



2022 Prior Authorization Requests for Minnesota Plans

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

Number of Prior Authorization Requests Submitted Electronically: 11			
Number of Prior Authorizations Issued (Approvals): 35			
Number of Adverse Determinations (Denials): 11			
Drug/Service:	Denial Reason:	Appealed?	Upheld / Reversed?
Orilissa 150mg tab	Patient did not meet prior authorization criteria	Yes	Upheld
MRI- Spinal Canal and Contents, Lumbar; without contrast material	Medical Director Determination (Not medically necessary)	No	N/A
MRI- Spinal Canal and Contents, Thoracic; without contrast material	Medical Director Determination (Not medically necessary)	No	N/A
MRI- Lower Extremity other than joint; without contrast material	Medical Director Determination (Not medically necessary)	No	N/A
MRI- Any Joint of Lower Extremity; without contrast material	Medical Director Determination (Not medically necessary)	No	N/A
Computed Tomography, Abdomen and Pelvis; Without contrast material in one or both body regions	Medical Director Determination (Not medically necessary)	No	N/A
Speech/Hearing Therapy	Did Not Meet Medical Necessity Criteria	No	N/A



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 / 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 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 Surgery Procedure	Procedure Not Covered – Peer to Peer Upheld	No	N/A
MRI- Any Joint of Upper Extremity; without contrast material(s)	Criteria for Coverage Not Met	No	N/A
MRI- Spinal Canal and Contents, Thoracic; without contrast material	Previous Imaging Performed, Results are known	No	N/A
MRI- Any Joint of Lower Extremity; without contrast material	Medically Necessary Guidelines for Coverage not Met	Yes	Reversed
MRI- Any Joint of Lower Extremity; without contrast material	Level of Medical Necessity Not Met	No	N/A
MRI- Spinal Canal and Contents, Lumbar; without contrast material	Did Not Meet Medical Necessity Criteria	No	N/A