

LOB	Complaint ID	Form Type	LOB State	Secondary Classification Disap	Classification Code	Classification Sub Code	Initial Received Date Time	Synopsis 1	Synopsis 4	Resolution
CW	MSHPFL-28349	FLMedicaid-Appeals	MedicaidFL	Pre-Service Appeal	Pharmacy Denial	RX - Does Not Meet Exception Guidelines	6/8/2022 7:55:00 AM	Request for SUPPRELIN LA Kit 50MG Kit	Given this additional information and the member's medical status, the original denial for SUPPRELIN LA Kit 50 MILLIGRAMS, Inject 10 milligrams under the skin once every 365 days is Overturned and approved as medically necessary. Approval One implant	Overturn
MMA	MSHPFL-28688	FLMedicaid-Appeals	MedicaidFL	Expedited Appeal	Pharmacy Denial	RX - Does Not Meet Exception Guidelines	6/10/2022 3:07:00 PM	Request for SUPPRELIN LA Kit 50MG Kit	OVERTURN DENIAL AND APPROVE request for SUPPRELIN LA Kit 50MG Kit. Apply under the skin, one implant every 365 days.	Overturn
MMA	MSHPFL-30587	FLMedicaid-Appeals	MedicaidFL	Pre-Service Appeal	Pharmacy Denial	RX - Does Not Meet Prior Auth Guidelines	6/29/2022 8:16:00 AM	Request for SUPPRELIN LA Kit 50MG Kit	OVERTURN the DENIAL AND APPROVE the request for Supprelin LA Kit 50 milligram Kit; Insert one implant under the skin every 12 months.	Overturn
CMS XIX	MSHPFL-34152	FLMedicaid-RXAppeals	MedicaidFL	Pre-Service Appeal	Pharmacy Denial	RX - Does Not Meet Exception Guidelines	7/29/2022 7:37:00 AM	Request for SUPPRELIN LA Kit 50MG Kit	Supprelin LA Kit 50 milligrams 1 implant (50 milligrams of histrelin acetate) inserted under the skin in the inner aspect of the upper arm every 12 months	Overturn
MMA	MSHPFL-39712	FLMedicaid-RXAppeals	MedicaidFL	Pre-Service Appeal	Pharmacy Denial	RX - Does Not Meet Exception Guidelines	8/19/2022 6:58:00 AM	Request for SUPPRELIN LA Kit 50MG Kit	The appeal request for SUPPRELIN LA Kit 50MG is denied, due to Off-Label Drug Use for the GENDER IDENTITY DISORDER UNSPECIFIED. Per Appeal study located on page 5 of 14 Initial Request Clinical Notes packet. This is not considered a Phase III clinical studies published in peer review journals to support the non-FDA approved use. EPSDT was taken into consideration for this review. Sunshine Health Off Label Use Prior Authorization Criteria was used in making this determination.	Uphold
MMA	MSHPFL-23357	FLMedicaid-Appeals	MedicaidFL	Pre-Service Appeal	Pharmacy Denial	RX - Does Not Meet Exception Guidelines	4/19/2022 1:04:00 PM	Requested Drug for ESTRADIOL Patch Weekly 0.1MG/24HR Patch	OVERTURN DENIAL. The member meets the Sunshine Health Plan Summary of Drug Limitations (SOL) limits Criteria for medical necessity. The request for Estradiol patch Weekly 0.1 milligrams per 24 hour patch, place two patches onto skin in male to female transgender person has supporting literature provided for the dose and diagnosis requested. Determination: Per Sunshine Health Plan Summary of Drug Limitations (SOL) limits Criteria the member meets criteria for approval. Approval directions: Estradiol patch Weekly 0.1 milligrams per 24 hour patch, place two patches onto skin in male to female transgender person Approval duration: 12 months	Overturn
CW	MSHPFL-6624	FLMedicaid-Appeals	MedicaidFL	Pre-Service Appeal	Pharmacy Denial	RX - Does Not Meet Exception Guidelines	9/8/2021 3:19:00 PM	Request for SUPPRELIN LA Kit 50MG Kit	Given this additional information and the member's medical status, the original denial for SUPPRELIN LA (Histrelin Acetate Implant Kit 50 MILLIGRAMS), Inject one implant (50 milligrams) is Overturned and approved as medically necessary. Approval is granted for Supprelin LA (Histrelin Acetate implant Kit 50 MILLIGRAMS), Inject 1 implant under the skin Once For 1 Implant.	Overturn
MMA	MSHPFL-11588	FLMedicaid-Appeals	MedicaidFL	Pre-Service Appeal	Pharmacy Denial	RX - Does Not Meet Exception Guidelines	12/6/2021 12:07:00 PM	Request for SUPPRELIN LA Kit 50MG Kit	Adviser Review Completed by Medical Director Ernest Bertha, MD on 12/17/2021 at 10:09am. Request for treatment with SUPPRELIN LA Kit 50MG Kit is APPROVED as medically necessary. Approval is granted to inject 50 milligrams under the skin yearly... Approval is granted for a treatment duration of 1 year.	Overturn