



2024 Prior Authorization Requests							
Pursuant to NJ A.B. 1255							
MEDICAL							
PROVIDER SPECIALTY	MEDICATION, TEST OR PROCEDURE	INDICATION OFFERED (DX)	APPROVED or DENIED	DENIAL REASON	APPEAL (Y)	APPEAL UPHELD (U) OR REVERSED (R)	TAT
RADIOLOGY	MRA - HEAD	HEADACHE, UNSPECIFIED	Approved	N/A	N	N/A	0
RADIOLOGY	MRI - BRAIN	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Approved	N/A	N	N/A	0
RADIOLOGY	MRI - BRAIN	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	Approved	N/A	N	N/A	0
RADIOLOGY	MRI - BRAIN	HYPERPROLACTINEMIA	Approved	N/A	N	N/A	0
RADIOLOGY	MRI - BRAIN	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Approved	N/A	N	N/A	0
RADIOLOGY	MRI - BRAIN	SENSORINEURAL HEARING LOSS, BILATERAL	Approved	N/A	N	N/A	0
RADIOLOGY	MRI - CERVICAL SPINE	CHRONIC PAIN ASSOCIATED WITH SIGNIFICANT PSYCHOSOCIAL DYSFUNCTION	Approved	N/A	N	N/A	0
RADIOLOGY	MRI - LUMBAR SPINE	CHRONIC PAIN ASSOCIATED WITH SIGNIFICANT PSYCHOSOCIAL DYSFUNCTION	Approved	N/A	N	N/A	0
RADIOLOGY	MRI - LUMBAR SPINE	SCIATICA, RIGHT SIDE	Approved	N/A	N	N/A	0
RADIOLOGY	MRI - LUMBAR SPINE	LOW BACK PAIN, UNSPECIFIED	Approved	N/A	N	N/A	2

RADIOLOGY	MRI - LUMBAR SPINE	PAIN IN LEFT LEG	Approved	N/A	N	N/A	0
RADIOLOGY	CT - PELVIS	TRANSSEXUALISM	Approved	N/A	N	N/A	3
RADIOLOGY	MRI - PELVIS W/O CONTRAST	LOW BACK PAIN, UNSPECIFIED	Approved	N/A	N	N/A	2
RADIOLOGY	MRI - UPPER EXTREMITY JOINT	PAIN IN RIGHT WRIST	Denied	Medical Necessity	N	N/A	4
RADIOLOGY	MRI - UPPER EXTREMITY JOINT	PAIN IN LEFT WRIST	Approved	N/A	N	N/A	1
RADIOLOGY	MRI - UPPER EXTREMITY JOINT	SUPERIOR GLENOID LABRUM LESION OF RIGHT SHOULDER, INITIAL ENCOUNTER	Approved	N/A	N	N/A	0
RADIOLOGY	MRI - UPPER EXTREMITY JOINT	UNSPECIFIED FRACTURE OF NAVICULAR [SCAPHOID] BONE OF LEFT WRIST, INITIAL ENCOUNTER FOR CLOSED FRACTURE	Approved	N/A	N	N/A	0
RADIOLOGY	CT - LOWER EXTREMITY	OTHER CHRONIC PAIN	Approved	N/A	N	N/A	5
RADIOLOGY	CT - LOWER EXTREMITY	OTHER SPECIFIED ACQUIRED DEFORMITIES OF RIGHT LOWER LEG	Approved	N/A	N	N/A	3
RADIOLOGY	CT - LOWER EXTREMITY	OTHER SPECIFIED ACQUIRED DEFORMITIES OF RIGHT LOWER LEG	Approved	N/A	N	N/A	2
RADIOLOGY	CT - LOWER EXTREMITY	OTHER SPECIFIED ACQUIRED DEFORMITIES OF RIGHT LOWER LEG	Denied	Medical Necessity	Y	U	47
RADIOLOGY	CT - LOWER EXTREMITY	PAIN IN RIGHT KNEE	Denied	Medical Necessity	N	N/A	45
RADIOLOGY	CT - LOWER EXTREMITY	PAIN IN RIGHT KNEE	Denied	Medical Necessity	N	N/A	45
RADIOLOGY	CTA - LOWER EXTREMITY	TRANSSEXUALISM	Approved	N/A	N	N/A	3
RADIOLOGY	MRI - LOWER EXTREMITY OTHER THAN JOINT	UNSPECIFIED INJURY OF RIGHT FOOT, INITIAL ENCOUNTER	Approved	N/A	N	N/A	0
RADIOLOGY	MRI - ANY JOINT OF LOWER EXTREMITY	EFFUSION, LEFT KNEE	Approved	N/A	N	N/A	0

RADIOLOGY	MRI - ANY JOINT OF LOWER EXTREMITY	PAIN IN RIGHT KNEE	Approved	N/A	N	N/A	0
RADIOLOGY	MRI - ANY JOINT OF LOWER EXTREMITY	PAIN IN LEFT KNEE	Approved	N/A	N	N/A	0
RADIOLOGY	MRI - ANY JOINT OF LOWER EXTREMITY	PAIN IN LEFT KNEE	Approved	N/A	N	N/A	0
RADIOLOGY	MRI - ANY JOINT OF LOWER EXTREMITY	PAIN IN UNSPECIFIED KNEE	Approved	N/A	N	N/A	0
RADIOLOGY	MRI - ANY JOINT OF LOWER EXTREMITY	PAIN IN UNSPECIFIED KNEE	Denied	Medical Necessity	N	N/A	8
RADIOLOGY	MRI - ANY JOINT OF LOWER EXTREMITY	OTHER TEAR OF MEDIAL MENISCUS, CURRENT INJURY, RIGHT KNEE, INITIAL ENCOUNTER	Approved	N/A	N	N/A	0
RADIOLOGY	MRI - ANY JOINT OF LOWER EXTREMITY	OTHER TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, INITIAL ENCOUNTER	Approved	N/A	N	N/A	0
RADIOLOGY	CT - ABD & PELVIS	UNSPECIFIED ABDOMINAL PAIN	Approved	N/A	N	N/A	0
IP HEMATOLOGY	IP HEMATOLOGY	SICKLE-CELL/HB-C DISEASE WITH CRISIS, UNSPECIFIED	APPROVED	N/A	N	N/A	1
IP MENTAL HEALTH	IP MENTAL HEALTH	TRANSSEXUALISM	APPROVED	N/A	N	N/A	46
IP MENTAL HEALTH	IP MENTAL HEALTH	TRANSSEXUALISM	APPROVED	N/A	N	N/A	49
IP PULMONOLOGY	IP PULMONOLOGY	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	APPROVED	N/A	N	N/A	25
IP UROLOGY	IP UROLOGY	DISORDER OF KIDNEY AND URETER, UNSPECIFIED	Denied	MEDICAL DIRECTOR DECISION	N	N/A	3
IP GENERAL MEDICINE	IP GENERAL MEDICINE	VOMITING, UNSPECIFIED	APPROVED	N/A	N	N/A	0
IP GENERAL MEDICINE	IP GENERAL MEDICINE	VOMITING, UNSPECIFIED	APPROVED	N/A	N	N/A	1
IP GENERAL MEDICINE	IP GENERAL MEDICINE	VOMITING, UNSPECIFIED	APPROVED	N/A	N	N/A	3

IP GENERAL MEDICINE	IP GENERAL MEDICINE	DIZZINESS AND GIDDINESS	APPROVED	N/A	N	N/A	2
IP GENERAL MEDICINE	IP GENERAL MEDICINE	HEADACHE, UNSPECIFIED	APPROVED	N/A	N	N/A	0
IP GENERAL MEDICINE	IP GENERAL MEDICINE	HEADACHE, UNSPECIFIED	APPROVED	N/A	N	N/A	1
IP GENERAL MEDICINE	IP GENERAL MEDICINE	HEADACHE, UNSPECIFIED	APPROVED	N/A	N	N/A	3
IP GENERAL MEDICINE	IP GENERAL MEDICINE	HEADACHE, UNSPECIFIED	APPROVED	N/A	N	N/A	7
IP MEDICAL	IP MEDICAL	FALL (ON) (FROM) OTHER STAIRS AND STEPS, INITIAL ENCOUNTER	Denied	MEDICAL DIRECTOR DECISION	N	N/A	1
PLASTIC SURGERY	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE	TRANSSEXUALISM	Approve	MEDICAL DIRECTOR DECISION	N	N/A	8
PLASTIC SURGERY	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	TRANSSEXUALISM	Approve	MEDICAL DIRECTOR DECISION	N	N/A	6
PLASTIC SURGERY	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF	TRANSSEXUALISM	Approve	MEDICAL DIRECTOR DECISION	N	N/A	6

PLASTIC SURGERY	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR 1% OF BODY AREA OF INFANTS AND CHILDREN	TRANSSEXUALISM	Approve	MEDICAL DIRECTOR DECISION	N	N/A	8
PLASTIC SURGERY	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR PART THEREOF, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN	TRANSSEXUALISM	Approve	MEDICAL DIRECTOR DECISION	N	N/A	8
PLASTIC SURGERY	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN	TRANSSEXUALISM	Approve	MEDICAL DIRECTOR DECISION	N	N/A	8

PLASTIC SURGERY	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF	TRANSSEXUALISM	Approve	MEDICAL DIRECTOR DECISION	N	N/A	8
PLASTIC SURGERY	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; FIRST 100 SQ CM WOUND SURFACE AREA, OR 1% OF BODY AREA OF INFANTS AND CHILDREN	TRANSSEXUALISM	Denied	MEDICAL DIRECTOR DECISION	N	N/A	6
PLASTIC SURGERY	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; EACH ADDITIONAL 100 SQ CM WOUND SURFACE AREA, OR PART THEREOF, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF	TRANSSEXUALISM	Denied	MEDICAL DIRECTOR DECISION	N	N/A	6
PLASTIC SURGERY	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	TRANSSEXUALISM	Approve	MEDICAL DIRECTOR DECISION	N	N/A	6

PLASTIC SURGERY	FLAP; NEUROVASCULAR PEDICLE	TRANSSEXUALISM	Approve	MEDICAL DIRECTOR DECISION	N	N/A	6
PLASTIC SURGERY	FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS	TRANSSEXUALISM	Approve	MEDICAL DIRECTOR DECISION	N	N/A	6
PLASTIC SURGERY	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	TRANSSEXUALISM	Approve	MEDICAL DIRECTOR DECISION	N	N/A	6
PLASTIC SURGERY	REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	TRANSSEXUALISM	Approve	MEDICAL DIRECTOR DECISION	N	N/A	6
OTOLARYNGOLOGY	PALATOPHARYNGOPLASTY	SLEEP APNEA, UNSPECIFIED	Approve	N/A	N	N/A	1
PLASTIC SURGERY	URETHROPLASTY, 1-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	TRANSSEXUALISM	Approve	MEDICAL DIRECTOR DECISION	N	N/A	6
PLASTIC SURGERY	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	TRANSSEXUALISM	Approve	MEDICAL DIRECTOR DECISION	N	N/A	6
UROLOGY	CIRCUMCISION	PHIMOSIS	Approve	N/A	N	N/A	0
PLASTIC SURGERY	SCROTOPLASTY; COMPLICATED	TRANSSEXUALISM	Approve	MEDICAL DIRECTOR DECISION	N	N/A	6
IP MENTAL HEALTH	INTERSEX SURGERY; MALE TO FEMALE	TRANSSEXUALISM	Approve	N/A	N	N/A	3
IP MENTAL HEALTH	INTERSEX SURGERY; FEMALE TO MALE	TRANSSEXUALISM	Approve	MEDICAL DIRECTOR DECISION	N	N/A	6

NEUROLOGY	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Approve	N/A	N	N/A	1
NEUROLOGY	CHEMODENERVATION OF MUSCLE(S)	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	Approve	N/A	N	N/A	6
PLASTIC SURGERY	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRANSPOSITION	TRANSSEXUALISM	Approve	MEDICAL DIRECTOR DECISION	N	N/A	6
INTERNAL MEDICINE	INITIAL HOSPITAL INPATIENT OR OBSERVATION CARE	CERVICALGIA	Approve	N/A	N	N/A	0
INTERNAL MEDICINE	INITIAL HOSPITAL INPATIENT OR OBSERVATION CARE, PER DAY	DISORDER OF KIDNEY AND URETER, UNSPECIFIED	Approve	N/A	N	N/A	3
OBSERSVATION CARE	INITIAL HOSPITAL INPATIENT OR OBSERVATION CARE, PER DAY	FALL (ON) (FROM) OTHER STAIRS AND STEPS, INITIAL ENCOUNTER	Approve	N/A	N	N/A	2
NEUROLOGY	ONABOTULINUMTOXINA INJECTION	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	Approve	N/A	N	N/A	1
IP MENTAL HEALTH	IP MENTAL HEALTH	BIPOLAR DISORDER, UNSPECIFIED	APPROVED	N/A	N	N/A	0
IP MENTAL HEALTH	IP MENTAL HEALTH	BIPOLAR DISORDER, UNSPECIFIED	APPROVED	N/A	N	N/A	0
IP MENTAL HEALTH	IP MENTAL HEALTH	BIPOLAR DISORDER, UNSPECIFIED	APPROVED	N/A	N	N/A	0

IP MENTAL HEALTH	IP MENTAL HEALTH	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	DENIED	MEDICAL NECESSITY	N	N/A	13
IP MENTAL HEALTH RESIDENTIAL	IP MENTAL HEALTH RESIDENTIAL	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	APPROVED	N/A	N	N/A	0
IP MENTAL HEALTH RESIDENTIAL	IP MENTAL HEALTH RESIDENTIAL	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	APPROVED	N/A	N	N/A	0
IP MENTAL HEALTH RESIDENTIAL	IP MENTAL HEALTH RESIDENTIAL	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	APPROVED	N/A	N	N/A	0
IP MENTAL HEALTH RESIDENTIAL	IP MENTAL HEALTH RESIDENTIAL	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	APPROVED	N/A	N	N/A	0
IP MENTAL HEALTH RESIDENTIAL	IP MENTAL HEALTH RESIDENTIAL	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	APPROVED	N/A	N	N/A	0
IP MENTAL HEALTH RESIDENTIAL	IP MENTAL HEALTH RESIDENTIAL	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	APPROVED	N/A	N	N/A	0
IP MENTAL HEALTH RESIDENTIAL	IP MENTAL HEALTH RESIDENTIAL	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	APPROVED	N/A	N	N/A	0
IP MENTAL HEALTH RESIDENTIAL	IP MENTAL HEALTH RESIDENTIAL	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	APPROVED	N/A	N	N/A	0
IP MENTAL HEALTH RESIDENTIAL	IP MENTAL HEALTH RESIDENTIAL	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	APPROVED	N/A	N	N/A	0
IP MENTAL HEALTH RESIDENTIAL	IP MENTAL HEALTH RESIDENTIAL	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	APPROVED	N/A	N	N/A	0
IP MENTAL HEALTH	IP MENTAL HEALTH	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	APPROVED	N/A	N	N/A	0
IP MENTAL HEALTH	IP MENTAL HEALTH	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	APPROVED	N/A	N	N/A	0

IP MENTAL HEALTH	IP MENTAL HEALTH	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	APPROVED	N/A	N	N/A	0
IP MENTAL HEALTH	IP MENTAL HEALTH	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	APPROVED	N/A	N	N/A	0
IP MENTAL HEALTH	IP MENTAL HEALTH	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	APPROVED	N/A	N	N/A	0
IP MENTAL HEALTH	IP MENTAL HEALTH	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	APPROVED	N/A	N	N/A	0
IP MENTAL HEALTH	IP MENTAL HEALTH	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	APPROVED	N/A	N	N/A	0
IP MENTAL HEALTH RESIDENTIAL	IP MENTAL HEALTH RESIDENTIAL	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	APPROVED	N/A	N	N/A	0
IP MENTAL HEALTH RESIDENTIAL	IP MENTAL HEALTH RESIDENTIAL	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	APPROVED	N/A	N	N/A	0
IP MENTAL HEALTH RESIDENTIAL	IP MENTAL HEALTH RESIDENTIAL	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	APPROVED	N/A	N	N/A	0
IP MENTAL HEALTH RESIDENTIAL	IP MENTAL HEALTH RESIDENTIAL	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	APPROVED	N/A	N	N/A	0
IP MENTAL HEALTH RESIDENTIAL	IP MENTAL HEALTH RESIDENTIAL	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	DENIED	MEDICAL NECESSITY	Y	U	1
The average median time elapsed between a request for clinical records from the requesting health care provider and receipt of adequate clinical records to complete the prior authorization:							1 Day
The number of appeals generated for cases denied in which there was inadequate or no prior clinical information:							0

PHARMACY

PROVIDER SPECIALTY	MEDICATION, TEST OR PROCEDURE	INDICATION OFFERED (DX)	APPROVED or DENIED	DENIAL REASON	APEAL (Y)	APEAL UPHELD (U) OR REVERSED (R)	TAT
NURSE PRACTITIONER	VRAYLAR	Bipolar II Disorder	APPROVED		N	N/A	0
PEDIATRICS	RIZATRIPTAN	Chronic Migraines	DENIED	MEDICAL NECESSITY	N	N/A	0
PSYCHIATRY & NEUROLOGY	CAPLYTA	Bipolar Disorder	APPROVED		N	N/A	0
PSYCHIATRY & NEUROLOGY	CAPLYTA	Bipolar Disorder	DENIED	MEDICAL NECESSITY	N	N/A	0
PSYCHIATRY & NEUROLOGY	VYVANSE	Attention Deficit/Hyperactivity Disorder	APPROVED		N	N/A	0
INTERNAL MEDICINE	TESTOSTERONE CYPIONATE	Gender Dysphoria	APPROVED		N	N/A	0
FAMILY MEDICINE	TESTOSTERONE CYPIONATE	Gender Dysphoria	APPROVED		N	N/A	1
PSYCHIATRY & NEUROLOGY	TRINTELLIX	Depression	APPROVED		N	N/A	0
PSYCHIATRY & NEUROLOGY	TRINTELLIX	Depression	APPROVED		N	N/A	0
PSYCHIATRY & NEUROLOGY	TRINTELLIX	Depression	DENIED	MEDICAL NECESSITY	N	N/A	0
OTOLARYNGOLOGY	OXYCODONE-ACETAMINOPHEN	Snoring/Sinusitis	APPROVED		N	N/A	0
OBSTETRICS & GYNECOLOGY	CETROTIDE	Infertility	APPROVED		N	N/A	1
SPECIALIST	LEUPROLIDE ACETATE	Infertility	DENIED	MEDICAL NECESSITY	N	N/A	0

INTERNAL MEDICINE	TESTOSTERONE	Primary Hypogonadism or Hypogonadotropic Hypogonadism	APPROVED		N	N/A	0
FAMILY MEDICINE	OZEMPIC	Type II Diabetes Mellitus	APPROVED		N	N/A	0
PSYCHIATRY & NEUROLOGY	UBRELVY	Migraines	APPROVED		N	N/A	0
PSYCHIATRY & NEUROLOGY	AIMOVIG AUTOINJECTOR	Migraines	APPROVED		N	N/A	0
INTERNAL MEDICINE	GRANISETRON HCL	Nausea/Vomiting Gastroparesis	DENIED	MEDICAL NECESSITY	N	N/A	1
INTERNAL MEDICINE	GRANISETRON HCL	Cyclic Vomiting Syndrome	DENIED	MEDICAL NECESSITY	N	N/A	0
INTERNAL MEDICINE	MOUNJARO	Diabetes Mellitus	APPROVED		N	N/A	0
NURSE PRACTITIONER	LYBALVI	Bipolar II Disorder	APPROVED		N	N/A	0
PSYCHIATRY & NEUROLOGY	VYVANSE	Attention Deficit/Hyperactivity Disorder	DENIED	MEDICAL NECESSITY	N	N/A	0
PHYSICIAN ASSISTANT	FIASP FLEXTOUCH	Type 1 Diabetes Mellitus with Hyperglycemia	APPROVED		N	N/A	0
PHYSICIAN ASSISTANT	FIASP FLEXTOUCH	Type 1 Diabetes Mellitus with Hyperglycemia	APPROVED		N	N/A	2
PHYSICIAN ASSISTANT	CONTOUR NEXT TEST STRIP	Type 1 Diabetes Mellitus with Hyperglycemia	DENIED	MEDICAL NECESSITY	N	N/A	0
PEDIATRICS	OMNIPOD 5 DEXG7G6 PODS (GEN 5)	Type 1 Diabetes Mellitus with Hyperglycemia	APPROVED		N	N/A	1
INTERNAL MEDICINE	SUTAB	Malignant Neoplasm of Colon	APPROVED		N	N/A	0
INTERNAL MEDICINE	OZEMPIC	Type II Diabetes Mellitus	APPROVED		N	N/A	0
FAMILY MEDICINE	VYVANSE	Attention Deficit/Hyperactivity Disorder	APPROVED		N	N/A	0
PHYSICIAN ASSISTANT	UBRELVY	Acute treatment of Migraine	APPROVED		N	N/A	0

PHYSICIAN ASSISTANT	BOTOX	Chronic Migraine	APPROVED		N	N/A	0
PSYCHIATRY & NEUROLOGY	QULIPTA	Chronic Migraine	APPROVED		N	N/A	0
PSYCHIATRY & NEUROLOGY	BUTORPHANOL TARTRATE	Refractory migraine with aura	APPROVED		N	N/A	15
PSYCHIATRY & NEUROLOGY	NURTEC ODT	Intractable chronic migraine with aura and without status migrainosus	APPROVED		N	N/A	0
ALLERGY AND IMMUNOLOGY	OPZELURA	Chronic Eczema	APPROVED		N	N/A	0

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The number of appeals generated for cases denied in which there was inadequate or no prior clinical information:	N/A