

**Health Alliance
2024 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, 2023 – September 30, 2024**

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 2024 Standard Prior Authorization List](#)

[Health Alliance 2024 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	73,558
Pharmacy	6356

(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	236
Admission - Inpatient Rehab	7
Admission - LTACH	4
Admission - Skilled Nursing Facility	11
Chemotherapy	9
Chiropractic	2
Consult and Treat	357
Consultation (Consult Only)	23
Durable Medical Equipment - Enteral Nutrition	1

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Durable Medical Equipment - Monthly Rental	8
Durable Medical Equipment - Purchase	51
Durable Medical Equipment - Rent-to-Purchase	2
Elective Inpatient Procedure	11
Elective Outpatient Dental	15
Elective Outpatient Procedure (including Surgery, Diagnostic Testing & Imaging)	4081
Genetic Testing	406
Infertility - Benefit Review	18
Infertility - Elective Procedures	28
Interventional Pain Therapy	50
Radiation Therapy	50
Second Opinion	2
Therapy: PT/OT/ST	11
Transplant - Surgery	6
Transplant - Evaluation	1
Transplant - Post Surgical Follow Up	1
Admission - Inpatient Behavioral Health	3
Admission - Substance Use Disorder	3
Total	5397

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)	4778
Error Entry	420
Not a Covered Benefit	62
Duplicate	53
Reconsideration-Criteria Not Met	9

(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	278
The number of appealed requests that upheld the adverse determination	152
The number of appealed requests that reversed the adverse determination	126

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

Average time between admission submission and response	0.81 days (19.4 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, 2023 through September 30, 2024. This is the most recent finalized Health Alliance data available.

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**Pharmacy Prior Authorization
October 1, 2023 – September 30, 2024**

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	742
Medications obtained through the pharmacy benefit	5614*

(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	44
Medications Administered through the pharmacy benefit. Detail is included for individual prescription benefit medications.	1242
ABECMA	0
ABIRATERONE ACETATE	0
ABRAXANE	0
ABSORICA	1
ABSORICA LD	0
ACTEMRA	1

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ACTEMRA ACTPEN	5
ACTHAR	1
ACTIMMUNE	0
ACTIQ	0
ADAKVEO	0
ADALIMUMAB-ADAZ	0
ADALIMUMAB-ADB	0
ADALIMUMAB-ADB CROHNS/UC/HS STARTER	0
ADALIMUMAB-ADB PSORIASIS/UVEITIS STARTER	0
ADALIMUMAB-ADB STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	0
ADALIMUMAB-ADB STARTER PACKAGE FOR PSORIASIS/UVEITIS	0
ADBRY	1
ADCETRIS	0
ADCIRCA	0
ADEFOVIR DIPIVOXIL	0
ADEMPAS	0
ADLYXIN	0
ADLYXIN STARTER PACK	0
ADRIAMYCIN	0
ADVAIR DISKUS	4
ADVAIR HFA	9
ADZYNMA	0
AFINITOR	0
AFINITOR DISPERZ	0
AIMOVIG	10
AJOVY	7
AKEEGA	0
ALDURAZYME	0
ALECENSA	0
ALFERON N	0
ALIMTA	0
ALIQOPA	0
ALKERAN	0
ALOGLIPTIN	0
ALOGLIPTIN/METFORMIN HCL	0
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	0
ALOGLIPTIN/PIOGLITAZONE	0
ALTOPREV	0
ALUNBRIG	0
ALYMSYS	0
ALYQ	0
AMBRISENTAN	0

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AMJEVITA	0
AMTAGVI	0
AMVUTTRA	0
ANDRODERM	1
ANDROGEL	2
ANDROGEL PUMP	0
ANKTIVA	0
APHEXDA	0
APOKYN	0
APOMORPHINE HYDROCHLORIDE	0
ARALAST NP	0
ARCALYST	0
ARIKAYCE	0
ARNUIITY ELLIPTA	1
ARRANON	0
ARSENIC TRIOXIDE	0
ARZERRA	0
ASCENIV	0
ASENAPINE MALEATE SL	0
ASPARLAS	0
ATGAM	0
AUGTYRO	0
AUSTEDO	0
AUSTEDO PATIENT TITRATION KIT	0
AUSTEDO XR	0
AUSTEDO XR PATIENT TITRATION KIT	1
AVASTIN	0
AVSOLA	0
AYVAKIT	0
AZACITIDINE	0
AZELAIC ACID	15
AZELEX	0
BALVERSA	0
BARACLUDE	0
BAVENCIO	0
BELEODAQ	0
BELRAPZO	0
BENDAMUSTINE HYDROCHLORIDE	0
BENDEKA	0
BENLYSTA	0
BERINERT	0
BESPONSA	0
BESREMI	0
BETHKIS	0

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BEVACIZUMAB	0
BEXAROTENE	0
BICNU	0
BIMZELX	4
BIVIGAM	0
BLENREP	0
BLEOMYCIN SULFATE	0
BLINCYTO	0
BORTEZOMIB	0
BOSENTAN	0
BOSULIF	0
BOTOX	8
BRAFTOVI	0
BREO ELLIPTA	21
BREXAFEMME	0
BREYANZI	0
BRIMONIDINE TARTRATE	0
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	0
CAPECITABINE	0
CAPLYTA	7
CAPRELSA	0
CARBAGLU	0
CARBOPLATIN	0
CARGLUMIC ACID	0
CARMUSTINE	0
CARVYKTI	0
CASGEVY	0

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CAVERJECT	1
CAYSTON	0
CERDELGA	0
CEREZYME	0
CETRORELIX ACETATE	0
CETROTIDE	0
CHENODAL	0
CHOLBAM	0
CHORIONIC GONADOTROPIN	0
CIBINQO	0
CIMZIA	0
CIMZIA STARTER KIT	0
CINACALCET HYDROCHLORIDE	0
CINQAIR	0
CINRYZE	0
CISPLATIN	0
CLADRIBINE	0
CLOFARABINE	0
CLOLAR	0
CLOMID	1
CLOMIPHENE CITRATE	0
COLUMVI	0
COMETRIQ	0
COPIKTRA	0
CORLANOR	3
CORTROPHIN	0
COSELA	0
COSENTYX	1
COSENTYX SENSOREADY PEN	11
COSENTYX UNOREADY	9
COSMEGEN	0
COTELLIC	0
CRESEMBA	0
CROTAN	0
CRYSVITA	0
CUTAQUIG	0
CUVITRU	0
CYCLOPHOSPHAMIDE	0
CYCLOPHOSPHAMIDE MONOHYDRATE	0
CYRAMZA	0
CYSTADROPS	0
CYTARABINE	0
CYTARABINE AQUEOUS	0
CYTOGAM	0

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DACARBAZINE	0
DACOGEN	0
DACTINOMYCIN	0
DALFAMPRIDINE ER	3
DALIRESP	0
DANYELZA	0
DARZALEX	0
DARZALEX FASPRO	0
DAUNORUBICIN HYDROCHLORIDE	0
DAURISMO	0
DAZOMON	0
DECITABINE	0
DEFERASIROX	0
DEFERIPRONE	0
DEFLAZACORT	0
DESCOVY	1
DESVENLAFAXINE ER	47
DEXCOM	1
DEXILANT	0
DEXLANSOPRAZOLE	12
DIBENZYLINE	0
DICHLORPHENAMIDE	0
DIHYDROERGOTAMINE MESYLATE	0
DOCETAXEL	0
DOCIVYX	0
DOPTelet	0
DOXERCALCIFEROL	0
DOXIL	0
DOXORUBICIN HCL	0
DOXORUBICIN HYDROCHLORIDE	0
DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	0
DROXIDOPA	0
DUPIXENT	2
DYANAvel XR	0
DYSport	0
EGRIFTA SV	0
ELAHERE	0
ELAPRASE	0
ELELYSO	0
ELFABRIO	0
ELIGARD	0
ELLENCE	0
ELREXFIO	0
ELZONRIS	0

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EMCYT	0
EMFLAZA	0
EMGALITY	18
EMPAVELI	0
EMPLICITI	0
ENBREL	0
ENBREL MINI	0
ENBREL SURECLICK	0
ENHERTU	0
ENJAYMO	0
ENSPRYNG	0
ENTECAVIR	0
ENTYVIO	10
EPCLUSA	1
EPIDIOLEX	0
EPKINLY	0
EPOPROSTENOL SODIUM	0
ERBITUX	0
ERIBULIN MESYLATE	0
ERIVEDGE	0
ERLEADA	0
ERLOTINIB HYDROCHLORIDE	0
ESBRIET	0
ETOPOPHOS	0
ETOPOSIDE	0
EUCRISA	5
EULEXIN	0
EVENITY	5
EVEROLIMUS	0
EVKEEZA	0
EVRYSDI	0
EXJADE	0
EXKIVITY	0
EZALLOR SPRINKLE	0
FABHALTA	0
FABRAZYME	0
FANAPT	0
FANAPT TITRATION PACK	0
FARESTON	0
FARXIGA	2
FARYDAK	0
FASENRA	0
FASENRA PEN	0
FASLODEX	0

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FENSOLVI	0
FENTANYL	2
FENTANYL CITRATE	0
FENTANYL CITRATE ORAL TRANSMUCOSAL	0
FENTORA	0
FERRIPROX	0
FERRIPROX TWICE-A-DAY	0
FETZIMA	0
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	7
FLUTICASONE PROPIONATE/SALMETEROL	4
FLUTICASONE PROPIONATE/SALMETEROL DISKUS	0
FLUTICASONE PROPIONATE/SALMETEROL HFA	0
FLUVASTATIN SODIUM ER	0
FOLLISTIM AQ	0
FOLOTYN	0
FORTEO	0
FORTESTA	1
FOTIVDA	0
FREESTYLE TEST STRIPS	2
FRUZAQLA	0
FULVESTRANT	0
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

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GAMUNEX-C	0
GANIRELIX ACETATE	0
GATTEX	0
GAVRETO	0
GAZYVA	0
GEFITINIB	0
GEMCITABINE HCL	0
GEMCITABINE HYDROCHLORIDE	0
GENOTROPIN	1
GENOTROPIN MINIQUICK	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
HUMATROPE	0
HUMIRA	1
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	0
HUMIRA PEN	7
HUMIRA PEN-CD/UC/HS STARTER	3
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

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HYFTOR	0
HYQVIA	0
HYSINGLA ER	0
IBRANCE	0
IBSRELA	12
ICATIBANT ACETATE	0
ICLUSIG	0
ICOSAPENT ETHYL	5
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	1
IMFINZI	0
IMJUDO	0
IMLYGIC	0
IMPAVIDO	0
INBRIJA	0
INCRELEX	0
INFLECTRA	0
INFLIXIMAB	2
INFUGEM	0
INGREZZA	1
INLYTA	0
INQOVI	0
INREBIC	0
INTRON A	0
INVOKAMET	1
INVOKAMET XR	0
INVOKANA	23
IRESSA	0
IRINOTECAN	0
IRINOTECAN HYDROCHLORIDE	0
ISTODAX	0
ISTURISA	0
IVERMECTIN	7
IWILFIN	0
IXEMPRA KIT	0

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JADENU	0
JADENU SPRINKLE	0
JAKAFI	0
JARDIANCE	9
JATENZO	1
JAVYGTOR	0
JAYPIRCA	0
JELMYTO	0
JEMPERLI	0
JEVTANA	0
JOENJA	0
JUBLIA	9
JUXTAPID	0
JYNARQUE	0
KADCYLA	0
KALBITOR	0
KALYDECO	0
KANJINTI	0
KANUMA	0
KAZANO	0
KEMOPLAT	0
KEPIVANCE	0
KERENDIA	0
KERYDIN	1
KETAMINE HYDROCHLORIDE	0
KEVEYIS	0
KEVZARA	1
KEYTRUDA	0
KHAPZORY	0
KIMMTRAK	0
KINERET	0
KISQALI	0
KITABIS PAK	0
KLISYRI	4
KOMBIGLYZE XR	1
KORLYM	0
KOSELUGO	0
KRAZATI	0
KRYSTEXXA	0
KUVAN	0
KYMRIAH	0
KYNMOBI	0
KYNMOBI TITRATION KIT	0
KYPROLIS	0

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KYZATREX	0
LAMZEDE	0
LANREOTIDE ACETATE	0
LAPATINIB DITOSYLATE	0
LATUDA	0
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
LEQEMBI	1
LEQVIO	4
LESCOL XL	0
LETAIRIS	0
LEUCOVORIN CALCIUM	0
LEUKERAN	0
LEUPROLIDE ACETATE	3
LEVOLEUCOVORIN	0
LEVOLEUCOVORIN CALCIUM	0
LIBTAYO	0
LIQREV	0
LITFULO	2
LIVALO	1
LIVMARLI	0
LIVTENCITY	0
LOKELMA	0
LONHALA MAGNAIR REFILL KIT	0
LONHALA MAGNAIR STARTER KIT	0
LONSURF	0
LOQTORZI	0
LORBRENA	0
LOVAZA	0
LUMAKRAS	0
LUMIZYME	0
LUMOXITI	0
LUMRYZ	0
LUNSUMIO	0

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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 (1-MONTH)	0
LUPRON DEPOT-PED (3-MONTH)	0
LUPRON DEPOT-PED (6-MONTH)	0
LURASIDONE HYDROCHLORIDE	15
LUTATHERA	0
LUXTURNA	0
LYBALVI	0
LYNPARZA	0
LYSODREN	0
LYTGOBI	0
MARGENZA	0
MATULANE	0
MAVENCLAD	1
MAVYRET	0
MEKINIST	0
MEKTOVI	0
MELPHALAN	0
MELPHALAN HYDROCHLORIDE	0
MENOPUR	1
MEPSEVII	0
METRONIDAZOLE BENZOATE	0
MIFEPRISTONE	0
MIGLUSTAT	0
MIGRANAL	0
MIRVASO	3
MITOMYCIN	0
MONJUVI	0
MORPHINE SULFATE ER	0
MOUNJARO	106
MOZOBIL	0
MS CONTIN	0
MULPLETA	0
MUTAMYCIN	0
MVASI	0
MYALEPT	0
MYFEMBREE	0
MYLOTARG	0
MYOBLOC	0
MYTESI	0

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NAGLAZYME	0
NATESTO	0
NATPARA	0
NELARABINE	0
NERLYNX	0
NESINA	0
NEXAVAR	0
NEXLETOL	4
NEXLIZET	1
NEXVIAZYME	0
NGENLA	0
NINLARO	0
NIPENT	0
NITISINONE	0
NITYR	0
NORDITROPIN FLEXP	1
NORTHERA	0
NOURIANZ	0
NOVAREL	0
NPLATE	0
NUBEQA	0
NUCALA	0
NUCYNTA ER	0
NUDEXTA	1
NULIBRY	0
NUPLAZID	0
NURTEC	65
NUTROPIN AQ NUSPIN 10	0
NUTROPIN AQ NUSPIN 20	0
NUTROPIN AQ NUSPIN 5	0
NUWIQ	0
OALIVA	0
OCREVUS	1
OCTAGAM	2
OCTREOTIDE ACETATE	0
ODOMZO	0
OFEV	0
OGIVRI	0
OGSIVEO	0
OJEMDA	0
OJJAARA	0
OLUMIANT	1
OMEGA-3-ACID ETHYL ESTERS	6
OMEGAVEN	0

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OMNIPOD 5 G6 INTRO KIT (GEN 5)	0
OMNIPOD 5 G6 PODS (GEN 5)	0
OMNIPOD 5 G7 INTRO KIT (GEN 5)	0
OMNIPOD 5 G7 PODS (GEN 5)	0
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	0
OMNIPOD CLASSIC PODS (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
OMVOH	0
ONCASPAR	0
ONE TOUCH TEST STRIPS	7
ONGENTYS	0
ONGLYZA	3
ONIVYDE	0
ONPATTRO	0
ONTRUZANT	0
ONUREG	0
OPDIVO	0
OPDUALAG	0
OPSUMIT	0
OPZELURA	8
ORENCIA	2
ORENCIA CLICKJECT	1
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	1
ORILISSA	2
ORKAMBI	0
ORLADEYO	1
ORMALVI	0
ORSERDU	0
OSENI	0
OTEZLA	4
OVIDREL	1
OXALIPLATIN	0
OXAYDO	0
OXBRYTA	0

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OXERVATE	0
OXLUMO	0
OXYCODONE HCL ER	0
OXYCODONE HYDROCHLORIDE	0
OXYCODONE HYDROCHLORIDE ER	0
OXYCONTIN	1
OXYMORPHONE HYDROCHLORIDE ER	0
OXYMORPHONE HYDROCHLORIDEER	0
OZEMPIC	138
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
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
PEMRYDI RTU	0
PERJETA	0
PHENOXYBENZAMINE HYDROCHLORIDE	0
PHESGO	0
PHOTOFRIN	0
PIQRAY 200MG DAILY DOSE	0
PIQRAY 250MG DAILY DOSE	0
PIQRAY 300MG DAILY DOSE	0
PIRFENIDONE	0
PITAVASTATIN CALCIUM	1

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PLERIXAFOR	0
PLUVICTO	0
POLIVY	0
POMALYST	0
PORTRAZZA	0
POTELIGEO	0
PRALATREXATE	0
PREGNYL	0
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	4
PRETOMANID	0
PREVYMIS	2
PRISTIQ	0
PRIVIGEN	0
PROLASTIN-C	0
PROLEUKIN	0
PROMACTA	0
PROVENGE	0
PULMOZYME	0
PYRUKYND	0
PYRUKYND TAPER PACK	0
QBREXZA	3
QINLOCK	0
QTERN	0
QUDEXY XR	0
QUILLICHEW ER	0
QUILLIVANT XR	0
QULIPTA	14
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	0
REVCovi	0

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REVLIMID	0
REXULTI	6
REYVOW	0
REZLIDHIA	0
REZUROCK	0
RHOFADE	1
RIABNI	0
RIBAVIRIN	0
RIBOFLAVIN 5'PHOS	1
RINVOQ	2
RITUXAN	0
RITUXAN HYCELA	0
ROFLUMILAST	3
ROMIDEPSIN	0
ROXICODONE	0
ROXYBOND	0
ROZLYTREK	0
RUBRACA	0
RUCONEST	1
RUXIENCE	0
RYBELSUS	22
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	1
SAPROPTERIN DIHYDROCHLORIDE	0
SARCLISA	0
SAVELLA	8
SAVELLA TITRATION PACK	0
SAXAGLIPTIN HYDROCHLORIDE	7
SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	0
SCEMBLIX	0
SCENESSE	0
SECUADO	0

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SEGLUROMET	1
SENSIPAR	0
SEROSTIM	0
SIGNIFOR	0
SIGNIFOR LAR	0
SILDENAFIL	0
SILDENAFIL CITRATE	75
SILIQ	0
SIMPONI	0
SIMPONI ARIA	0
SIRTURO	0
SKYCLARYS	0
SKYRIZI	1
SKYRIZI PEN	0
SKYTROFA	1
SODIUM OXYBATE	1
SOFOSBUVIR/VELPATASVIR	0
SOGROYA	0
SOLIQUA 100/33	1
SOLIRIS	0
SOMATULINE DEPOT	0
SOMAVERT	0
SOOLANTRA	0
SORAFENIB	0
SORAFENIB TOSYLATE	0
SOTYKTU	13
SOVALDI	0
SPEVIGO	0
SPINRAZA	0
SPRAVATO	4
SPRAVATO 56MG DOSE	0
SPRAVATO 84MG DOSE	0
SPRYCEL	0
STEGLATRO	10
STEGLUJAN	0
STELARA	2
STENDRA	1
STIVARGA	0
STRENSIQ	0
STROMECTOL	0
SUBSYS	0
SUCRAID	0
SUNITINIB MALATE	0
SUNOSI	1

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2024 Data Statistics
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SUPPRELIN LA	0
SUTENT	0
SYLVANT	0
SYMDEKO	0
SYNAGIS	0
SYNAREL	0
SYNRIBO	0
SYPRINE	0
TABRECTA	0
TADALAFIL	92
TAFINLAR	0
TAGRISSO	0
TAKHZYRO	0
TALTZ	11
TALVEY	0
TALZENNA	0
TARCEVA	0
TARGRETIN	0
TARPEYO	0
TASIGNA	0
TASIMELTEON	0
TAVABOROLE	3
TAVALISSE	0
TAVNEOS	0
TAZAROTENE	0
TAZORAC	2
TAZVERIK	0
TECARTUS	0
TECENTRIQ	0
TECVAYLI	0
TEGSEDI	0
TEMODAR	0
TEMOZOLOMIDE	0
TEMSIROLIMUS	0
TEPADINA	0
TEPEZZA	0
TEPMETKO	0
TERIPARATIDE	0
TESTIM	0
TESTOPEL	0
TESTOSTERONE	10
TESTOSTERONE PUMP	25
TESTOSTERONE TOPICAL SOLUTION	0
TETRABENAZINE	0

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TEZSPIRE	0
THALOMID	0
THIOLA	0
THIOLA EC	0
THIOTEPA	0
THROMBATE III	0
TIBSOVO	0
TICE BCG	0
TIOPRONIN	0
TLANDO	0
TOBI	0
TOBI PODHALER	0
TOBRAMYCIN	0
TOFIDENCE	0
TOLVAPTAN	0
TOPIRAMATE ER	7
TOPOSAR	0
TOPOTECAN HCL	0
TOPOTECAN HYDROCHLORIDE	0
TOREMIFENE CITRATE	0
TORISEL	0
TRACLEER	0
TRAZIMERA	0
TREANDA	0
TRELSTAR MIXJECT	0
TREMFYA	0
TREPROSTINIL	0
TRETINOIN	0
TRIENTINE HYDROCHLORIDE	0
TRIJARDY XR	2
TRIKAFTA	0
TRINTELLIX	12
TRIPTODUR	0
TRODELVY	0
TROKENDI XR	0
TRULICITY	19
TRUQAP	0
TRUSELTIQ	0
TRUXIMA	0
TUKYSA	0
TURALIO	0
TYENNE	0
TYKERB	0
TYMLOS	3

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TYSABRI	1
TYVASO	0
TYVASO DPI INSTITUTIONAL KIT	0
TYVASO DPI MAINTENANCE KIT	0
TYVASO DPI TITRATION KIT	0
TYVASO REFILL	0
TYVASO STARTER	0
TZIELD	0
UBRELVY	42
UCERIS	0
ULTOMIRIS	0
UNITUXIN	0
UPLIZNA	0
UPTRAVI	0
UPTRAVI TITRATION PACK	0
VALCHLOR	0
VALRUBICIN	0
VALSTAR	0
VANCOMYCIN HYDROCHLORIDE	0
VANFLYTA	0
VARDENAFIL	1
VASCEPA	0
VECTIBIX	0
VEGZELMA	0
VELCADE	0
VELETRI	0
VELTASSA	1
VEMLIDY	0
VENCLEXTA	0
VENCLEXTA STARTING PACK	0
VENTAVIS	0
VEOZAH	2
VERQUVO	0
VERZENIO	0
VIBERZI	3
VICTOZA	8
VIDAZA	0
VIEKIRA PAK	0
VIGABATRIN	0
VIGADRONE	0
VIGPODER	0
VIIBRYD	1
VIIBRYD STARTER PACK	0
VIJOICE	0

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VILAZODONE HYDROCHLORIDE	14
VIMIZIM	0
VINBLASTINE SULFATE	0
VINCASAR PFS	0
VINCRISTINE SULFATE	0
VINOELBINE TARTRATE	0
VIRAZOLE	0
VITRAKVI	0
VIVIMUSTA	0
VIVJOA	0
VIZIMPRO	0
VOGELXO	0
VOGELXO PUMP	0
VONJO	0
VOQUEZNA	6
VOQUEZNA DUAL PAK	0
VOQUEZNA TRIPLE PAK	0
VOSEVI	0
VOTRIENT	0
VOXZOGO	0
VPRIV	0
VRAYLAR	24
VTAMA	14
VYEPTI	0
VYJUVEK	0
VYNDAMAX	0
VYNDAQEL	0
VYVGART	0
VYVGART HYTRULO	0
VYXEOS	0
WAKIX	0
WEGOVY	9
WELIREG	0
WINLEVI	1
WIXELA INHUB	0
XALKORI	0
XCOPRI	0
XDEMVI	4
XELJANZ	0
XELJANZ XR	0
XELODA	0
XEMBIFY	0
XENAZINE	0
XENPOZYME	0

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XEOMIN	0
XERMELO	0
XIAFLEX	2
XIFAXAN	29
XOFIGO	0
XOLAIR	1
XOSPATA	0
XPHOZAH	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
XYREM	0
XYWAV	4
YARGESA	0
YERVOY	0
YESCARTA	0
YONDELIS	0
YONSA	0
YUPELRI	0
ZALTRAP	0
ZANOSAR	0
ZAVESCA	0
ZAVZPRET	8
ZEJULA	0
ZELBORAF	0
ZEMAIRA	0
ZEPATIER	0
ZEPBOUND	1
ZEPOSIA	0
ZEPOSIA 7-DAY STARTER PACK	0
ZEPOSIA STARTER KIT	1
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

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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
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	5
ZTALMY	0
ZYDELIG	0
ZYKADIA	0
ZYNLONTA	0
ZYNYZ	0
ZYPITAMAG	0
ZYTIGA	0

Health Alliance

2024 Data Statistics

Medical & Pharmacy Prior Authorization

* 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	1286
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;

Prior authorization statistics	Number of appealed requests
The number of requests in paragraph (3) that were appealed	91
The number of appealed requests that upheld the adverse determination	57
The number of appealed requests that reversed the adverse determination	34

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

Average time between prior authorization request submission and response	1.95 days (46.8 hours)
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(6) any other information as the Director determines appropriate.