

All Other Appeals

All other appeals are for drugs not in an inpatient hospital setting that Molina was not able to approve. Sometimes, the clinical information sent to us for these drugs do not meet medical necessity on initial review. When drug preauthorization requests are denied, a member or provider has the right to appeal. Appeals allow time to provide more clinical information. With complete clinical information, we can usually approve the drug. These are considered an appeal overturn. When the denial decision is not overturned, it is considered upheld.

Service Code/Drug Name	Service Code Description	Number of Appeals Upheld	Number of Appeals Overturned	Total Appeals
Abaloparatide		1	0	1
Abatacept		1	0	1
Abemaciclib		1	0	1
ACL Inhib-Intest Cholest Absorp Inhib Comb - Two Ingredient		1	0	1
Adalimumab		11	0	11
Aflibercept		2	0	2
Agalsidase		2	0	2
Ambrisentan		1	0	1
Amphetamine Mixtures - Two Ingredient		8	0	8
Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides		1	0	1
Antihistamine-Steroid Two Ingredient		1	0	1
Antiretroviral Combination - Two Ingredient		6	0	6
Apalutamide		1	0	1
Apremilast		2	0	2
ARNI-Angiotensin II Recept Antag Comb - Two Ingredient		2	0	2
Atogepant		1	0	1
Atomoxetine		5	0	5
Atovaquone		3	0	3
Baricitinib		1	0	1
Belimumab		1	0	1
Botulinum Toxin		9	0	9
Brexpiprazole		1	0	1
Brivaracetam		1	0	1
Budesonide		1	0	1
Cabotegravir		1	0	1

Calcifediol		2	0	2
Capecitabine		1	0	1
Cariprazine		1	0	1
Certolizumab		3	0	3
Cinacalcet		4	0	4
Collagenase Clostridium Histolyticum		1	0	1
Continuous Blood Glucose Monitor System and/or Supplies		10	0	10
Cyclobenzaprine		1	0	1
Cyclosporine		1	0	1
Daratumumab		1	0	1
Deferasirox		1	0	1
Denosumab		6	0	6
Doxepin		1	0	1
Doxycycline		2	0	2
Dronedarone		1	0	1
Dupilumab		8	0	8
Eculizumab		2	0	2
Eltrombopag		1	0	1
Epoetin		3	0	3
Erenumab		1	0	1
Esketamine		2	0	2
Estrogen & Progestin - Two Ingredient		2	0	2
Estrogen-Progestin-GnRH Antagonist - Three Ingredient		1	0	1
Etanercept		9	0	9
Evolocumab		7	0	7
Ezetimibe		1	0	1
Febuxostat		1	0	1
Fentanyl		1	0	1
Ferric Carboxymaltose		4	0	4
Filgrastim		4	0	4
Finerenone		3	0	3
Fingolimod		1	0	1
Fremanezumab		1	0	1
Galcanezumab		3	0	3
Golimumab		4	0	4
Guanfacine		1	0	1

Hepatitis C Agent Combination - Two Ingredient		1	0	1
Hyaluronan		2	0	2
Hylan G-F 20		1	0	1
Icosapent		2	0	2
Immune Globulin		2	0	2
Infliximab		6	0	6
Insulin Glargine		1	0	1
Insulin Infusion Pump		2	0	2
Ixekizumab		1	0	1
J9034	INJECTION BENDAMUSTINE HCL BENDEKA 1 MG	1	0	1
J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	1	0	1
J9041	INJECTION BORTEZOMIB 0.1 MG	2	0	2
J9177	INJECTION ENFORTUMAB VEDOTIN-EJFV 0.25 MG	1	0	1
J9179	INJECTION ERIBULIN MESYLATE 0.1 MG	1	0	1
J9228	INJECTION IPILIMUMAB 1 MG	1	0	1
J9264	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG	2	0	2
J9271	INJECTION PEMBROLIZUMAB 1 MG	1	0	1
J9299	INJECTION NIVOLUMAB 1 MG	4	0	4
J9306	INJECTION PERTUZUMAB 1 MG	1	0	1
J9308	INJECTION RAMUCIRUMAB 5 MG	1	0	1
J9352	INJECTION TRABECTEDIN 0.1 MG	2	0	2
J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	1	0	1
J9358	INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI 1 MG	1	0	1
Lenalidomide		1	0	1
Lenvatinib		1	0	1
Levalbuterol		1	0	1
Levothyroxine		1	0	1
Lidocaine		3	0	3
Linacotide		10	0	10
Linezolid		2	0	2
Liraglutide		3	0	3
Lisdexamfetamine		6	0	6
Lurasidone		2	0	2
Mesalamine		1	0	1
Mesna		1	0	1
Methylphenidate		2	0	2
Mifepristone (Hyperglycemia)		1	0	1
Mirabegron		3	0	3
Naloxegol		4	0	4

Nifedipine		1	0	1
Nintedanib		3	0	3
Ocrelizumab		2	0	2
Octreotide		3	0	3
Omalizumab		3	0	3
Otic Steroid-Anti-infective Combination - Two Ingredient		2	0	2
Oxycodone		1	0	1
Ozanimod		2	0	2
Paliperidone		2	0	2
Pegfilgrastim		6	0	6
Piroxicam		1	0	1
Plecanatide		1	0	1
Pregabalin		12	0	12
Q5108	INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG	1	0	1
Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	2	0	2
Q5117	INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG	1	0	1
Ramelteon		1	0	1
Ranibizumab		1	0	1
Ranolazine		1	0	1
Ravulizumab		1	0	1
Relugolix		1	0	1
Ribociclib		1	0	1
Rimegepant		2	0	2
Risankizumab		6	0	6
Rituximab		1	0	1
Romosozumab		1	0	1
Ruxolitinib		2	0	2
Secukinumab		1	0	1
Semaglutide		18	0	18
Silodosin		1	0	1
Siponimod		1	0	1
Sitagliptin		1	0	1
Sodium Hyaluronate		11	0	11
Somatropin		1	0	1
Stimulant Combinations - Two Ingredient		1	0	1
Sucroferric		1	0	1
Tapentadol		1	0	1
Tasimelteon		1	0	1

Teduglutide (rDNA)		1	0	1
Tenofovir		9	0	9
Tesamorelin		1	0	1
Testosterone		1	0	1
Tirzepatide		12	0	12
Tocilizumab		3	0	3
Tofacitinib		1	0	1
Tramadol		1	0	1
Trastuzumab		2	0	2
Ubrogepant		4	0	4
Ustekinumab		1	0	1
Valganciclovir		3	0	3
Vedolizumab		1	0	1
Vilazodone		2	0	2
Viloxazine		3	0	3
Voxelotor		1	0	1
Zoledronic Acid		2	0	2
Appeal Grand Totals		388	0	388

Appeals Reviewed by an Independent Review Organization (IRO)

When drug preauthorization requests are denied, the member or provider may request that the drug preauthorization request is submitted to an Independent Review Organization (IRO) for review and determination. If an IRO upholds the Molina decision, this means that the drug preauthorization request remains denied by Molina. If the IRO overturns the Molina decision, this means that the IRO decided to approve the drug requested and the preauthorization request will be approved by Molina.

Service Code/Drug Name	Service Code Description	Upheld on IRO	Overturned on IRO	Total IRO Appeals
Cinacalcet		1	0	1
Denosumab		1	0	1
Evolocumab		1	0	1
J9352	INJECTION TRABECTEDIN 0.1 MG	1	0	1
Linaclotide		1	0	1
Naloxegol		1	0	1
Ocrelizumab		1	0	1
Semaglutide		1	0	1
IRO Appeal Grand Totals		8	0	8