

## 2024 PREAUTHORIZATION STATISTICS FOR CO PLANS

## PURSUANT TO CO H.B. 1211

| MEDICAL                          |                                    |                                      |     |                                |  |  |
|----------------------------------|------------------------------------|--------------------------------------|-----|--------------------------------|--|--|
| Provider Specialty               | Service                            | Approved Reason for or Denied denial |     | Overturned<br>on Appeal<br>(Y) |  |  |
| Cardiovascular Disease           | IP STAY                            | Approved                             | N/A | N/A                            |  |  |
| Cardiovascular Disease           | IP STAY                            | Approved                             | N/A | N/A                            |  |  |
| Orthopedic Surgery               | IP STAY                            | Approved                             | N/A | N/A                            |  |  |
| Otolaryngology                   | Nasal Repair                       | Approved                             | N/A | N/A                            |  |  |
| Orthopedic Surgery               | Knee Arthrosis                     | Approved                             | N/A | N/A                            |  |  |
| Family Medicine                  | Observation Stay                   | Approved                             | N/A | N/A                            |  |  |
| Pediatric Gastroenterology       | Ustekinumab Injection              | Approved                             | N/A | N/A                            |  |  |
| Physician Assistant              | Hyaluronan or derivative Injection | Approved                             | N/A | N/A                            |  |  |
| Allergy/Immunology               | Omalizumab Injection               | Approved                             | N/A | N/A                            |  |  |
| Physician Assistant              | MRI - Brain                        | Approved                             | N/A | N/A                            |  |  |
| Nure Practitioner - Adult Health | MRI - Brain                        | Approved                             | N/A | N/A                            |  |  |
| Interventional Pain Medicine     | MRI - Spine                        | Approved                             | N/A | N/A                            |  |  |
| Otolaryngology                   | CT - Ear                           | Approved                             | N/A | N/A                            |  |  |
| Orthopedic Surgery               | MRI - Lower Extremity Joint        | Approved                             | N/A | N/A                            |  |  |
| Physician Assistant              | MRI - Breast                       | Approved                             | N/A | N/A                            |  |  |
| Obstetrics & Gynecology          | MRI - Pelvis                       | Approved                             | N/A | N/A                            |  |  |
| Nure Practitioner - Adult Health | CT - Brain                         | Approved                             | N/A | N/A                            |  |  |
| Physician Assistant              | MRI - Brain                        | Approved                             | N/A | N/A                            |  |  |
| Nure Practitioner - Adult Health | CT - Neck                          | Approved                             | N/A | N/A                            |  |  |
| Nure Practitioner - Adult Health | CT - Head                          | Approved                             | N/A | N/A                            |  |  |
| Orthopedic Surgery               | MRI - Lower Extremity Joint        | Approved                             | N/A | N/A                            |  |  |
| Orthopedic Surgery               | MRI - Lower Extremity Joint        | Approved                             | N/A | N/A                            |  |  |

| Neurology                   | MRI - Brain   | Approved | N/A                           | N/A |
|-----------------------------|---|----------|-------------------------------|-----|
| Pain Medicine               | MRI - Spine   | Approved | N/A                           | N/A |
| Pain Medicine               | MRI - Lower Extremity Joint                         | Approved | N/A                           | N/A |
| Nurse Practitioner - Family | MRI - Brain   | Approved | N/A                           | N/A |
| Internal Medicine           | CT - ABD & Pelvis                                   | Approved | N/A                           | N/A |
| Physical Therapy            | Pain in Right Ankle and Joints of The<br>Right Foot | Denied   | Not<br>Medically<br>Necessary | N/A |
| Physical Therapy            | Pain in Right Ankle and Joints of The Right Foot    | Approved | N/A                           | N/A |
| Physical Therapy            | Pain in Right Ankle and Joints of The<br>Right Foot | Denied   | Not<br>Medically<br>Necessary | N/A |
| Physical Therapy            | Pain in Right Ankle and Joints of The<br>Right Foot | Denied   | Not<br>Medically<br>Necessary | N/A |
| Physical Therapy            | Pain in Right Ankle and Joints of The<br>Right Foot | Denied   | Not<br>Medically<br>Necessary | N/A |
| Physical Therapy            | Cervicalgia   | Denied   | Not<br>Medically<br>Necessary | N/A |
| Physical Therapy            | Cervicalgia   | Denied   | Not<br>Medically<br>Necessary | N/A |
| Physical Therapy            | Other Specified Disorders Of Muscle                 | Denied   | Not<br>Medically<br>Necessary | N/A |
| Physical Therapy            | Other Specified Disorders Of Muscle                 | Denied   | Not<br>Medically<br>Necessary | N/A |
| Otolaryngology              | IP Stay - Continued IP Stay                         | Approve  | N/A                           | N/A |
| Otolaryngology              | IP Stay - Craniectomy - Excision of<br>Brain Tumor  | Approve  | N/A                           | N/A |
| Otolaryngology              | IP Stay - Craniectomy - Resection of Frontal Lob    | Approve  | N/A                           | N/A |
| Otolaryngology              | IP Stay - Craniectomy & Resection of Lesion         | Approve  | N/A                           | N/A |

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| PHARMACT               |                                |                      |                      |                      |  |  |
|------------------------|--------------------------------|----------------------|----------------------|----------------------|--|--|
| Provider Specialty     | MEDICATION                     | CATION Approved Reas |                      | Overturned on Appeal |  |  |
| Dermatology            | Zoryve                         | Approved             | N/A                  | N/A                  |  |  |
| Dermatology            | Otezla                         | Approved             | N/A                  | N/A                  |  |  |
| Family Medicine        | Estradiol (Twice Weekly)       | Approved             | N/A                  | N/A                  |  |  |
| Family Medicine        | Estradiol (Twice Weekly)       | Denied               | Medical<br>Necessity | Yes                  |  |  |
| Family Medicine        | Testosterone Cypionate         | Approved             | N/A                  | N/A                  |  |  |
| Family Medicine        | Testosterone Cypionate         | Approved             | N/A                  | N/A                  |  |  |
| Internal Medicine      | Jakafi                         | Approved             | N/A                  | N/A                  |  |  |
| Internal Medicine      | Dexcom G7 Sensor               | Approved             | N/A                  | N/A                  |  |  |
| Internal Medicine      | Xywav                          | Approved             | N/A                  | N/A                  |  |  |
| Internal Medicine      | Wakix                          | Denied               | Medical<br>Necessity | N/A                  |  |  |
| Internal Medicine      | Budesonide-Formoterol Fumarate | Denied               | Medical<br>Necessity | N/A                  |  |  |
| Nurse Practitioner     | Ozempic                        | Approved             | N/A                  | N/A                  |  |  |
| Nurse Practitioner     | Ubrelvy                        | Approved             | N/A                  | N/A                  |  |  |
| Nurse Practitioner     | Ozempic                        | Approved             | N/A                  | N/A                  |  |  |
| Nurse Practitioner     | Ubrelvy                        | Approved             | N/A                  | N/A                  |  |  |
| Nurse Practitioner     | Ubrelvy                        | Denied               | Medical<br>Necessity | N/A                  |  |  |
| Optometrist            | Cyclosporine                   | closporine Denied    |                      | N/A                  |  |  |
| Pediatrics             | Stelara                        | Approved             | N/A                  | N/A                  |  |  |
| Pediatrics             | Ventolin HFA                   | Approved             | N/A                  | N/A                  |  |  |
| Pediatrics             | Stelara                        | Approved             | N/A                  | N/A                  |  |  |
| Pediatrics             | Ubrelvy                        | Approved             | N/A                  | N/A                  |  |  |
| Physician Assistant    | Isotretinoin                   | Denied               | Medical<br>Necessity | N/A                  |  |  |
| Psychiatry & Neurology | Reyvow                         | Approved             | N/A                  | N/A                  |  |  |
| Psychiatry & Neurology | Reyvow                         | / Denied             |                      | N/A                  |  |  |
| Psychiatry & Neurology | Emgality Pen                   | Approved             | N/A                  | N/A                  |  |  |
| Psychiatry & Neurology | Emgality Pen                   | Approved             | N/A                  | N/A                  |  |  |
| Psychiatry & Neurology | Qelbree                        | Approved             | N/A                  | N/A                  |  |  |
| Psychiatry & Neurology | Aimovig Autoinjector           | Approved             | N/A                  | N/A                  |  |  |
| Psychiatry & Neurology | Naratriptan HCL                | Approved             | N/A                  | N/A                  |  |  |
| Psychiatry & Neurology | Nurtec ODT                     | Denied               | Medical<br>Necessity | N/A                  |  |  |