

**Health Alliance
2023 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
October 1, 2022 – September 30, 2023**

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 2023 Standard Prior Authorization List](#)

[Health Alliance 2023 Standard Durable Medical Equipment \(DME\) Prior Authorization List](#)

1. (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	74,343
Pharmacy	6119

- (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
Admission - Acute Inpatient	197
Admission - Inpatient Rehab	5
Admission - LTACH	2
Admission - Skilled Nursing Facility	10
Chemotherapy	8
Chiropractic	3
Consult and Treat	42
Consultation (Consult Only)	0

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Durable Medical Equipment - Enteral Nutrition	3
Durable Medical Equipment - Monthly Rental	44
Durable Medical Equipment - Purchase	33
Durable Medical Equipment - Rent-to-Purchase	11
Elective Inpatient Procedure	8
Elective Outpatient Dental	4
Elective Outpatient Procedure (including Surgery, Diagnostic Testing & Imaging)	3942
Genetic Testing	398
Infertility - Benefit Review	12
Infertility - Elective Procedures	65
Interventional Pain Therapy	54
Radiation Therapy	51
Second Opinion	0
Therapy: PT/OT/ST	35
Transplant - Surgery	0
Transplant - Evaluation	2
Transplant - Post Surgical Follow Up	1
Admission - Inpatient Behavioral Health	0
Admission - Substance Use Disorder	0
Total	4930

Note: Health Alliance migrated to a new prior authorization documentation system in 2022. The naming convention for the authorization categories changed from what was reported previously.

Top 5 prior authorization reasons for denial*	Number of denied prior authorizations
Not Medically Necessary (May include instances of insufficient clinical information to make a decision)	4809
Not a Covered Benefit	86
Reconsideration-Criteria Not Met	13

** Health Alliance migrated to a new prior authorization documentation system in 2022. The naming convention for the denial reasons changed and the reasons for denial were condensed from what was reported previously.*

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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	372
The number of appealed requests that upheld the adverse determination	164
The number of appealed requests that reversed the adverse determination	208

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

Average time between admission submission and response	0.85 days (20.4 hours)
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***Average time between submission and response is for all commercial products and service areas.*

(6) any other information as the Director determines appropriate.

This data reflects the time period of October 1, 2022 through September 30, 2023. This is the most recent finalized Health Alliance data available.

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**Pharmacy Prior Authorization
October 1, 2022 – September 30, 2023**

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	682
Medications obtained through the pharmacy benefit	5437*

(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	32
Medications Administered through the pharmacy benefit. Detail is included for individual prescription benefit medications.	1288
ABECMA	0
ABIRATERONE ACETATE	0

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ABRAXANE	0
ABSORICA	0
ABSORICA LD	0
ACTEMRA	0
ACTEMRA ACTPEN	0
ACTHAR	2
ACTIMMUNE	0
ACTIQ	0
ADAKVEO	0
ADALIMUMAB-ADAZ	0
ADBRY	0
ADCETRIS	0
ADCIRCA	0
ADEFOVIR DIPIVOXIL	0
ADEMPAS	0
ADLYXIN	0
ADLYXIN STARTER PACK	0
ADRIAMYCIN	0
ADVAIR DISKUS	10
ADVAIR HFA	11
AFINITOR	0
AFINITOR DISPERZ	0
AIMOVIG	11
AJOVY	3
AKEEGA	0
ALDURAZYME	0
ALECENSA	0
ALFERON N	0
ALIMTA	0
ALIQOPA	0
ALKERAN	0
ALOGLIPTIN	1
ALOGLIPTIN/METFORMIN HCL	0
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	0
ALOGLIPTIN/PIOGLITAZONE	0
ALTOPREV	0
ALUNBRIG	0
ALYMSYS	0
ALYQ	0
AMBRISENTAN	0
AMJEVITA	0

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AMVUTTRA	0
ANDRODERM	0
ANDROGEL	0
ANDROGEL PUMP	0
APOKYN	0
APOMORPHINE HYDROCHLORIDE	0
ARALAST NP	0
ARCALYST	0
ARIKAYCE	0
ARNUITY	3
ARNUITY ELLIPTA	0
ARRANON	0
ARSENIC TRIOXIDE	0
ARZERRA	0
ASCENIV	0
ASENAPINE MALEATE SL	0
ASPARLAS	0
ASPIRIN/OMEPRazole	0
ATGAM	0
AUSTEDO	0
AUSTEDO PATIENT TITRATION KIT	0
AUSTEDO XR	0
AUSTEDO XR PATIENT TITRATION KIT	0
AVASTIN	0
AVSOLA	0
AYVAKIT	0
AZACITIDINE	0
AZELAIC ACID	11
AZELEX	1
BALVERSA	0
BARACLUDE	0
BAVENCIO	0
BELEODAQ	0
BELRAPZO	0
BENDAMUSTINE HYDROCHLORIDE	0
BENDEKA	0
BENLYSTA	0
BERINERT	0
BESPO NSA	0
BESREMI	0
BETHKIS	0

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BEVACIZUMAB	0
BEXAROTENE	0
BICNU	0
BIVIGAM	0
BLENREP	0
BLEOMYCIN SULFATE	0
BLINCYTO	0
BORTEZOMIB	0
BOSENTAN	0
BOSULIF	0
BOTOX	6
BRAFTOVI	0
BREO ELLIPTA	19
BREXAFEMME	0
BREYANZI	0
BRIMONIDINE TARTRATE	2
BRINEURA	0
BRIUMVI	0
BRONCHITOL	0
BRONCHITOL TOLERANCE TEST	0
BRUKINSA	0
BUDESONIDE ER	4
BUSULFAN	0
BUSULFEX	0
BYDUREON BCISE	0
BYETTA	0
BYLVAY	0
BYLVAY (PELLETS)	0
CABLIVI	0
CABOMETYX	0
CALQUENCE	0
CAMCEVI	0
CAMPTOSAR	0
CAMZYOS	2
CAPECITABINE	0
CAPLYTA	3
CAPRELSA	0
CARBAGLU	0
CARBOPLATIN	0
CARGLUMIC ACID	0
CARMUSTINE	0

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CARVYKTI	0
CAYSTON	0
CERDELGA	0
CEREZYME	0
CETRORELIX ACETATE	0
CETROTIDE	0
CHOLBAM	0
CHORIONIC GONADOTROPIN	0
CIALIS	0
CIBINQO	0
CIMZIA	0
CIMZIA STARTER KIT	0
CINACALCET HYDROCHLORIDE	0
CINQAIR	0
CINRYZE	0
CISPLATIN	0
CLADRIBINE	0
CLARAVIS	1
CLOFARABINE	0
CLOLAR	0
CLOMID	1
CLOMIPHENE CITRATE	0
COLUMVI	0
COMETRIQ	0
COPIKTRA	0
CORLANOR	0
CORTROPHIN	0
COSELA	0
COSENTYX	3
COSENTYX SENSOREADY PEN	4
COSENTYX UNOREADY	0
COSMEGEN	0
COTELLIC	0
CRESEMBA	1
CROTAN	0
CRYSVITA	0
CUTAQUIG	0
CUVITRU	0
CYCLOPHOSPHAMIDE	0
CYCLOPHOSPHAMIDE MONOHYDRATE	0
CYRAMZA	0

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CYSTADROPS	0
CYTARABINE	0
CYTARABINE AQUEOUS	0
DACARBAZINE	0
DACOGEN	0
DACTINOMYCIN	0
DALFAMPRIDINE ER	2
DALIRESP	0
DANYELZA	0
DARZALEX	0
DARZALEX FASPRO	0
DAUNORUBICIN HYDROCHLORIDE	0
DAURISMO	0
DAZOMON	0
DECITABINE	0
DEFERASIROX	0
DEFERIPRONE	0
DESVENLAFAXINE ER	46
DEXCOM RECEIVER	1
DEXCOM TRANSMITTER	1
DEXILANT	5
DEXLANSOPRAZOLE	9
DIBENZYLINE	0
DICHLORPHENAMIDE	0
DIHYDROERGOTAMINE MESYLATE	0
DOCETAXEL	0
DOPTLET	0
DOXERCALCIFEROL	0
DOXIL	0
DOXORUBICIN HCL	0
DOXORUBICIN HYDROCHLORIDE	0
DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	0
DROXIDOPA	0
DUEXIS	0
DUPIXENT	1
DURYSTA	0
DYANAVAL XR	1
DYSPORT	0
EDEX	1
EGRIFTA SV	0
ELAHERE	0

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ELAPRASE	0
ELELYSO	0
ELFABRIO	0
ELIGARD	0
ELLENCE	0
ELREXFIO	0
ELZONRIS	0
EMCYT	0
EMEND	0
EMFLAZA	0
EMGALITY	27
EMPAVELI	0
EMPLICITI	0
ENBREL	0
ENBREL MINI	0
ENBREL SURECLICK	2
ENHERTU	0
ENJAYMO	0
ENSPRYNG	0
ENTECAVIR	0
ENTYVIO	2
EPCLUSA	0
EPIDIOLEX	0
EPIRUBICIN HCL	0
EPKINLY	0
EPOPROSTENOL SODIUM	0
ERBITUX	0
ERIVEDGE	0
ERLEADA	0
ERLOTINIB HYDROCHLORIDE	0
ESBRIET	0
ETOPOPHOS	0
ETOPOSIDE	0
EUCRISA	4
EULEXIN	0
EVENITY	4
EVEROLIMUS	0
EVKEEZA	0
EVRYSDI	0
EXJADE	0
EXKIVITY	0

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EZALLOR SPRINKLE	1
FABRAZYME	0
FANAPT	0
FANAPT TITRATION PACK	0
FARESTON	0
FARXIGA	93
FARYDAK	0
FASENRA	0
FASENRA PEN	1
FASLODEX	0
FENSOLVI	0
FENTANYL	1
FENTANYL CITRATE	0
FENTANYL CITRATE ORAL TRANSMUCOSAL	0
FENTORA	0
FERRIPROX	0
FERRIPROX TWICE-A-DAY	0
FETZIMA	1
FETZIMA TITRATION PACK	0
FINACEA	2
FINTEPLA	0
FIRAZYR	0
FIRDAPSE	0
FIRMAGON	0
FLEBOGAMMA DIF	0
FLOLAN	0
FLOXURIDINE	0
FLUDARABINE PHOSPHATE	0
FLUOROURACIL	0
FLUTAMIDE	0
FLUTICASONE FUROATE/VILANTEROL ELLIPTA	9
FLUTICASONE PROPIONATE/SALMETEROL HFA	3
FLUVASTATIN SODIUM ER	0
FOLLISTIM AQ	0
FOLOTYN	0
FORTEO	2
FORTESTA	0
FOSAPREPITANT DIMEGLUMINE	0
FOTIVDA	0
FREESTYLE LIBRE SENSOR	8
FULVESTRANT	0

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FYARRO	0
FYREMADEL	0
GALAFOLD	0
GAMASTAN	0
GAMIFANT	0
GAMMAGARD LIQUID	0
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	0
GAMMAKED	0
GAMMAPLEX	0
GAMUNEX-C	0
GANIRELIX ACETATE	0
GATTEX	0
GAVRETO	0
GAZYVA	0
GEFITINIB	0
GEMCITABINE HCL	0
GEMCITABINE HYDROCHLORIDE	0
GENOTROPIN	1
GENOTROPIN MINIQICK	0
GILOTRIF	0
GIVLAARI	0
GLASSIA	0
GLEEVEC	0
GLEOSTINE	0
GLYXAMBI	0
GONAL-F	0
GONAL-F RFF	0
GONAL-F RFF REDIJECT	0
HADLIMA	0
HADLIMA PUSHTOUCH	0
HAEGARDA	0
HALAVEN	0
HARVONI	0
HEMGENIX	0
HEPSERA	0
HERCEPTIN	0
HERCEPTIN HYLECTA	0
HERZUMA	0
HETLIOZ	0
HETLIOZ LQ	0
HIZENTRA	0

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HORIZANT	1
HUMATROPE	0
HUMIRA	0
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	0
HUMIRA PEN	1
HUMIRA PEN-CD/UC/HS STARTER	0
HUMIRA PEN-PEDIATRIC UC STARTER PACK	0
HUMIRA PEN-PS/UV STARTER	0
HYCAMTIN	0
HYDROCODONE BITARTRATE ER	0
HYDROMORPHONE HCL ER	0
HYDROMORPHONE HYDROCHLORIDE ER	0
HYDROXYPROGESTERONE CAPROATE	0
HYFTOR	0
HYQVIA	0
HYSINGLA ER	0
IBRANCE	0
IBSRELA	0
IBUPROFEN/FAMOTIDINE	0
ICATIBANT ACETATE	0
ICLUSIG	0
ICOSAPENT ETHYL	7
IDAMYCIN PFS	0
IDARUBICIN HCL	0
IDARUBICIN HYDROCHLORIDE	0
IDHIFA	0
IFEX	0
IFOSFAMIDE	0
ILARIS	0
ILUMYA	0
IMATINIB MESYLATE	0
IMBRUVICA	0
IMCIVREE	0
IMJUDO	0
IMLYGIC	0
IMPAVIDO	0
INBRIJA	0
INCRELEX	0
INFLECTRA	0
INFLIXIMAB	2

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INFUGEM	0
INGREZZA	1
INLYTA	0
INQOVI	0
INREBIC	0
INTRON A	0
INVOKAMET	0
INVOKAMET XR	0
INVOKANA	0
IRESSA	0
IRINOTECAN	0
IRINOTECAN HYDROCHLORIDE	0
ISBRELA	2
ISTODAX	0
ISTURISA	0
IVERMECTIN	5
IXEMPRA KIT	0
JADENU	0
JADENU SPRINKLE	0
JAKAFI	0
JATENZO	1
JAVYGTOR	0
JAYPIRCA	0
JELMYTO	0
JEMPERLI	0
JEVTANA	0
JOENJA	0
JUBLIA	20
JUXTAPID	0
JYNARQUE	0
KADCYLA	0
KALBITOR	0
KALYDECO	0
KANJINTI	0
KANUMA	0
KAZANO	0
KEMOPLAT	0
KEPIVANCE	0
KERENDIA	3
KERYDIN	1
KETAMINE HYDROCHLORIDE	0

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KEVEYIS	0
KEVZARA	0
KEYTRUDA	2
KHAPZORY	0
KIMMTRAK	0
KINERET	0
KISQALI	0
KISQALI FEMARA 200 DOSE	0
KISQALI FEMARA 400 DOSE	0
KISQALI FEMARA 600 DOSE	0
KITABIS PAK	0
KLISYRI	4
KOMBIGLYZE XR	0
KORLYM	0
KORSUVA	0
KOSELUGO	0
KRAZATI	0
KRYSTEXXA	0
KUVAN	0
KYMRIAH	0
KYNMOBI	0
KYNMOBI TITRATION KIT	0
KYPROLIS	0
KYZATREX	0
LAMZEDE	0
LANREOTIDE ACETATE	0
LAPATINIB DITOSYLATE	0
LATUDA	5
LAZANDA	0
LEDIPASVIR/SOFOSBUVIR	0
LEMTRADA	0
LENALIDOMIDE	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
LEQVIO	3

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LESCOL XL	0
LETAIRIS	0
LEUCOVORIN CALCIUM	0
LEUKERAN	0
LEUPROLIDE ACETATE	2
LEVOLEUCOVORIN	0
LEVOLEUCOVORIN CALCIUM	0
LIBTAYO	0
LINZESS	1
LIQREV	0
LIVALO	1
LIVMARLI	0
LIVTENCITY	0
LOKELMA	0
LONHALA MAGNAIR REFILL KIT	0
LONHALA MAGNAIR STARTER KIT	0
LONSURF	0
LORBRENA	0
LOVAZA	0
LUMAKRAS	0
LUMIZYME	0
LUMOXITI	0
LUMRYZ	0
LUNSUMIO	0
LUPKYNIS	0
LUPRON DEPOT (1-MONTH)	0
LUPRON DEPOT (3-MONTH)	0
LUPRON DEPOT (4-MONTH)	0
LUPRON DEPOT (6-MONTH)	0
LUPRON DEPOT-PED	0
LUPRON DEPOT-PED (1-MONTH)	0
LUPRON DEPOT-PED (3-MONTH)	1
LURASIDONE HYDROCHLORIDE	11
LUTATHERA	0
LUXTURNA	0
LYBALVI	0
LYNPARZA	0
LYSODREN	0
LYTGOBI	0
MAKENA	0
MARGENZA	0

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MARQIBO	0
MATULANE	0
MAVENCLAD	0
MAVYRET	3
MEKINIST	0
MEKTOVI	0
MELPHALAN	0
MELPHALAN HYDROCHLORIDE	0
MENOPUR	0
MEPSEVII	0
MIGLUSTAT	0
MIGRANAL	0
MIRVASO	2
MITOMYCIN	0
MONJUVI	0
MORPHINE SULFATE ER	1
MOUNJARO	191
MOZOBIL	0
MS CONTIN	0
MULPLETA	0
MUTAMYCIN	0
MVASI	1
MYALEPT	0
MYFEMBREE	0
MYLOTARG	0
MYOBLOC	0
MYTESI	0
NAGLAZYME	0
NATESTO	0
NATPARA	0
NAVELBINE	0
NELARABINE	0
NERLYNX	0
NESINA	1
NEXAVAR	0
NEXLETOL	0
NEXLIZET	0
NEXVIAZYME	0
NGENLA	0
NINLARO	0
NIPENT	0

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NITISINONE	0
NITYR	0
NORDITROPIN FLEXPPO	0
NORTHERA	0
NOURIANZ	0
NOVAREL	0
NPLATE	0
NUBEQA	0
NUCALA	0
NUCYNTA ER	0
NUEDEXTA	0
NULIBRY	0
NUPLAZID	0
NURTEC	58
NUTROPIN AQ NUSPIN 10	0
NUTROPIN AQ NUSPIN 20	0
NUTROPIN AQ NUSPIN 5	0
NUWIQ	0
OCALIVA	0
OCREVUS	0
OCTAGAM	0
OCTREOTIDE ACETATE	0
ODOMZO	0
OFEV	1
OGIVRI	0
OLUMIANT	1
OMEGA-3-ACID ETHYL ESTERS	4
OMEGAVEN	0
OMNIPOD 5 G6 INTRO KIT (GEN 5)	0
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	0
OMNIPOD DASH INTRO KIT (GEN 4)	0
OMNIPOD DASH PDM KIT (GEN 4)	0
OMNIPOD DASH PODS (GEN 4)	0
OMNIPOD POD PALS	0
OMNITROPE	0
ONCASPAR	0
ONE TOUCH TEST STRIP	5
ONGENTYS	2
ONGLYZA	4
ONIVYDE	0
ONPATTRO	0

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ONTRUZANT	0
ONUREG	0
OPDIVO	0
OPDUALAG	0
OPSUMIT	0
OPZELURA	9
ORENCIA	0
ORENCIA CLICKJECT	2
ORENITRAM	0
ORENITRAM TITRATION KIT MONTH 1	0
ORENITRAM TITRATION KIT MONTH 2	0
ORENITRAM TITRATION KIT MONTH 3	0
ORFADIN	0
ORGOVYX	0
ORIAHNN	0
ORILISSA	1
ORKAMBI	0
ORLADEYO	1
ORSERDU	0
OSENI	0
OTEZLA	7
OVIDREL	0
OXALIPLATIN	0
OXAYDO	0
AXBRYTA	0
OXERVATE	0
OXLUMO	0
OXYCODONE HCL ER	0
OXYCODONE HYDROCHLORIDE	0
OXYCODONE HYDROCHLORIDE ER	0
OXYCONTIN	0
OXYMORPHONE HYDROCHLORIDE ER	0
OXYMORPHONE HYDROCHLORIDEER	0
OZEMPIC	146
PACLITAXEL	0
PACLITAXEL PROTEIN-BOUND PARTICLES	0
PADCEV	0
PALFORZIA INITIAL DOSE ESCALATION	0
PALFORZIA LEVEL 1	0
PALFORZIA LEVEL 10	0
PALFORZIA LEVEL 11 (MAINTENANCE)	0

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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
PANZYGA	0
PARAPLATIN	0
PAZOPANIB HYDROCHLORIDE	0
PEGASYS	0
PEMAZYRE	0
PEMETREXED	0
PEMETREXED DISODIUM	0
PEMFEXY	0
PERJETA	0
PHENOXYBENZAMINE HYDROCHLORIDE	0
PHESGO	0
PHOTOFRIN	0
PHOTREXA VISCOUS	0
PIQRAY 200MG DAILY DOSE	0
PIQRAY 250MG DAILY DOSE	0
PIQRAY 300MG DAILY DOSE	0
PIRFENIDONE	0
PLERIXAFOR	0
PLUVICTO	0
POLIVY	0
POMALYST	0
PORTRAZZA	0
POTELIGEO	0
PRALATREXATE	0
PREGNYL	0
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	0
PRETOMANID	0
PREVYMIS	1
PRISTIQ	0
PRISTIQ ER	1
PRIVIGEN	0

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PROLASTIN-C	0
PROLEUKIN	0
PROMACTA	0
PROVENGE	0
PULMOZYME	0
PYRUKYND	0
PYRUKYND TAPER PACK	0
QBREXZA	2
QINLOCK	0
QTERN	0
QUDEXY XR	1
QUILLICHEW ER	0
QUILLIVANT XR	0
QULIPTA	26
RADICAVA	0
RADICAVA ORS	0
RADICAVA ORS STARTER KIT	0
RAVICTI	0
RAYALDEE	0
REBLOZYL	0
REBYOTA	0
RECORLEV	0
REGRANEX	0
RELISTOR	0
RELYVRIO	0
REMICADE	0
REMODULIN	0
RENFLEXIS	0
RETEVMO	0
REVATIO	1
REVCovi	0
REVLIMID	0
REXULTI	11
REYVOW	0
REZLIDHIA	0
REZUROCK	0
RHOFADE	5
RIABNI	0
RIBAVIRIN	0
RINVOQ	0
RITUXAN	0

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RITUXAN HYCELA	0
ROFLUMILAST	1
ROMIDEPSIN	0
ROXICODONE	0
ROXYBOND	0
ROZLYTREK	0
RUBRACA	0
RUCONEST	0
RUXIENCE	0
RYBELSUS	24
RYBREVANT	0
RYDAPT	0
RYLAZE	0
RYPLAZIM	0
RYSTIGGO	0
SABRIL	0
SAIZEN	0
SAIZENPREP RECONSTITUTIONKIT	0
SAJAZIR	0
SAMSCA	0
SANDOSTATIN	0
SANDOSTATIN LAR DEPOT	0
SAPHNELO	0
SAPHRIS	0
SAPROPTERIN DIHYDROCHLORIDE	0
SARCLISA	0
SAVELLA	4
SAVELLA TITRATION PACK	0
SAXAGLIPTIN HYDROCHLORIDE	0
SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	0
SCEMBLIX	0
SCENESSE	0
SECUADO	0
SEGLUROMET	1
SENSIPAR	0
SEROSTIM	0
SIGNIFOR	0
SIGNIFOR LAR	0
SILDENAFIL	61
SILDENAFIL CITRATE	0

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SILIQ	0
SIMPONI	0
SIMPONI ARIA	0
SIRTURO	0
SKYCLARYS	0
SKYRIZI	3
SKYRIZI PEN	0
SKYTROFA	0
SODIUM OXYBATE	0
SOFOSBUVIR/VELPATASVIR	0
SOGROYA	0
SOLQUA 100/33	1
SOLIRIS	0
SOMATULINE DEPOT	0
SOMAVERT	0
SOOLANTRA	4
SORAFENIB	0
SORAFENIB TOSYLATE	0
SOTYKTU	5
SOVALDI	0
SPEVIGO	0
SPINRAZA	0
SPRAVATO 56MG DOSE	0
SPRAVATO 84MG DOSE	0
SPRYCEL	0
STEGLATRO	3
STEGLUJAN	0
STELARA	3
STIVARGA	0
STRENSIQ	0
STROMECTOL	0
SUBSYS	0
SUCRAID	0
SUMATRIPTAN/NAPROXEN SODIUM	1
SUNITINIB MALATE	0
SUNOSI	1
SUPPRELIN LA	0
SUTENT	0
SYLVANT	0
SYMDEKO	0
SYNAGIS	0

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SYNAREL	0
SYNRIBO	0
SYPRINE	0
TABRECTA	0
TADALAFIL	55
TAFINLAR	0
TAGRISSO	0
TAKHZYRO	0
TALTZ	9
TALVEY	0
TALZENNA	0
TARCEVA	0
TARGRETIN	0
TARPEYO	0
TASIGNA	0
TASIMELTEON	0
TAVABOROLE	3
TAVALISSE	0
TAVNEOS	0
TAZAROTENE	1
TAZORAC	0
TAZVERIK	0
TECARTUS	0
TECENTRIQ	0
TECVAYLI	0
TEGSEDI	0
TEMODAR	0
TEMOZOLOMIDE	0
TEMSIROLIMUS	0
TEPADINA	0
TEPEZZA	1
TEPMETKO	0
TERIPARATIDE	0
TESTIM	0
TESTOPEL	0
TESTOSTERONE	28
TESTOSTERONE PUMP	0
TESTOSTERONE TOPICAL SOLUTION	0
TETRABENAZINE	0
TEZSPIRE	0
THALOMID	0

Health Alliance
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Medical & Pharmacy Prior Authorization

THIOLA	0
THIOLA EC	0
THIOTEPA	0
THROMBATE III	0
THROMBATE III W/10 ML STERILE WATER	0
THROMBATE III W/20 ML STERILE WATER	0
TIBSOVO	0
TICE BCG	0
TIOPRONIN	0
TLANDO	0
TOBI	0
TOBI PODHALER	0
TOBRAMYCIN	0
TOLVAPTAN	0
TOPIRAMATE ER	0
TOPOSAR	0
TOPOTECAN HCL	0
TOPOTECAN HYDROCHLORIDE	0
TOREMIFENE CITRATE	0
TORISEL	0
TOSYMRA	1
TRACLEER	0
TRAZIMERA	0
TREANDA	0
TRELSTAR MIXJECT	0
TREMFYA	0
TREPROSTINIL	0
TRETINOIN	0
TREXIMET	0
TRIENTINE HYDROCHLORIDE	0
TRIJARDY XR	0
TRIKAFTA	0
TRINTELLIX	7
TRIPTODUR	0
TRODELVY	0
TROKENDI XR	1
TRULANCE	0
TRULICITY	32
TRUSELTIQ	0
TRUXIMA	0
TUKYSA	0

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TURALIO	0
TYKERB	0
TYMLOS	1
TYSABRI	4
TYVASO	0
TYVASO DPI MAINTENANCE KIT	0
TYVASO DPI TITRATION KIT	0
TYVASO REFILL	0
TYVASO STARTER	0
TZIELD	0
UBRELVY	58
UCERIS	1
ULTOMIRIS	0
UNITUXIN	0
UPLIZNA	0
UPTRAVI	0
UPTRAVI TITRATION PACK	0
VALCHLOR	0
VALRUBICIN	0
VALSTAR	0
VANCOMYCIN HYDROCHLORIDE	0
VANFLYTA	0
VASCEPA	1
VECTIBIX	0
VEGZELMA	0
VELCADE	0
VELETRI	0
VELTASSA	0
VEMLIDY	0
VENCLEXTA	0
VENCLEXTA STARTING PACK	0
VENTAVIS	0
VEOZAH	1
VERQUVO	0
VERZENIO	0
VIAGRA	2
VIBERZI	4
VICTOZA	18
VIDAZA	0
VIEKIRA PAK	0
VIGABATRIN	0

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VIGADRONE	0
VIIBRYD	4
VIIBRYD STARTER PACK	0
VIJOICE	0
VILAZODONE HYDROCHLORIDE	11
VIMIZIM	0
VINBLASTINE SULFATE	0
VINCASAR PFS	0
VINCRISTINE SULFATE	0
VINORELBINE TARTRATE	0
VIRAZOLE	0
VITRAKVI	0
VIVIMUSTA	0
VIVJOA	0
VIZIMPRO	0
VOGELXO	0
VOGELXO PUMP	0
VONJO	0
VOQUEZNA DUAL PAK	0
VOQUEZNA TRIPLE PAK	0
VOSEVI	0
VOTRIENT	0
VOWST	1
VOXZOGO	0
VPRIV	0
VRAYLAR	24
VTAMA	11
VYEPTI	0
VYJUVEK	0
VYNDAMAX	0
VYNDAQEL	0
VYVANSE	1
VYVGART	0
VYVGART HYTRULO	0
VYXEOS	0
WAKIX	0
WELIREG	0
WINLEVI	2
XALKORI	0
XCOPRI	0
XDEMVY	0

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XELJANZ	0
XELJANZ XR	0
XELODA	0
XEMBIFY	0
XENAZINE	0
XENPOZYME	0
XEOMIN	0
XERMELO	0
XIAFLEX	2
XIFAXAN	21
XIGDUO	0
XIPERE	0
XOFIGO	0
XOLAIR	2
XOSPATA	0
XPOVIO	0
XPOVIO 60 MG TWICE WEEKLY	0
XPOVIO 80 MG TWICE WEEKLY	0
XTAMPZA ER	0
XTANDI	0
XULTOPHY 100/3.6	0
XURIDEN	0
XYOSTED	3
XYREM	1
XYWAV	2
YARGESA	0
YERVOY	0
YESCARTA	0
YONDELIS	0
YONSA	0
YOSPRALA	0
YUPELRI	0
ZALTRAP	0
ZANOSAR	0
ZAVESCA	0
ZAVZPRET	0
ZEGERID	1
ZEJULA	0
ZELBORAF	0
ZEMAIRA	1
ZEPATIER	0

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ZEPOSIA	1
ZEPOSIA 7-DAY STARTER PACK	0
ZEPOSIA STARTER KIT	0
ZEPZELCA	0
ZIRABEV	0
ZOKINVY	0
ZOLADEX	0
ZOLGENSMA 10.1-10.5 KG	0
ZOLGENSMA 10.6-11.0 KG	0
ZOLGENSMA 11.1-11.5 KG	0
ZOLGENSMA 11.6-12.0 KG	0
ZOLGENSMA 12.1-12.5 KG	0
ZOLGENSMA 12.6-13.0 KG	0
ZOLGENSMA 13.1-13.5 KG	0
ZOLGENSMA 13.6-14.0 KG	0
ZOLGENSMA 14.1-14.5 KG	0
ZOLGENSMA 14.6-15.0 KG	0
ZOLGENSMA 15.1-15.5 KG	0
ZOLGENSMA 15.6-16.0 KG	0
ZOLGENSMA 16.1-16.5 KG	0
ZOLGENSMA 16.6-17.0 KG	0
ZOLGENSMA 17.1-17.5 KG	0
ZOLGENSMA 17.6-18.0 KG	0
ZOLGENSMA 18.1-18.5 KG	0
ZOLGENSMA 18.6-19.0 KG	0
ZOLGENSMA 19.1-19.5 KG	0
ZOLGENSMA 19.6-20.0 KG	0
ZOLGENSMA 2.6-3.0 KG	0
ZOLGENSMA 20.1-20.5 KG	0
ZOLGENSMA 20.6-21.0 KG	0
ZOLGENSMA 3.1-3.5 KG	0
ZOLGENSMA 3.6-4.0 KG	0
ZOLGENSMA 4.1-4.5 KG	0
ZOLGENSMA 4.6-5.0 KG	0
ZOLGENSMA 5.1-5.5 KG	0
ZOLGENSMA 5.6-6.0 KG	0
ZOLGENSMA 6.1-6.5 KG	0
ZOLGENSMA 6.6-7.0 KG	0
ZOLGENSMA 7.1-7.5 KG	0
ZOLGENSMA 7.6-8.0 KG	0
ZOLGENSMA 8.1-8.5 KG	0

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ZOLGENSMA 8.6-9.0 KG	0
ZOLGENSMA 9.1-9.5 KG	0
ZOLGENSMA 9.6-10.0 KG	0
ZOLINZA	0
ZOMACTON	0
ZORBTIVE	0
ZORYVE	3
ZTALMY	0
ZYDELIG	0
ZYKADIA	0
ZYNLONTA	0
ZYNYZ	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.	

(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;

**Health Alliance
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Medical & Pharmacy Prior Authorization**

Prior authorization statistics	Number of appealed requests
The number of requests in paragraph (3) that were appealed	80
The number of appealed requests that upheld the adverse determination	56
The number of appealed requests that reversed the adverse determination	24

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

Average time between prior authorization request submission and response	48.4 hours
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(6) any other information as the Director determines appropriate.