

2022 Preauthorization Statistics for Colorado Plans

Preauthorization Statistics by Provider Specialty, Service Type, and Denial Reason

Provider Specialty	Medication	Approved / Denied	Reason for denial	Overtured on Appeal
Allergy & Immunology	Xolair	Approved		
Allergy & Immunology	Computed tomography, maxillofacial area	Approved		
Allergy & Immunology	Omalizumab Injection	Approved		
Cardiology	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences	Approved		
Dermatology	Otezla	Approved		
Family Medicine	Emgality Pen	Denied	Not Medically Necessary	No
Family Medicine	Emgality Pen	Denied	Submitted on the wrong form	No
Family Medicine	Emgality Pen	Approved		
Family Medicine	Jardiance	Approved		
Family Medicine	Tazorac	Approved		
Family Medicine	Testosterone Cypionate	Approved		
Family Medicine	Xifaxan	Approved		
Neurology	Chemo denervation of muscle(s)	Approved		
Nurse Practitioner	Nurtec ODT	Approved		

Nurse Practitioner - Acute Care	Magnetic resonance (eg, proton) imaging, brain (including brain stem) w or w/o contrast	Approved		
Nurse Practitioner – Primary Care	Magnetic resonance imaging, breast, without and/or with contrast material(s)	Approved		
Nurse Practitioner – Primary Care	BRCA1&2 Gen Full Seq Dup/Del	Approved		
OB/GYN	Lynparza	Denied	Not Medically Necessary	No
OB/GYN	Oxycodone	Approved		
Obstetrics & Gynecology	Initial Observation Care	Approved		
Orthopedic Surgery	Magnetic resonance (eg, proton) imaging, any joint of upper extremity.	Approved		
Orthopedic Surgery	Magnetic resonance (eg, proton) imaging, any joint of lower extremity.	Denied	Not Medically Necessary	No
Orthopedic Surgery - Foot and Ankle Surgery	Magnetic resonance (eg, proton) imaging, any joint of lower extremity.	Approved		
Otolaryngology	Computed tomography, maxillofacial area	Approved		
Otolaryngology	Computed tomography, soft tissue neck	Approved		

Otolaryngology	Computed tomography, soft tissue neck	Approved		
Physician Assistant	Mesalamine ER	Approved		
Physician Assistant	Simponi	Denied	Not Medically Necessary	No
Physician Assistant	Simponi	Denied (2)	Not Medically Necessary	Yes
Physician Assistant	Solifenacin Succinate	Denied	Step Therapy not met	No
Physician Assistant	Xolair	Approved		
Physician Assistant	Computed tomography, head or brain	Approved		
Physician Assistant	Magnetic resonance (eg, proton) imaging, brain (including brain stem) w/o contrast	Approved		
Physician Assistant	Magnetic resonance (eg, proton) imaging, spinal canal and contents	Denied	Not Medically Necessary	No
Physician Assistant	Computed tomography, abdomen and pelvis w/o contrast	Approved		
Physician Assistant - Medical	Computed tomography, abdomen and pelvis w/contrast	Approved		
Physician Assistant - Surgical	Magnetic resonance (eg, proton) imaging, brain (including brain stem) w or w/o contrast	Approved		
Plastic Surgeon	Breast Reduction	Denied	Not Medically Necessary	No
Psych/MH NP	Bupropion XL	Approved		
Psych/MH NP	Desvenlafaxine ER	Approved		

Psychiatry & Neurology	Magnetic resonance (eg, proton) imaging, brain (including brain stem) w/o contrast	Approved		
Psychiatry & Neurology - Neurology	Botox	Approved		
Psychiatry & Neurology - Neurology	Wakix	Approved		
Psychiatry & Neurology - Sleep	Xywav	Approved		
Psychiatry & Neurology - Neurology	Treatment of speech, language, voice, communication, and/or auditory processing disorder	Approved		
Radiology	Magnetic resonance angiography, head	Approved		
Urology	Computed tomography, soft tissue neck	Approved		
Urology	Insertion of multicomponent, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	Approved		

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Allergy & Immunology	Xolair	Approved		
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Allergy & Immunology	Xolair	Approved		
Cardiovascular Disease	Polysomnography, sleep monitoring of patient 6 years or older in a sleep lab with breathing equipment	Denied	Medical Necessity Criteria Not Met	N/A
Dermatology	Otezla	Approved		
Dermatology	Tretinoin	Approved		
Family Practice	Testosterone Cypionate	Approved		
Family Practice	Amethia	Approved		
Family Practice	Computed tomography; abdomen and pelvis; without contrast material	Approved		
Family Practice	CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections	Approved		
Family Practice	MRI BRAIN (head); with contrast material(s)	Denied	Medical Necessity Criteria Not Met	N/A
Family Practice	MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Approved		
Family Practice	MRI Lower Extremity, other than joint; without contrast material(s)	Denied	Medical Necessity Criteria Not Met	N/A
Family Practice	MRI Lower Extremity, other than joint; without contrast material(s)	Denied	Medical Necessity Criteria Not Met	N/A

Gastroenterology	MRI ABDOMEN; without contrast material(s), followed by with contrast material(s) and further sequences	Approved		
General Surgery	CT PELVIS; with contrast material(s)	Denied	Medical Necessity Criteria Not Met	N/A
General Surgery	CT PELVIS; with contrast material(s)	Denied	Medical Necessity Criteria Not Met	N/A
Internal Medicine	Pregabalin	Denied	Did not meet the medical necessity requirements for approval	No
Neurology	MRI BRAIN (head); without contrast material, followed by contrast material(s) and further sequences	Approved		
Neurology	MRI Cervical Spine, (spinal canal and contents); without contrast material, followed by contrast material(s) and further sequences	Approved		
Neurology	MRI Thoracic Spine, (spinal canal and contents), without contrast material, followed by contrast material(s) and further sequences	Approved		
Nurse Practitioner	NP Thyroid	Approved		
Nurse Practitioner	Computed tomography; abdomen and pelvis; without contrast material	Approved		
Nurse Practitioner	MRI Lumbar Spine, (spinal canal and contents); without contrast material	Denied	Medical Necessity Criteria Not Met	N/A
Obstetrics & Gynecology	Lynparza	Approved		
Obstetrics & Gynecology	Lynparza	Approved		
Obstetrics & Gynecology Gynecologic Oncology	Lynparza	Denied	Denied for not meeting clinical criteria for coverage	No

Oncology	Computed tomography; abdomen and pelvis; with contrast material(s)	Approved		
Oncology	CT CHEST (thorax); with contrast material(s)	Approved		
Oncology	PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	Denied	Medical Necessity Criteria Not Met	N/A
Oncology	PET/CT imaging, (concurrently acquired CT for attenuation correction and anatomical localization); skull base to mid-thigh	Denied	Medical Necessity Criteria Not Met	N/A
Surgery-Orthopedic	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty	Approved		
Surgery-Orthopedic	Arthroscopy, shoulder, surgical; capsulorrhaphy	Denied	Medical Necessity Criteria Not Met	N/A
Pain Management	INJ FORAMEN EPIDURAL ADD-ON	Approved		
Pain Management	INJ FORAMEN EPIDURAL L/S	Approved		
Physical Therapist	PAIN IN RIGHT SHOULDER, LOW BACK PAIN, RADICULOPATHY, CERVICAL REGION, CERVICALGIA	Denied	Medical Necessity Criteria Not Met	N/A
Physician Assistant	Eletriptan HBR	Denied	Denied for not meeting clinical criteria for coverage	No
Physician Assistant	Aczone	Denied	Provider did not respond with additional clinical information requested	No

Physician Assistant Medical	Vyvanse	Approved		
Psychiatry	Afinitor Disperz	Approved		
Psychiatry	Lamotrigine ER	Approved		
Psychiatry	Vyvanse	Approved		
Psychiatry	Vraylar	Approved		
Psychiatry & Neurology Psychiatry	Latuda	Approved		
Psychiatry & Neurology Psychiatry	Lamotrigine ER	Approved		
Psychiatry & Neurology Psychiatry	Vyvanse	Approved		
Psychiatry & Neurology Psychiatry	Vraylar	Denied	Denied due to use of wrong form	No
Sports Medicine	MRI Lower Extremity, any joint; without contrast material(s)	Approved		
Surgery-Orthopedic	MRI Lower Extremity, any joint; without contrast material(s)	Approved		
Surgery-Orthopedic	MRI Upper Extremity, any joint; without contrast material(s)	Approved		
Surgery-Orthopedic	MRI Upper Extremity, any joint; without contrast material(s)	Approved		
Urology	Computed tomography; abdomen and pelvis; without contrast material	Approved		

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Allergy & Immunology	Xolair	Approved		
Allergy & Immunology	Xolair Injection	Approved		
Cardiovascular	Cardiac MRI	Approved		
Dermatology	Stelara	Approved		
Emergency Medicine	Initial Observation for head injury	Approved		
Family Practice	MRI: Brain	Approved		
Family Practice	MRI: Lower Extremity	Denied	Did not meet the medical necessity requirements for approval	No
Gastroenterology	MRI Abdomen	Approved		
Gastroenterology	MRI Abdomen	Approved		
Gastroenterology	MRI Abdomen	Approved		
Internal Medicine	Vyvanse	Approved		
Internal Medicine	CT Scan: Abdomen & Pelvis	Approved		
Internal Medicine	Stress TTE Complete	Approved		
Internal Medicine	Acute Viral Hepatitis	Approved		
Neurology	Gilenya	Approved		
Neurology	MRI: Brain	Approved		
Neurology	MRI: Cervical Spine	Approved		
Neurology	MRI: Cervical Spine	Approved		
Neurology	MRI: Cervical Spine	Approved		
Nurse Practitioner	Truvada	Approved		

Nurse Practitioner	Dextroamphetamine- Amphetamine	Approved		
Physician Assistant	Aczone	Denied	Denied for not meeting approval criteria of previous trial of other drugs	No
Psychiatry	Latuda	Approved		