

## **2021** Prior Authorization Requests for Minnesota Plans

The prior authorization requests contained below were performed by Express Scripts, Kroger Prescription Plans, Cigna, and Hines & Associates on behalf of Wellfleet Insurance Company.

| Number of Prior Authorization Requests Submitted Electronically: 17 |
|---|
| Number of Prior Authorizations Issued (Approvals): 36               |
| Number of Adverse Determinations (Denials): 11                      |
|   |

| Drug/Service:   | Denial Reason:   | Appealed? | Upheld /<br>Reversed? |
|---|--|-----------|-----------------------|
| Azelaic Acid 15% Gel  | Incomplete information submitted by the provider         | No        | N/A                   |
| Auvi-Q 0.3 Mg Auto-Injector   | Patient did not meet prior<br>authorization criteria     | No        | N/A                   |
| Corlanor 5 Mg Tablets   | Patient did not meet step criteria                       | No        | N/A                   |
| Pimecrolimus 1% cream   | Patient did not meet step criteria                       | No        | N/A                   |
| Primary Focal Hyperhidrosis, soles  | Medical Director Determination (Not medically necessary) | No        |                       |
| Impacted Teeth – Dental<br>Surgery Procedure                              | Procedure Not Covered – Peer to<br>Peer Upheld           | No        | N/A                   |
| MRI- Any Joint of Upper<br>Extremity; without contrast<br>material(s)     | Criteria for Coverage Not Met                            | No        | N/A                   |
| MRI- Spinal Canal and<br>Contents, Thoracic; without<br>contrast material | Previous Imaging Performed, Results are known            | No        | N/A                   |
| MRI- Any Joint of Lower<br>Extremity; without contrast<br>material        | Medically Necessary Guidelines for<br>Coverage not Met   | Yes       | Reversed              |
| MRI- Any Joint of Lower<br>Extremity; without contrast<br>material        | Level of Medical Necessity Not Met                       | No        | N/A                   |
| MRI- Spinal Canal and<br>Contents, Lumbar; without<br>contrast material   | Did Not Meet Medical Necessity<br>Criteria               | No        | N/A                   |