

| 2024 Prior Authorization Data | Medical | Mental Health and Substance Use Disorder | Pharmacy |
|------------------------------------------------------------------------------------------------|---------|------------------------------------------|----------|
| Requests submitted electronically and not by facsimile or e-mail | 760 | 0 | 5635 |
| Authorizations Approved | 1606 | 65 | 3313 |
| Authorizations Denied | 337 | 12 | 3859 |
| Denial Reason | | | |
| <i>Patient did not meet prior authorization criteria</i> | 290 | 12 | 3859 |
| <i>Incomplete information submitted by the provider to the utilization review organization</i> | 45 | 0 | 0 |
| <i>Change in treatment program</i> | 0 | 0 | 0 |
| <i>The patient is no longer covered by the plan</i> | 2 | 0 | 0 |
| Appeals | 60 | 3 | 383 |
| <i>Denial Upheld</i> | 26 | 1 | 137 |
| <i>Denial Reversed</i> | 34 | 2 | 246 |