYL CITRATE	0
FENTANYL CITRATE ORAL TRANSMUCOSAL	0
FENTORA	0
FERRIPROX	0
FERRIPROX TWICE-A-DAY	1
FETZIMA	0
FINACEA	3

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Categories of health care services subject to prior authorization	Number of denied prior authorization requests per category
FINTEPLA	0
FIRAZYR	0
FLUOROURACIL	0
FLUTAMIDE	0
FLUVASTATIN SODIUM ER	1
FOLLISTIM AQ	0
FOLOTYN	0
FORTEO	4
FORTESTA	0
FOSAPREPITANT DIMEGLUMINE	0
FOTIVDA	0
GALAFOLD	0
GANIRELIX ACETATE	0
GATTEX	0
GAVRETO	0
GILOTRIF	0
GLEEVEC	0
GLEOSTINE	0
GLYXAMBI	7
GONAL-F	0
GONAL-F RFF	0
GONAL-F RFF REDIJECT	0
HAEGARDA	0
HARVONI	0
HEPSERA	0
HETLIOZ	3
HETLIOZ LQ	0
HIZENTRA	0
HUMATROPE	1
HUMATROPE COMBO PACK	0
HUMIRA	1
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	0
HUMIRA PEN	9
HUMIRA PEN-CD/UC/HS STARTER	0
HUMIRA PEN-PEDIATRIC UC STARTER PACK	0

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Categories of health care services subject to prior authorization	Number of denied prior authorization requests per category
HUMIRA PEN-PS/UV STARTER	5
HYCAMTIN	0
HYDROCODONE BITARTRATE ER	0
HYDROMORPHONE HCL ER	0
HYDROMORPHONE HYDROCHLORIDE ER	0
HYQVIA	0
HYSINGLA ER	0
IBRANCE	0
ICATIBANT ACETATE	0
ICLUSIG	0
ICOSAPENT ETHYL	13
IDARUBICIN HCL	0
IDARUBICIN HYDROCHLORIDE	0
IDHIFA	0
IFOSFAMIDE	0
ILARIS	0
ILUMYA	0
IMATINIB MESYLATE	0
IMBRUVICA	0
IMPAVIDO	0
INBRIJA	0
INCRELEX	0
INGREZZA	0
INLYTA	0
INQOVI	0
INREBIC	0
IRESSA	0
ISTURISA	0
IVERMECTIN	6
JADENU	0
JADENU SPRINKLE	0
JAKAFI	0
JATENZO	0
JEMPERLI	0
JUBLIA	20
JUXTAPID	0

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Categories of health care services subject to prior authorization	Number of denied prior authorization requests per category
JYNARQUE	0
KADIAN	0
KALYDECO	0
KAZANO	0
KEPIVANCE	0
KERYDIN	2
KETAMINE HYDROCHLORIDE	0
KEVEYIS	0
KEVZARA	2
KHEDEZLA	0
KINERET	1
KISQALI	0
KITABIS PAK	0
KLISYRI	1
KOMBIGLYZE XR	0
KORLYM	0
KOSELUGO	2
KUVAN	0
KYNMOBI	0
KYNMOBI TITRATION KIT	0
LAPATINIB DITOSYLATE	0
LATUDA	13
LAZANDA	0
LEDIPASVIR/SOFOSBUVIR	0
LENVIMA 10 MG DAILY DOSE	0
LENVIMA 12MG DAILY DOSE	0
LENVIMA 14 MG DAILY DOSE	0
LENVIMA 18 MG DAILY DOSE	0
LENVIMA 20 MG DAILY DOSE	0
LENVIMA 24 MG DAILY DOSE	0
LENVIMA 4 MG DAILY DOSE	0
LENVIMA 8 MG DAILY DOSE	0
LESCOL XL	0
LETAIRIS	0
LIVALO	1
LOKELMA	2

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Categories of health care services subject to prior authorization	Number of denied prior authorization requests per category
LONHALA MAGNAIR REFILL KIT	0
LONHALA MAGNAIR STARTER KIT	0
LONSURF	0
LORBRENA	0
LOVAZA	1
LUMAKRAS	0
LUMOXITI	0
LYNPARZA	0
LYSODREN	0
MATULANE	0
MAVENCLAD	0
MAVYRET	1
MEKINIST	1
MEKTOVI	0
MENOPUR	0
MIGLUSTAT	0
MIGRANAL	0
MIRVASO	5
MORPHINE SULFATE ER	1
MS CONTIN	0
MULPLETA	0
MUTAMYCIN	0
MYALEPT	0
MYOBLOC	0
MYTESI	0
NATESTO	1
NATPARA	0
NERLYNX	0
NESINA	0
NEXAVAR	0
NEXLETOL	7
NEXLIZET	2
NINLARO	0
NITYR	0
NORDITROPIN FLEXPRO	1
NORTHERA	0

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Categories of health care services subject to prior authorization	Number of denied prior authorization requests per category
NOURIANZ	0
NOVAREL	0
NUBEQA	0
NUCYNTA ER	0
NUEDEXTA	1
NUPLAZID	0
NURTEC	84
NUTROPIN AQ NUSPIN 10	0
NUTROPIN AQ NUSPIN 20	0
NUTROPIN AQ NUSPIN 5	0
NYVEPRIA	0
OCALIVA	0
ODOMZO	0
OFEV	1
OLUMIANT	1
OMEGA-3-ACID ETHYL ESTERS	18
OMEGAVEN	0
OMNIPOD DASH 5 PACK	0
OMNITROPE	2
ONGENTYS	0
ONGLYZA	7
ONUREG	0
OPSUMIT	0
ORENITRAM	0
ORFADIN	0
ORGOVYX	0
ORIAHNN	0
ORILISSA	2
ORKAMBI	0
ORLADEYO	0
OSENI	0
OTEZLA	46
OVIDREL	0
OXALIPLATIN	0
OXAYDO	0
OXBRYTA	0

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OXERVATE	0
OXLUMO	0
OXYCODONE HCL ER	0
OXYCODONE HYDROCHLORIDE ER	0
OXYCONTIN	0
OXYMORPHONE HYDROCHLORIDE ER	0
OXYMORPHONE HYDROCHLORIDEER	0
PALFORZIA INITIAL DOSE ESCALATION	0
PALFORZIA LEVEL 1	0
PALFORZIA LEVEL 10	0
PALFORZIA LEVEL 11 (MAINTENANCE)	0
PALFORZIA LEVEL 11 (TITRATION)	0
PALFORZIA LEVEL 2	0
PALFORZIA LEVEL 3	0
PALFORZIA LEVEL 4	0
PALFORZIA LEVEL 5	0
PALFORZIA LEVEL 6	0
PALFORZIA LEVEL 7	0
PALFORZIA LEVEL 8	0
PALFORZIA LEVEL 9	0
PALYNZIQ	0
PEGASYS	0
PEGASYS PROCLICK	0
PEGINTRON	0
PEMAZYRE	0
PHENOXYBENZAMINE HYDROCHLORIDE	0
PICATO	0
PIQRAY 200MG DAILY DOSE	0
PIQRAY 250MG DAILY DOSE	0
PIQRAY 300MG DAILY DOSE	0
POMALYST	0
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	0
PRETOMANID	0
PRISTIQ	1
PROMACTA	0
PULMOZYME	0

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Categories of health care services subject to prior authorization	Number of denied prior authorization requests per category
QBREXZA	10
QINLOCK	0
QTERN	0
QUDEXY XR	0
QUILLICHEW ER	0
QUILLIVANT XR	2
RADIOGARDASE	0
RAVICTI	0
RAYALDEE	0
REGRANEX	0
RELISTOR	0
RETEVMO	0
REVATIO	2
REVLIMID	0
REXULTI	5
REYVOW	4
REZUROCK	0
RHOFADE	7
RIBASPHERE	0
RIBAVIRIN	0
RINVOQ	1
ROZLYTREK	0
RUBRACA	0
RUZURGI	0
RYBREVANT	0
RYDAPT	0
RYLAZE	0
SABRIL	0
SAIZEN	0
SAIZENPREP RECONSTITUTIONKIT	0
SAJAZIR	0
SAMSCA	0
SAPHNELO	0
SAPHRIS	0
SAPROPTERIN DIHYDROCHLORIDE	0
SAVELLA	8

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Categories of health care services subject to prior authorization	Number of denied prior authorization requests per category
SAVELLA TITRATION PACK	2
SECUADO	0
SEGLUROMET	0
SENSIPAR	0
SEROSTIM	0
SILDENAFIL	0
SILDENAFIL CITRATE	6
SILIQ	0
SIRTURO	0
SKYRIZI	7
SOFOSBUVIR/VELPATASVIR	0
SOLIQUA 100/33	1
SOMAVERT	0
SOOLANTRA	13
SOVALDI	0
SPRYCEL	0
STEGLATRO	4
STEGLUJAN	0
STIVARGA	0
STRIANT	0
SUBSYS	0
SUCRAID	0
SUNITINIB MALATE	0
SUNOSI	7
SUTENT	0
SYMDEKO	0
SYNAREL	0
SYNRIBO	0
SYPRINE	0
TABRECTA	0
TADALAFIL	1
TAFINLAR	0
TAGRISSO	0
TAKHZYRO	0
TALTZ	22
TALZENNA	0

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Categories of health care services subject to prior authorization	Number of denied prior authorization requests per category
TARCEVA	0
TARGRETIN	0
TASIGNA	0
TAVABOROLE	7
TAVALISSE	0
TAXOTERE	0
TAZAROTENE	7
TAZORAC	4
TAZVERIK	0
TEGSEDI	0
TEMOZOLOMIDE	0
TEMSIROLIMUS	0
TEPMETKO	0
TERIPARATIDE	0
TESTIM	0
TESTOPEL	0
TESTOSTERONE	38
TESTOSTERONE PUMP	8
TESTOSTERONE TOPICAL SOLUTION	1
TETRABENAZINE	1
THALOMID	0
THIOLA	0
THIOLA EC	0
TIBSOVO	0
TICE BCG	1
TOBI	0
TOBI PODHALER	0
TOBRAMYCIN	1
TOLVAPTAN	0
TOPIRAMATE ER	5
TOPOSAR	0
TOPOTECAN HCL	0
TOPOTECAN HYDROCHLORIDE	0
TOREMIFENE CITRATE	0
TRACLEER	0
TREMFYA	2

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Categories of health care services subject to prior authorization	Number of denied prior authorization requests per category
TRETINOIN	0
TRIENTINE HYDROCHLORIDE	0
TRIJARDY XR	2
TRIKAFTA	0
TRINTELLIX	26
TROKENDI XR	6
TRUSELTIQ	0
TUKYSA	0
TURALIO	0
TYKERB	0
TYMLOS	1
TYVASO	0
TYVASO REFILL	0
TYVASO STARTER	0
UBRELVY	117
UCERIS	0
UKONIQ	0
UPTRAVI	0
VALCHLOR	0
VALRUBICIN	0
VANCOMYCIN HYDROCHLORIDE	0
VASCEPA	15
VELTASSA	0
VEMLIDY	0
VENCLEXTA	0
VENCLEXTA STARTING PACK	0
VENTAVIS	0
VERQUVO	0
VERZENIO	0
VIBERZI	5
VIEKIRA PAK	0
VIGABATRIN	0
VIGADRONE	0
VIIBRYD	29
VIRAZOLE	0
VITRAKVI	0

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Categories of health care services subject to prior authorization	Number of denied prior authorization requests per category
VIZIMPRO	0
VOGELXO	0
VOGELXO PUMP	0
VOSEVI	0
VOTRIENT	0
VPRIV	0
VRAYLAR	17
VYEPTI	0
VYNDAMAX	0
VYNDAQEL	0
VYVANSE	2
WAKIX	3
WELIREG	0
WINLEVI	0
XALKORI	0
XCOPRI	1
XELJANZ	2
XELJANZ XR	2
XELODA	0
XEMBIFY	0
XENAZINE	0
XEOMIN	0
XERMELO	0
XIFAXAN	35
XIGDUO XR	9
XOSPATA	0
XPOVIO	0
XPOVIO 100 MG ONCE WEEKLY	0
XPOVIO 40 MG ONCE WEEKLY	0
XPOVIO 40 MG TWICE WEEKLY	0
XPOVIO 60 MG ONCE WEEKLY	0
XPOVIO 60 MG TWICE WEEKLY	0
XPOVIO 80 MG ONCE WEEKLY	0
XPOVIO 80 MG TWICE WEEKLY	0
XTAMPZA ER	0
XTANDI	0

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Categories of health care services subject to prior authorization	Number of denied prior authorization requests per category
XULTOPHY 100/3.6	1
XURIDEN	0
XYREM	2
YONSA	0
YUPELRI	3
ZAVESCA	0
ZEJULA	0
ZELBORAF	0
ZEPATIER	0
ZOHYDRO ER	0
ZOKINVY	0
ZOLINZA	0
ZOMACTON	0
ZORBTIVE	0
ZYDELIG	0
ZYKADIA	0
ZYNLONTA	0
ZYPITAMAG	0
ZYTIGA	0

** Please note that some medications reflecting 0 denials may not have had a request during this period.*

Top 5 prior authorization reasons for denial	Number of denied prior authorizations
1. Pharmacy Prior Authorization Criteria Not Met Examples of unmet criteria include, but are not limited to: lack of trials with prior therapies; provider is not a specialist; lack of diagnostic criteria met; therapeutic duplication; off-label use	1320
2.	
3.	
4.	
5.	

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(4) the number of requests described in paragraph (3) that were appealed, the number of the appealed requests that upheld the adverse determination, and the number of appealed requests that reversed the adverse determination;

Prior authorization statistics	Number of appealed requests
The number of requests in paragraph (3) that were appealed	137
The number of appealed requests that upheld the adverse determination	113
The number of appealed requests that reversed the adverse determination	24

(5) the average time between submission and response; and

Average time between admission submission and response	1.09 days (1 day 2 hours)
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(6) any other information as the Director determines appropriate.