

2019 Colorado Pharmacy Prior Authorization Report by Drug Name and 6-digit GPI

Drug Name	1st 6 Digits of GPI	Prior Authorization Approval	Prior Authorization Denial	Total Prior Authorizations	% Prior Authorizations Approved	% Prior Authorizations Denied	Appeal Denials Upheld	Appeal Denials Overturned	Total Appeals	% Appeals Upheld	% Appeals Overturned	ERO Denials Upheld	ERO Denials Overturned	Total ERO	% ERO Upheld
ABILIFY	592500	1		1	100%	0%									
ABIRATERONE	214060	2		2	100%	0%									
ABSORICA	900500		5	5	0%	100%									
ACCU-CHEK	941000	1		1	100%	0%									
ACETAMINOPHEN	642000		1	1	0%	100%									
ACETAMINOPHEN CODEINE	659910	3		3	100%	0%									
ACETAZOLAMIDE	371000	1	1	2	50%	50%									
ACIPHEX	492700	2	1	3	67%	33%									
ACTEMRA	665000	5	4	9	56%	44%	2		2	100%	0%	1		1	
ACZONE	900510	4	5	9	44%	56%									
ADAPALENE	900500	3	1	4	75%	25%									
ADCIRCA	401430	2		2	100%	0%									
ADDERALL	611099	5	3	8	63%	38%									
ADVAIR	442099	1	1	2	50%	50%									
ADZENYS	611000	1		1	100%	0%									
AEROECLIPSE I	971010		1	1	0%	100%									
AFINITOR	215325	4		4	100%	0%									
AFREZZA	271040		1	1	0%	100%									
AIMOVI	677020	10		10	100%	0%									
AIMOVI INJECT	677020	10	3	13	77%	23%									
AJOVY	677020	13	2	15	87%	13%									
ALINIA 500MG	164000	1		1	100%	0%									
ALL-IN-ONE Neb	971010		1	1	0%	100%									
ALMOTRIPTAN	674060	1		1	100%	0%									
ALVESCO	444000	4	3	7	57%	43%									
AMBIEN	602040	1		1	100%	0%									
AMBRISANTAN	401600	1		1	100%	0%									
AMITIZA	524500	1	1	2	50%	50%									
AMNESTEEM	900500	2		2	100%	0%									
AMPHETAMINE	611000	1	2	3	33%	67%									
AMPHETAMINE/DE	611099	3	2	5	60%	40%									
AMPYRA	624060	1		1	100%	0%									
AMRIX	751000		1	1	0%	100%									
ANDRODERM	231000	1	3	4	25%	75%									
ANDROGEL	231000	1	2	3	33%	67%									
ANUCORT-HC	891000		5	5	0%	100%									
ANUSOL-HC	891000		2	2	0%	100%									
ALENZIN	583000	1		1	100%	0%									
APRISO	525000	1		1	100%	0%									
APTENSIO	614000	2		2	100%	0%									
ARIPIPRAZOLE	592500	3		3	100%	0%									
ARMODAFINIL	614000	4	1	5	80%	20%									
ATOMOXETINE	613540	1		1	100%	0%									
AUBAGIO	624040	1		1	100%	0%									
AUVI-Q	389000	1		1	100%	0%									
BELBUCA	652000	3	1	4	75%	25%									
BELSOMRA	605000	1		1	100%	0%									
BELVIQ	612565		6	6	0%	100%									
BENZAFLIN	900599	1		1	100%	0%									
BENZOYL	900500		1	1	0%	100%									
BETAMETHASONE	905500	4	2	6	67%	33%									
BICTEGRVIR-EM	121099	1		1	100%	0%									
BIKTARVY	121099	3	1	4	75%	25%									
BONJESTA	503099	1	1	2	50%	50%									
BRIVIACT	726000	2	2	4	50%	50%									
BROVANA	442010	1		1	100%	0%									
BUDESONIDE	444000	11	18	29	38%	62%									
BUPRENORPHINE	652000	1		1	100%	0%									
BUPROPION	583000	22	1	23	96%	4%									
BYDUREON	271700	6	3	9	67%	33%									
BYETTA	271700	2	1	3	67%	33%									
BYSTOLIC	332000	16	9	25	64%	36%		2	2	0%	100%				
CALCIPOTRIENE	902500	2		2	100%	0%									
CAMBIA	676000	5	1	6	83%	17%									
CANDESARTAN	361500	2		2	100%	0%									
Capecitabine	213000	4		4	100%	0%									
CAPRELSA	215340	1		1	100%	0%									
CARAC	903720		1	1	0%	100%									
CARISOPRODOL	751000	1		1	100%	0%									
CELACYN	909300		1	1	0%	100%									
CELEBREX	661005	2	1	3	67%	33%									
Cerdelga	827000	1		1	100%	0%									
CHANTIX	621000		2	2	0%	100%									
CHLORZOXAZONE	751000	1		1	100%	0%									
CIALIS	403040	1	1	2	50%	50%									
CIMZIA	525050	8		8	100%	0%									
CITALOPRAM	581600	3	2	5	60%	40%	1		1	100%	0%				
CITRANATAL	785120		1	1	0%	100%									
CLARAVIS	900500	19	1	20	95%	5%									
CLEOCIN-T	900510	1	1	2	50%	50%									
CLINDAGEL	900510		1	1	0%	100%									
CLINDAMYCIN	900510	40	26	66	61%	39%		1	1	0%	100%				
CLOBAZAM	721000	1		1	100%	0%									

2019 Colorado Pharmacy Prior Authorization Report by Drug Name and 6-digit GPI

Drug Name	1st 6 Digits of GPI	Prior Authorization Approval	Prior Authorization Denial	Total Prior Authorizations	% Prior Authorizations Approved	% Prior Authorizations Denied	Appeal Denials Upheld	Appeal Denials Overturned	Total Appeals	% Appeals Upheld	% Appeals Overturned	ERO Denials Upheld	ERO Denials Overturned	Total ERO	% ERO Upheld
CLOBETASOL	905500	32	21	53	60%	40%									
CLOTRIMAZOLE	901540		1	1	0%	100%									
COLCHICINE	680000		1	1	0%	100%									
CONCERTA	614000	1	2	3	33%	67%									
CONTOUR	941000	5	2	7	71%	29%									
CONTRACE	612599		4	4	0%	100%		1	1	0%	100%				
COPAXONE	624000	1	1	2	50%	50%									
CORLANOR	407000	2	2	4	50%	50%									
COSENTYX	902505	11	11	22	50%	50%	1		1	100%	0%				
Cotellic Tabl	215335		1	1	0%	100%									
COUMADIN	832000	1		1	100%	0%									
DALFAMPRIDINE	624060	4	2	6	67%	33%									
DALIRESP	444500	3		3	100%	0%									
DEPO-ESTRADIO	240000	1		1	100%	0%									
DESONIDE	905500	5	6	11	45%	55%									
DESOXIMETASONE	905500	1	1	2	50%	50%									
DESVENLAFAXINE	581800	16	7	23	70%	30%									
DEXCOM	972020	2	1	3	67%	33%									
DEXILANT	492700	16	3	19	84%	16%									
DEXMETHYLPHENIDATE	614000	1		1	100%	0%									
DEXTRAMPHETAMINE	611000	2		2	100%	0%									
DICLEGIS	503099	2	2	4	50%	50%									
DICLOFENAC	903740	2	3	5	40%	60%									
DIHYDROERGOTAM	670000	4		4	100%	0%									
DOXYCYCLINE	040000	4	2	6	67%	33%									
DOXYLAMINE	503099	1		1	100%	0%									
DRONABINOL	503000	1		1	100%	0%									
DRYSOL	909700		1	1	0%	100%									
DUAC	900599	1		1	100%	0%									
DUEXIS	661099		2	2	0%	100%									
DULOXETINE	581800	16	9	25	64%	36%		1	1	0%	100%				
DUPIXENT	902730	17		17	100%	0%									
DUPIXENT INJ	902730	3	15	18	17%	83%	1	3	4	25%	75%				
DYANAVEL	611000	2		2	100%	0%									
DYMISTA	429955	2	1	3	67%	33%									
EFFEXOR	581800	1		1	100%	0%									
EFFIENT	851580	1		1	100%	0%									
ELETONE	909900		1	1	0%	100%									
ELETRIPTAN	674060	3	1	4	75%	25%									
ELIDEL	907840	4		4	100%	0%									
EMGALITY	677020	10	1	11	91%	9%									
ENBREL	662900	34	17	51	67%	33%		9	9	0%	100%				
ENTRESTO	409920	11		11	100%	0%									
EPANED	361000	2		2	100%	0%									
Erivedge Caps	213700	1	1	2	50%	50%									
ESCITALOPRAM	581600	11		11	100%	0%									
ESOMEPRAZOLE	492700	11	4	15	73%	27%									
ESTRADIOL	240000	6	2	8	75%	25%									
EUCRISA	902300	5	4	9	56%	44%									
EVEKEO	611000	2	1	3	67%	33%									
FAMCICLOVIR 2	124080		1	1	0%	100%									
FAMOTIDINE	492000		1	1	0%	100%									
FEBUXOSTAT	680000	1		1	100%	0%									
FENOFIBRATE	392000	2		2	100%	0%									
FENOPROFEN	661000	1		1	100%	0%									
FENTANYL	651000	4		4	100%	0%									
FERRALET	829950		1	1	0%	100%									
FETZIMA	581800	3	1	4	75%	25%									
FIASP	271040	1		1	100%	0%									
FINASTERIDE	568510	14	11	25	56%	44%									
FLONASE	422000		1	1	0%	100%									
FLOVENT	444000	2		2	100%	0%									
FLUOCINOLONE	905500	4	1	5	80%	20%									
FLUOCINONIDE	905500	8	8	16	50%	50%									
FLUOXETINE	581600	9		9	100%	0%									
FLUTICASONE	422000		2	2	0%	100%									
FORFIVO	583000	1		1	100%	0%									
FORTEO	300440		3	3	0%	100%									
FREESTYLE	972020	1	1	2	50%	50%									
GABAPENTIN	726000	4		4	100%	0%									
GAMMACORE SAP	977050		3	3	0%	100%									
GENVOYA	121099	5	2	7	71%	29%									
GILENYA	624070	1		1	100%	0%									
GLEEVEC	215340	1		1	100%	0%									
GUANFACINE	613530	26	1	27	96%	4%									
HALOBETASOL	905500	2		2	100%	0%									
HETLIOZ	602500		1	1	0%	100%									
HORIZANT	625600		1	1	0%	100%									
HUMIRA	662700	69	40	109	63%	37%	2	8	10	20%	80%				
HYDROCODONE-AC	659917	60	5	65	92%	8%									
HYDROCORTISONE	891000		4	4	0%	100%									
HYDROMORPHONE	651000	6		6	100%	0%									
HYOSCYAMINE	491010	1	7	8	13%	88%									

2019 Colorado Pharmacy Prior Authorization Report by Drug Name and 6-digit GPI

Drug Name	1st 6 Digits of GPI	Prior Authorization Approval	Prior Authorization Denial	Total Prior Authorizations	% Prior Authorizations Approved	% Prior Authorizations Denied	Appeal Denials Upheld	Appeal Denials Overturned	Total Appeals	% Appeals Upheld	% Appeals Overturned	ERO Denials Upheld	ERO Denials Overturned	Total ERO	% ERO Upheld
IBANDRONATE S	300420		1	1	0%	100%									
IBRANCE	215310	2		2	100%	0%									
IMATINIB	215340	2		2	100%	0%									
IMVEXXY	553500		1	1	0%	100%									
INDOMETHACIN	661000	1		1	100%	0%									
INVOKANA	277000	1		1	100%	0%									
IPRATROPIUM	423000	1		1	100%	0%									
IRBESARTAN	361500	1		1	100%	0%									
IRBESARTAN-HYD	369940	1		1	100%	0%									
ISOTRETINOIN	900500	8		8	100%	0%									
ITRACONAZOLE	114070	2		2	100%	0%									
JANUMET	279925	1		1	100%	0%									
JENTADUETO	279925	2		2	100%	0%									
JUBLIA	901540	2	2	4	50%	50%									
JUNEL FE TABL	259900		1	1	0%	100%									
KATERZIA	340000	1		1	100%	0%									
KETCONAZOLE	901540		1	1	0%	100%									
KETOROLAC TRO	661000	2		2	100%	0%									
KEVZARA	665000	1	2	3	33%	67%									
KOMBIGLYZE	279925	1	1	2	50%	50%									
LAMICTAL	726000	3	1	4	75%	25%									
LANSOPRAZOLE	492700	9	3	12	75%	25%									
LANTUS	271040	9		9	100%	0%									
LATUDA	594000	12	1	13	92%	8%									
LENVIMA	215340	1		1	100%	0%									
LEUPROLIDE	214050	3	1	4	75%	25%									
LEVETIRACETAM	726000	1		1	100%	0%									
LEVORPHANOL	651000	1		1	100%	0%									
LEVOTHYROXINE	281000	1		1	100%	0%									
LEXAPRO	581600	3		3	100%	0%									
LIALDA	525000	1		1	100%	0%									
LIDOCAINE	908500	11	24	35	31%	69%	2	1	3	67%	33%				
LINEZOLID 600	162300		1	1	0%	100%									
LIVALO TABLET	394000	4		4	100%	0%									
LOSARTAN	361500	2		2	100%	0%									
Lovenox	831010	1		1	100%	0%									
LUMIGAN	863300	1		1	100%	0%									
LUNESTA	602040	1		1	100%	0%									
LUPRON	214050	4	3	7	57%	43%		1	1	0%	100%				
LYNPARZA	215355	1		1	100%	0%									
LYRICA	726000	1	2	3	33%	67%									
MAKENA	260000		1	1	0%	100%	1		1	100%	0%				
MENOPUR	300620		1	1	0%	100%									
MESALAMINE	525000		1	1	0%	100%									
METFORMIN	272500	2	4	6	33%	67%									
METHADONE	651000	4		4	100%	0%									
METHYLPHENIDAT	614000	4	1	5	80%	20%									
METOPROLOL	332000	6		6	100%	0%									
MICORT-HC	905500	1		1	100%	0%									
MICROCHAMBER	971005		1	1	0%	100%									
MIGRANAL	670000	1		1	100%	0%									
MINIVELLE	240000	1	2	3	33%	67%									
MINOXIDIL	907380		1	1	0%	100%									
MIRTAZAPINE	580300	1		1	100%	0%									
MIRVASO	900600	1	1	2	50%	50%									
MODAFINIL	614000	5	7	12	42%	58%									
MOMETASONE	905500	5		5	100%	0%									
MONTelukAST	445050	1		1	100%	0%									
MORPHABOND	651000	2	1	3	67%	33%									
MORPHINE	651000	6		6	100%	0%									
MSCONTIN	651000	2		2	100%	0%									
MUCOSAL	977000		1	1	0%	100%									
MYDAYIS	611099	1		1	100%	0%									
MYORISAN	900500	30	1	31	97%	3%									
MYRBETRIQ TAB	542000	4	2	6	67%	33%									
NARATRIPTAN	674060	1		1	100%	0%									
NEXIUM	492700	2	1	3	67%	33%									
NIFEDIPINE	340000	1	1	2	50%	50%		1	1	0%	100%				
NORCO	659917	3		3	100%	0%									
NORDITROPIN	301000		1	1	0%	100%									
NOVOLOG	271040	6	1	7	86%	14%									
NUCYNTA	651000	9	1	10	90%	10%									
NUVARING	259700		1	1	0%	100%									
OLMESARTAN	361500	1		1	100%	0%									
OMEPRAZOLE	492700	96	6	102	94%	6%									
OMEPRAZOLE-SO	499960	1	1	2	50%	50%									
OMNIPOD DASH	972010		2	2	0%	100%									
OMNITROPE	301000	23	5	28	82%	18%		1	1	0%	100%				
ONETOUCH ULTRA 2 KIT	972020		1	1	0%	100%									
ONEXTON	900599	3	1	4	75%	25%									
ONGLYZA	275500	1		1	100%	0%									
ORACEA	900600	1	1	2	50%	50%									
ORENCIA	664000	5	1	6	83%	17%									

2019 Colorado Pharmacy Prior Authorization Report by Drug Name and 6-digit GPI

Drug Name	1st 6 Digits of GPI	Prior Authorization Approval	Prior Authorization Denial	Total Prior Authorizations	% Prior Authorizations Approved	% Prior Authorizations Denied	Appeal Denials Upheld	Appeal Denials Overturned	Total Appeals	% Appeals Upheld	% Appeals Overturned	ERO Denials Upheld	ERO Denials Overturned	Total ERO	% ERO Upheld
ORLISSA	300900	7		7	100%	0%									
Oseltamivir C	125040		1	1	0%	100%									
OTEZLA	667000	7	2	9	78%	22%		1	1	0%	100%				
OXERVATE	867700	1	1	2	50%	50%									
OXYBUTYNIN	541000	1		1	100%	0%									
OXYCODONE	651000	58	3	61	95%	5%									
OXYCODONE-ACET	659900	48	3	51	94%	6%									
OXYCONTIN	651000	5	1	6	83%	17%									
OZEMPIC	271700	4	1	5	80%	20%									
PACLITAXEL 6M	215000		1	1	0%	100%									
PALYNZIQ	309085	1		1	100%	0%									
PANTOPRAZOLE	492700	68	5	73	93%	7%									
PAROXETINE	622260	2	1	3	67%	33%									
PENICILLAMINE	992000		1	1	0%	100%	1		1	100%	0%				
PENNSAID	902100	1		1	100%	0%									
PERCOCET	659900	5	1	6	83%	17%									
PHENOHYDRO	491099		1	1	0%	100%									
PHENTERMINE	612000		4	4	0%	100%									
PIMECROLIMUS	907840	6	8	14	43%	57%									
PLEXION	900599		1	1	0%	100%									
POMALYST	214500	4	3	7	57%	43%									
PRASUGREL	851580	1		1	100%	0%									
PRAVASTATIN	394000	1		1	100%	0%									
PRENATE	785160		1	1	0%	100%									
PREVACID	492700	1		1	100%	0%									
PRISTIQ	581800	2		2	100%	0%									
PROCARDIA	340000	1		1	100%	0%									
PROGESTERONE	260000	1		1	100%	0%									
PROPECIA	907360		1	1	0%	100%									
PROSCAR	568510	1		1	100%	0%									
PROTONIX	492700	5	1	6	83%	17%									
PROTOPIC	907840	1		1	100%	0%									
PROVIGIL	614000	1		1	100%	0%									
PROZAC	581600	1		1	100%	0%									
PULMICORT	444000	2	4	6	33%	67%									
PULMOZYME	453040	1		1	100%	0%									
QBREXZA	909700	6		6	100%	0%									
QNASL	422000	3	1	4	75%	25%									
QSYMIA	612099	1	1	2	50%	50%									
QUETIAPINE	591530		2	2	0%	100%									
QUILLICHEW	614000	3		3	100%	0%									
RABEPRAZOLE	492700	2		2	100%	0%									
RANITIDINE	492000		2	2	0%	100%									
RELPAK	674060	2		2	100%	0%									
RETIN-A	900500	3	2	5	60%	40%									
REVATIO	401430	1		1	100%	0%									
REVLIMID	993940	1		1	100%	0%									
REXULTI	592500	2	1	3	67%	33%									
RIZATRIPTAN	674060		3	3	0%	100%									
ROSUVASTATIN	394000	1		1	100%	0%									
ROZEREM	602500	2		2	100%	0%									
SANDOSTATIN	301700	1		1	100%	0%									
SAVELLA	625040	2		2	100%	0%									
SAXENDA	612520	2	4	6	33%	67%									
SELENIUM	903000		1	1	0%	100%									
SERTRALINE	581600	11		11	100%	0%									
SILDENAFIL	401430	4	25	29	14%	86%	1	1	2	50%	50%				
SILVASORB	909440		1	1	0%	100%									
SIMPONI	662700	10	4	14	71%	29%									
SKYRIZI	902505	1	1	2	50%	50%									
SODIUM SULFAC	903000		2	2	0%	100%									
SODIUM SULFACETAMIDE	900599		3	3	0%	100%									
SOLIFENACIN	541000	1		1	100%	0%									
SOLIQUA	279910	1		1	100%	0%									
SOOLANTRA	900600	1		1	100%	0%									
SPRYCEL	215340	2		2	100%	0%									
STELARA	902505	18	7	25	72%	28%									
STENDRA	403040		1	1	0%	100%									
SUBOXONE	652000	1		1	100%	0%									
SUMATRIPTAN	674060	4	3	7	57%	43%	1		1	100%	0%				
SUNOSI 75MG T	613700	2		2	100%	0%									
SYMBICORT	442099	3		3	100%	0%									
SYMDEKO	453099	1		1	100%	0%									
SYMLINPEN	271500	1	3	4	25%	75%									
SYMTOZA	121099	1		1	100%	0%									
TACROLIMUS	907840	8	3	11	73%	27%									
TADALAFIL	403040	7	16	23	30%	70%									
TADALAFIL	401430	1	2	3	33%	67%		1	1	0%	100%				
TALTZ	902505	4	5	9	44%	56%	2		2	100%	0%				
TAZAROTENE	902500	1		1	100%	0%									
TAZORAC	902500	2	1	3	67%	33%									
TECFIDERA	624055	7	2	9	78%	22%		1	1	0%	100%				
TEMAZEPAM	602010	1		1	100%	0%									

2019 Colorado Pharmacy Prior Authorization Report by Drug Name and 6-digit GPI

Drug Name	1st 6 Digits of GPI	Prior Authorization Approval	Prior Authorization Denial	Total Prior Authorizations	% Prior Authorizations Approved	% Prior Authorizations Denied	Appeal Denials Upheld	Appeal Denials Overturned	Total Appeals	% Appeals Upheld	% Appeals Overturned	ERO Denials Upheld	ERO Denials Overturned	Total ERO	% ERO Upheld
Temozolomide	211040	2		2	100%	0%									
TESTOSTERONE	231000	20		20	100%	0%									
TIZANIDINE	751000	1	3	4	25%	75%									
TOPIRAMATE	726000		1	1	0%	100%									
TOUJEO	271040	4	1	5	80%	20%									
TRADJENTA	275500	1		1	100%	0%									
TRAMADOL	651000	58	11	69	84%	16%	2	1	3	67%	33%				
TRANEXAMIC AC	841000	1		1	100%	0%									
TREMFYA	902505	5	3	8	63%	38%									
TRETINOIN	900500	18	3	21	86%	14%									
TRIAMCINOLONE	905500	6	1	7	86%	14%									
TRIAZOLAM	602010		2	2	0%	100%									
TRI-LUMA	908799		1	1	0%	100%									
TRINTELLIX	581200	27	4	31	87%	13%									
TROKENDI	726000	3		3	100%	0%									
TRUE METRIX	941000		1	1	0%	100%									
TRULICITY	271700	35	1	36	97%	3%									
TYMLOS	300440	1	5	6	17%	83%									
ULORIC	680000	5		5	100%	0%									
UREA	906600		1	1	0%	100%									
URO-MP	539920		1	1	0%	100%									
valGANCiclovi	122000	1		1	100%	0%									
VALTrex	124050	1		1	100%	0%									
VARDEFANIL	403040		1	1	0%	100%									
VELTASSA	994500	1		1	100%	0%									
VEMLIDY	123520		2	2	0%	100%									
VENLAFAXINE	581800	23	1	24	96%	4%									
VESICARE	541000		1	1	0%	100%									
VIAGRA	403040	1		1	100%	0%									
VIBERZI	525580	2		2	100%	0%									
VICTOZA	271700	22	7	29	76%	24%									
VIBRYD	581200	14		14	100%	0%									
VIMOVO	661099		1	1	0%	100%									
VITAFOL	785160	1		1	100%	0%									
VITAPEARL	785120	1		1	100%	0%									
VIVELLE-DOT	240000	2	1	3	67%	33%									
VIVOTIF 2BUNI	172000		4	4	0%	100%									
VRAYLAR	594000	15	5	20	75%	25%									
VSL#3	473000		1	1	0%	100%									
VYVANSE	611000	1		1	100%	0%									
VYZULTA	863300	1		1	100%	0%									
WELLBUTRIN	583000	2		2	100%	0%									
XALATAN	863300		1	1	0%	100%									
XELJANZ	666030	9	9	18	50%	50%									
XHANCE	422000	1	2	3	33%	67%									
XIFAXAN	160000	33	8	41	80%	20%									
XTAMPZA	651000	5	2	7	71%	29%									
XULTOPHY	279910	2		2	100%	0%									
XYOSTED	231000	4		4	100%	0%									
XYREM	624500	1	1	2	50%	50%		1	1	0%	100%				
ZALEPLON	602040	1		1	100%	0%									
ZENATANE	900500	2		2	100%	0%									
ZOLINZA	215340	2		2	100%	0%									
ZOLMITRIPTAN	674060	1	3	4	25%	75%									
ZOLPIDEM	602040	1		1	100%	0%									
ZOMACTON	301000		1	1	0%	100%					x				
ZOMIG	674060	1		1	100%	0%									
ZURAMPIC	680000	1	1	2	50%	50%									
Grand Total		1784	691	2475	72%	28%	17	35	52	33%	67%	0	1	1	0%

2019 Colorado Fully Insured Pharmacy Prior Authorization Denials by Reason - Summary

Reason for Prior Authorization Denial	Count of Denials
Patient did not meet Clinical Criteria	251
Inadequate / Incomplete Information Received from Provider	159
Drug is Excluded from Coverage Based on Formulary and Plan Selected	141
Medication is Subject to Step Therapy	87
Excluded Drug - Patient did not meet Formulary Exception Criteria	42
Patient did not meet Clinical Criteria for Quantity Requested	11
Grand Total	691

2019 Colorado Fully Insured Pharmacy Prior Authorization Denials by Reason

Drug Name	1st 6 Digits of GPI	Drug is Excluded from Coverage Based on Formulary and Plan Selected	Inadequate / Incomplete Information Received from Provider	Medication is Subject to Step Therapy	Patient did not meet Clinical Criteria	Patient did not meet Clinical Criteria for Quantity Requested	Excluded Drug - Patient did not meet Formulary Exception Criteria	Grand Total
ABILIFY	592500							
ABIRATERONE	214060							
ABSORICA	900500		1				4	5
ACCU-CHEK	941000							
ACETAMINOPHEN	642000	1						1
ACETAMINOPHEN CODEINE	659910							
ACETAZOLAMIDE	371000		1					1
ACIPHEX	492700		1					1
ACTEMRA	665000		1		3			4
ACZONE	900510		1	4				5
ADAPALENE	900500				1			1
ADCIRCA	401430							
ADDERALL	611099		1	2				3
ADVAIR	442099			1				1
ADZENYS	611000							
AEROECLIPSE I	971010	1						1
AFINITOR	215325							
AFREZZA	271040				1			1
AIMOVIG	677020							
AIMOVIGINJECT	677020			1	2			3
AJOVY	677020			1	1			2
ALINIA 500MG	164000							
ALL-IN-ONE Neb	971010	1						1
ALMOTRIPTAN	674060							
ALVESCO	444000		1		2			3
AMBIEN	602040							
AMBRISENTAN	401600							
AMITIZA	524500			1				1
AMNESTEEM	900500							
AMPHETAMINE	611000		1		1			2
AMPHETAMINE/DE	611099				2			2
AMPYRA	624060							
AMRIX	751000						1	1
ANDRODERM	231000						3	3
ANDROGEL	231000		1	1				2
ANUCORT-HC	891000	5						5
ANUSOL-HC	891000	2						2
APLENZIN	583000							
APRISO	525000							
APTENSIO	614000							
ARIPIPRAZOLE	592500							
ARMODAFINIL	614000				1			1
ATOMOXETINE	613540							
AUBAGIO	624040							
AUVI-Q	389000							
BELBUCA	652000				1			1
BELSOMRA	605000							
BELVIQ	612565	6						6
BENZACLIN	900599							
BENZOYL	900500	1						1
BETAMETHASONE	905500			2				2
BICTEGRAVIR-EM	121099							
BIKTARVY	121099		1					1
BONJESTA	503099				1			1
BRIVIACT	726000		2					2
BROVANA	442010							
BUDESONIDE	444000				18			18
BUPRENORPHINE	652000							
BUPROPION	583000	1						1
BYDUREON	271700		2				1	3
BYETTA	271700						1	1
BYSTOLIC	332000		2	1	6			9
CALCIPOTRIENE	902500							
CAMBIA	676000				1			1

2019 Colorado Fully Insured Pharmacy Prior Authorization Denials by Reason

Drug Name	1st 6 Digits of GPI	Drug is Excluded from Coverage Based on Formulary and Plan Selected	Inadequate / Incomplete Information Received from Provider	Medication is Subject to Step Therapy	Patient did not meet Clinical Criteria	Patient did not meet Clinical Criteria for Quantity Requested	Excluded Drug - Patient did not meet Formulary Exception Criteria	Grand Total
CANDESARTAN	361500							
Capecitabine	213000							
CAPRELSA	215340							
CARAC	903720						1	1
CARISOPRODOL	751000							
CELACYN	909300	1						1
CELEBREX	661005			1				1
Cerdelga	827000							
CHANTIX	621000	2						2
CHLORZOXAZONE	751000							
CIALIS	403040			1				1
CIMZIA	525050							
CITALOPRAM	581600				2			2
CITRANATAL	785120						1	1
CLARAVIS	900500				1			1
CLEOCIN-T	900510			1				1
CLINDAGEL	900510			1				1
CLINDAMYCIN	900510		2	20			4	26
CLOBAZAM	721000							
CLOBETASOL	905500		3	17	1			21
CLOTRIMAZOLE	901540	1						1
COLCHICINE	680000				1			1
CONCERTA	614000		1	1				2
CONTOUR	941000		1				1	2
CONTRAVE	612599	4						4
COPAXONE	624000				1			1
CORLANOR	407000		2					2
COSENTYX	902505		5		6			11
Cotellic Tabl	215335				1			1
COUMADIN	832000							
DALFAMPRIDINE	624060		1		1			2
DALIRESP	444500							
DEPO-ESTRADIO	240000							
DESONIDE	905500			5	1			6
DESOXIMETASONE	905500		1					1
DESVENLAFAXINE	581800		4		3			7
DEXCOM	972020	1						1
DEXILANT	492700			1			2	3
DEXMETHYLPHENIDATE	614000							
DEXTROAMPHETAMINE	611000							
DICLEGIS	503099				2			2
DICLOFENAC	903740		1		2			3
DIHYDROERGOTAM	670000							
DOXYCYCLINE	040000						2	2
DOXYLAMINE	503099							
DRONABINOL	503000							
DRYSOL	909700	1						1
DUAC	900599							
DUEXIS	661099						2	2
DULOXETINE	581800	2	2		5			9
DUPIXENT	902730							
DUPIXENT	902730							
DUPIXENT INJ	902730		8		7			15
DYANAVAL	611000							
DYMISTA	429955						1	1
EFFEXOR	581800							
EFFIENT	851580							
ELETONE	909900	1						1
ELETRIPTAN	674060				1			1
ELIDEL	907840							
EMGALITY	677020				1			1
ENBREL	662900		12		5			17
ENTRESTO	409920							
EPANED	361000							

2019 Colorado Fully Insured Pharmacy Prior Authorization Denials by Reason

Drug Name	1st 6 Digits of GPI	Drug is Excluded from Coverage Based on Formulary and Plan Selected	Inadequate / Incomplete Information Received from Provider	Medication is Subject to Step Therapy	Patient did not meet Clinical Criteria	Patient did not meet Clinical Criteria for Quantity Requested	Excluded Drug - Patient did not meet Formulary Exception Criteria	Grand Total
Erivedge Caps	213700				1			1
ESCITALOPRAM	581600							
ESOMEPRAZOLE	492700	3	1					4
ESTRADIOL	240000	1	1					2
EUCRISA	902300		1				3	4
EVEKEO	611000		1					1
FAMCICLOVIR 2	124080					1		1
FAMOTIDINE	492000	1						1
FEBUXOSTAT	680000							
FENOFIBRATE	392000							
FENOPROFEN	661000							
FENTANYL	651000							
FERRALET	829950	1						1
FETZIMA	581800				1			1
FIASP	271040							
FINASTERIDE	568510	3	1		7			11
FLONASE	422000	1						1
FLOVENT	444000							
FLUOCINOLONE	905500			1				1
FLUOCINONIDE	905500			8				8
FLUOXETINE	581600							
FLUTICASONE	422000	2						2
FORFIVO	583000							
FORTEO	300440				3			3
FREESTYLE	972020	1						1
GABAPENTIN	726000							
GAMMACORE SAP	977050	3						3
GENVOYA	121099				2			2
GILENYA	624070							
GLEEVEC	215340							
GUANFACINE	613530	1						1
HALOBETASOL	905500							
HETLIOZ	602500				1			1
HORIZANT	625600		1					1
HUMIRA	662700		13		27			40
HYDROCODONE-AC	659917	4	1					5
HYDROCORTISONE	891000	4						4
HYDROMORPHONE	651000							
HYOSCYAMINE	491010	7						7
IBANDRONATE S	300420			1				1
IBRANCE	215310							
IMATINIB	215340							
IMVEXXY	553500			1				1
INDOMETHACIN	661000							
INVOKANA	277000							
IPRATROPIUM	423000							
IRBESARTAN	361500							
IRBESARTAN-HYD	369940							
ISOTRETINOIN	900500							
ITRACONAZOLE	114070							
JANUMET	279925							
JENTADUETO	279925							
JUBLIA	901540		1	1				2
JUNEL FE TABL	259900	1						1
KATERZIA	340000							
KETOCONAZOLE	901540		1					1
KETOROLAC TRO	661000							
KEVZARA	665000		2					2
KOMBIGLYZE	279925						1	1
LAMICTAL	726000		1					1
LANSOPRAZOLE	492700		1		2			3
LANTUS	271040							
LATUDA	594000			1				1
LENVIMA	215340							

2019 Colorado Fully Insured Pharmacy Prior Authorization Denials by Reason

Drug Name	1st 6 Digits of GPI	Drug is Excluded from Coverage Based on Formulary and Plan Selected	Inadequate / Incomplete Information Received from Provider	Medication is Subject to Step Therapy	Patient did not meet Clinical Criteria	Patient did not meet Clinical Criteria for Quantity Requested	Excluded Drug - Patient did not meet Formulary Exception Criteria	Grand Total
LEUPROLIDE	214050				1			1
LEVETIRACETAM	726000							
LEVORPHANOL	651000							
LEVOTHYROXINE	281000							
LEXAPRO	581600							
LIALDA	525000							
LIDOCAINE	908500	4	2		18			24
LINEZOLID 600	162300					1		1
LIVALO TABLET	394000							
LOSARTAN	361500							
Lovenox	831010							
LUMIGAN	863300							
LUNESTA	602040							
LUPRON	214050		2		1			3
LYNPARZA	215355							
LYRICA	726000		2					2
MAKENA	260000				1			1
MENOPUR	300620	1						1
MESALAMINE	525000	1						1
METFORMIN	272500			1			3	4
METHADONE	651000							
METHYLPHENIDAT	614000				1			1
METOPROLOL	332000							
MICORT-HC	905500							
MICROCHAMBER	971005	1						1
MIGRANAL	670000							
MINIVELLE	240000		1				1	2
MINOXIDIL	907380	1						1
MIRTAZAPINE	580300							
MIRVASO	900600			1				1
MODAFINIL	614000		2		5			7
MOMETASONE	905500							
MONTELUKAST	445050							
MORPHABOND	651000		1					1
MORPHINE	651000							
MSCONTIN	651000							
MUCOSAL	977000	1						1
MYDAYIS	611099							
MYORISAN	900500				1			1
MYRBETRIQ TAB	542000		1	1				2
NARATRIPTAN	674060							
NEXIUM	492700	1						1
NIFEDIPINE	340000		1					1
NORCO	659917							
NORDITROPIN	301000				1			1
NOVOLOG	271040						1	1
NUCYNTA	651000				1			1
NUVARING	259700	1						1
OLMESARTAN	361500							
OMEPRAZOLE	492700	3	3					6
OMEPRAZOLE-SO	499960		1					1
OMNIPOD DASH	972010	2						2
OMNITROPE	301000		5					5
ONETOUCH ULTRA 2 KIT	972020	1						1
ONEXTON	900599		1					1
ONGLYZA	275500							
ORACEA	900600		1					1
ORENCIA	664000		1					1
ORILISSA	300900							
Osetamivir C	125040	1						1
OTEZLA	667000		1		1			2
OXERVATE	867700				1			1
OXYBUTYNIN	541000							
OXYCODONE	651000	1	2					3

2019 Colorado Fully Insured Pharmacy Prior Authorization Denials by Reason

Drug Name	1st 6 Digits of GPI	Drug is Excluded from Coverage Based on Formulary and Plan Selected	Inadequate / Incomplete Information Received from Provider	Medication is Subject to Step Therapy	Patient did not meet Clinical Criteria	Patient did not meet Clinical Criteria for Quantity Requested	Excluded Drug - Patient did not meet Formulary Exception Criteria	Grand Total
OXYCODONE-ACET	659900		3					3
OXYCONTIN	651000				1			1
OZEMPIC	271700				1			1
PACLITAXEL 6M	215000	1						1
PALYNZIQ	309085							
PANTOPRAZOLE	492700	2	3					5
PAROXETINE	622260				1			1
PENICILLAMINE	992000				1			1
PENNSAID	902100							
PERCOCET	659900		1					1
PHENOHYTRO	491099	1						1
PHENTERMINE	612000	4						4
PIMECROLIMUS	907840				8			8
PLEXION	900599	1						1
POMALYST	214500		1		2			3
PRASUGREL	851580							
PRAVASTATIN	394000							
PRENATE	785160						1	1
PREVACID	492700							
PRISTIQ	581800							
PROCARDIA	340000							
PROGESTERONE	260000							
PROPECIA	907360	1						1
PROSCAR	568510							
PROTONIX	492700						1	1
PROTOPIC	907840							
PROVIGIL	614000							
PROZAC	581600							
PULMICORT	444000				4			4
PULMOZYME	453040							
QBREXZA	909700							
QNASL	422000		1					1
QSYMIA	612099	1						1
QUETIAPINE	591530	2						2
QUILLICHEW	614000							
RABEPRAZOLE	492700							
RANITIDINE	492000	2						2
RELPAK	674060							
RETIN-A	900500			1	1			2
REVATIO	401430							
REVLIMID	993940							
REXULTI	592500				1			1
RIZATRIPTAN	674060				3			3
ROSUVASTATIN	394000							
ROZEREM	602500							
SANDOSTATIN	301700							
SAVELLA	625040							
SAXENDA	612520	1	1	2				4
SELENIUM	903000	1						1
SERTRALINE	581600							
SILDENAFIL	403040							
SILDENAFIL	401430	5			19	1		25
SILVASORB	909440	1						1
SIMPONI	662700		2		2			4
SKYRIZI	902505						1	1
SODIUM SULFAC	903000	2						2
SODIUM SULFACETAMIDE	900599	3						3
SOLIFENACIN	541000							
SOLQUA	279910							
SOOLANTRA	900600							
SPRYCEL	215340							
STELARA	902505		5		2			7
STENDRA	403040						1	1
SUBOXONE	652000							

2019 Colorado Fully Insured Pharmacy Prior Authorization Denials by Reason

Drug Name	1st 6 Digits of GPI	Drug is Excluded from Coverage Based on Formulary and Plan Selected	Inadequate / Incomplete Information Received from Provider	Medication is Subject to Step Therapy	Patient did not meet Clinical Criteria	Patient did not meet Clinical Criteria for Quantity Requested	Excluded Drug - Patient did not meet Formulary Exception Criteria	Grand Total
SUMATRIPTAN	674060	1			2			3
SUNOSI 75MG T	613700							
SYMBICORT	442099							
SYMDEKO	453099							
SYMLINPEN	271500				3			3
SYMTUZA	121099							
TACROLIMUS	907840				3			3
TADALAFIL	403040	5	3		2	6		16
TADALAFIL	401430		2					2
TALTZ	902505				5			5
TAZAROTENE	902500							
TAZORAC	902500			1				1
TECFIDERA	624055		2					2
TEMAZEPAM	602010							
Temozolomide	211040							
TESTOSTERONE	231000							
TIZANIDINE	751000		1				2	3
TOPIRAMATE	726000	1						1
TOUJEO	271040		1					1
TRADJENTA	275500							
TRAMADOL	651000	8	3					11
TRANEXAMIC AC	841000							
TREMFYA	902505		2		1			3
TRETINOIN	900500	2			1			3
TRIAMCINOLONE	905500			1				1
TRIAZOLAM	602010				2			2
TRI-LUMA	908799	1						1
TRINTELLIX	581200		1	1	2			4
TROKENDI	726000							
TRUE METRIX	941000						1	1
TRULICITY	271700				1			1
TYMLOS	300440		2		3			5
ULORIC	680000							
UREA	906600	1						1
URO-MP	539920	1						1
valGANCiclovi	122000							
VALTREX	124050							
VARDENAFIL	403040	1						1
VELTASSA	994500							
VEMLIDY	123520				2			2
VENLAFAXINE	581800	1						1
VESICARE	541000			1				1
VIAGRA	403040							
VIBERZI	525580							
VICTOZA	271700		2	2	3			7
VIIIBRYD	581200							
VIMOVO	661099						1	1
VITAFOL	785160							
VITAPEARL	785120							
VIVELLE-DOT	240000	1						1
VIVOTIF 2BUNI	172000	4						4
VRAYLAR	594000				5			5
VSL#3	473000	1						1
VYVANSE	611000							
VYZULTA	863300							
WELLBUTRIN	583000							
XALATAN	863300				1			1
XELJANZ	666030		6		3			9
XHANCE	422000		1				1	2
XIFAXAN	160000		1		5	2		8
XTAMPZA	651000		1		1			2
XULTOPHY	279910							
XYOSTED	231000							
XYREM	624500				1			1

2019 Colorado Fully Insured Pharmacy Prior Authorization Denials by Reason

Drug Name	1st 6 Digits of GPI	Drug is Excluded from Coverage Based on Formulary and Plan Selected	Inadequate / Incomplete Information Received from Provider	Medication is Subject to Step Therapy	Patient did not meet Clinical Criteria	Patient did not meet Clinical Criteria for Quantity Requested	Excluded Drug - Patient did not meet Formulary Exception Criteria	Grand Total
ZALEPLON	602040							
ZENATANE	900500							
ZOLINZA	215315							
ZOLMITRIPTAN	674060	2	1					3
ZOLPIDEM	602040							
ZOMACTON	301000		1					1
ZOMIG	674060							
ZURAMPIC	680000				1			1
Grand Total		141	159	87	251	11	42	691

2019 Colorado Fully Insured Pharmacy Prior Authorization Outcomes by Physician Type

Type of Provider	Approval	Denial	Grand Total
Allopathic & Osteopathic Physicians - Allergy & Immunology - Allergy	4	3	7
Allopathic & Osteopathic Physicians - Allergy & Immunology - Allergy & Immunology	1	4	5
Allopathic & Osteopathic Physicians - Anesthesiology - Addiction Medicine	2		2
Allopathic & Osteopathic Physicians - Anesthesiology - Anesthesiology	12	1	13
Allopathic & Osteopathic Physicians - Anesthesiology - Pain Medicine	22	3	25
Allopathic & Osteopathic Physicians - Dermatology - Dermatology	102	56	158
Allopathic & Osteopathic Physicians - Dermatology - Dermatopathology	11	6	17
Allopathic & Osteopathic Physicians - Dermatology - MOHS-Micrographic Surgery	4	3	7
Allopathic & Osteopathic Physicians - Dermatology - Pediatric Dermatology		1	1
Allopathic & Osteopathic Physicians - Dermatology - Procedural Dermatology	2	1	3
Allopathic & Osteopathic Physicians - Emergency Medicine - Emergency Medicine	4		4
Allopathic & Osteopathic Physicians - Family Medicine - Addiction Medicine	3		3
Allopathic & Osteopathic Physicians - Family Medicine - Adolescent Medicine	1	1	2
Allopathic & Osteopathic Physicians - Family Medicine - Family Medicine	324	114	438
Allopathic & Osteopathic Physicians - Family Medicine - Sports Medicine	4	3	7
Allopathic & Osteopathic Physicians - General Practice - General Practice	13	3	16
Allopathic & Osteopathic Physicians - Internal Medicine - Advanced Heart Failure and Transplant Cardiology	1		1
Allopathic & Osteopathic Physicians - Internal Medicine - Cardiovascular Disease	13	1	14
Allopathic & Osteopathic Physicians - Internal Medicine - Clinical Cardiac Electrophysiology	1	3	4
Allopathic & Osteopathic Physicians - Internal Medicine - Critical Care Medicine	2	2	4
Allopathic & Osteopathic Physicians - Internal Medicine - Endocrinology, Diabetes & Metabolism	30	9	39
Allopathic & Osteopathic Physicians - Internal Medicine - Gastroenterology	73	19	92
Allopathic & Osteopathic Physicians - Internal Medicine - Geriatric Medicine	1		1
Allopathic & Osteopathic Physicians - Internal Medicine - Hematology	1		1
Allopathic & Osteopathic Physicians - Internal Medicine - Hematology & Oncology	18	3	21
Allopathic & Osteopathic Physicians - Internal Medicine - Infectious Disease	4	3	7
Allopathic & Osteopathic Physicians - Internal Medicine - Internal Medicine	125	46	171
Allopathic & Osteopathic Physicians - Internal Medicine - Interventional Cardiology		1	1
Allopathic & Osteopathic Physicians - Internal Medicine - Medical Oncology	9	1	10
Allopathic & Osteopathic Physicians - Internal Medicine - Nephrology	5	1	6
Allopathic & Osteopathic Physicians - Internal Medicine - Pulmonary Disease	13	2	15
Allopathic & Osteopathic Physicians - Internal Medicine - Rheumatology	98	52	150
Allopathic & Osteopathic Physicians - Internal Medicine - Sleep Medicine	2	2	4
Allopathic & Osteopathic Physicians - Internal Medicine - Sports Medicine	1		1
Allopathic & Osteopathic Physicians - Neurological Surgery - Neurological Surgery		1	1
Allopathic & Osteopathic Physicians - Neuromusculoskeletal Medicine & OMM - Neuromusculoskeletal Medicine & OMM	1		1
Allopathic & Osteopathic Physicians - Neuromusculoskeletal Medicine, Sports Medicine - Neuromusculoskeletal Medicine, Sports Medicine	1		1
Allopathic & Osteopathic Physicians - Obstetrics & Gynecology - Gynecologic Oncology	2		2
Allopathic & Osteopathic Physicians - Obstetrics & Gynecology - Obstetrics	1		1
Allopathic & Osteopathic Physicians - Obstetrics & Gynecology - Obstetrics & Gynecology	25	22	47
Allopathic & Osteopathic Physicians - Obstetrics & Gynecology - Reproductive Endocrinology	4	5	9
Allopathic & Osteopathic Physicians - Ophthalmology - Ophthalmology		1	1

2019 Colorado Fully Insured Pharmacy Prior Authorization Outcomes by Physician Type

Type of Provider	Approval	Denial	Grand Total
Allopathic & Osteopathic Physicians - Ophthalmology - Uveitis and Ocular Inflammatory Disease		2	2
Allopathic & Osteopathic Physicians - Oral & Maxillofacial Surgery - Oral & Maxillofacial Surgery		1	1
Allopathic & Osteopathic Physicians - Orthopaedic Surgery - Adult Reconstructive Orthopaedic Surgery	5		5
Allopathic & Osteopathic Physicians - Orthopaedic Surgery - Orthopaedic Surgery	8		8
Allopathic & Osteopathic Physicians - Orthopaedic Surgery - Sports Medicine	2		2
Allopathic & Osteopathic Physicians - Otolaryngology - Otolaryngic Allergy	1		1
Allopathic & Osteopathic Physicians - Otolaryngology - Otolaryngology	10	7	17
Allopathic & Osteopathic Physicians - Pain Medicine - Interventional Pain Medicine	4		4
Allopathic & Osteopathic Physicians - Pain Medicine - Pain Medicine	4	1	5
Allopathic & Osteopathic Physicians - Pediatrics - Adolescent Medicine	1		1
Allopathic & Osteopathic Physicians - Pediatrics - Developmental - Behavioral Pediatrics	2	1	3
Allopathic & Osteopathic Physicians - Pediatrics - Pediatric Allergy & Immunology	2		2
Allopathic & Osteopathic Physicians - Pediatrics - Pediatric Cardiology	1	2	3
Allopathic & Osteopathic Physicians - Pediatrics - Pediatric Endocrinology	21	7	28
Allopathic & Osteopathic Physicians - Pediatrics - Pediatric Gastroenterology	3	2	5
Allopathic & Osteopathic Physicians - Pediatrics - Pediatric Hematology-Oncology	4	1	5
Allopathic & Osteopathic Physicians - Pediatrics - Pediatric Nephrology	2		2
Allopathic & Osteopathic Physicians - Pediatrics - Pediatric Pulmonology		1	1
Allopathic & Osteopathic Physicians - Pediatrics - Pediatric Rheumatology		1	1
Allopathic & Osteopathic Physicians - Pediatrics - Pediatrics	29	15	44
Allopathic & Osteopathic Physicians - Physical Medicine & Rehabilitation - Pain Medicine	3		3
Allopathic & Osteopathic Physicians - Physical Medicine & Rehabilitation - Physical Medicine & Rehabilitation	10	5	15
Allopathic & Osteopathic Physicians - Preventive Medicine - Preventive Medicine/Occupational Environmental Medicine	2		2
Allopathic & Osteopathic Physicians - Psychiatry & Neurology - Child & Adolescent Psychiatry	15	3	18
Allopathic & Osteopathic Physicians - Psychiatry & Neurology - Neurology	52	18	70
Allopathic & Osteopathic Physicians - Psychiatry & Neurology - Neurology with Special Qualifications in Child Neurology	2	1	3
Allopathic & Osteopathic Physicians - Psychiatry & Neurology - Neuromuscular Medicine	2		2
Allopathic & Osteopathic Physicians - Psychiatry & Neurology - Pain Medicine	1		1
Allopathic & Osteopathic Physicians - Psychiatry & Neurology - Psychiatry	65	8	73
Allopathic & Osteopathic Physicians - Radiology - Radiation Oncology	2		2
Allopathic & Osteopathic Physicians - Surgery - Surgery	1	2	3
Allopathic & Osteopathic Physicians - Urology - Urology	7	6	13
Allopathic & Osteopathic Physicians/Advanced Heart Failure and Transplant Cardiology	1		1
Behavioral Health & Social Service Providers - Psychologist - Clinical	2		2
Behavioral Health & Social Service Providers - Psychologist - Clinical Child & Adolescent	2		2
Behavioral Health & Social Service Providers - Psychologist - Prescribing (Medical)		1	1
Dental Providers - Dentist - Dentist	1	2	3
Eye and Vision Services Providers - Optometrist - Optometrist	2		2
Internal Medicine	2		2
Nursing Service Providers - Registered Nurse - Psych/Mental Health	2		2
Obstetrics & Gynecology: Female Pelvic Medicine and Reconstructive Surgery	3	1	4
Other Service Providers - Specialist	41	15	56

2019 Colorado Fully Insured Pharmacy Prior Authorization Outcomes by Physician Type

Type of Provider	Approval	Denial	Grand Total
Pediatrics	1		1
Physician Assistant		1	1
Physician Assistants & Advanced Practice Nursing Providers - Advanced Practice Midwife - Advanced Practice Midwife	3	2	5
Physician Assistants & Advanced Practice Nursing Providers - Clinical Nurse Specialist - Clinical Nurse Specialist	1	1	2
Physician Assistants & Advanced Practice Nursing Providers - Clinical Nurse Specialist - Critical Care Medicine	1		1
Physician Assistants & Advanced Practice Nursing Providers - Clinical Nurse Specialist - Neuroscience		1	1
Physician Assistants & Advanced Practice Nursing Providers - Clinical Nurse Specialist - Psych/Mental Health	1	1	2
Physician Assistants & Advanced Practice Nursing Providers - Clinical Nurse Specialist - Psych/Mental Health, Adult	6	1	7
Physician Assistants & Advanced Practice Nursing Providers - Nurse Practitioner - Acute Care	1	1	2
Physician Assistants & Advanced Practice Nursing Providers - Nurse Practitioner - Adult Health	34	11	45
Physician Assistants & Advanced Practice Nursing Providers - Nurse Practitioner - Family	83	35	118
Physician Assistants & Advanced Practice Nursing Providers - Nurse Practitioner - Gerontology	2	1	3
Physician Assistants & Advanced Practice Nursing Providers - Nurse Practitioner - Nurse Practitioner	37	12	49
Physician Assistants & Advanced Practice Nursing Providers - Nurse Practitioner - Obstetrics & Gynecology	2	2	4
Physician Assistants & Advanced Practice Nursing Providers - Nurse Practitioner - Pediatrics	9	4	13
Physician Assistants & Advanced Practice Nursing Providers - Nurse Practitioner - Primary Care	7	6	13
Physician Assistants & Advanced Practice Nursing Providers - Nurse Practitioner - Psych/Mental Health	24	9	33
Physician Assistants & Advanced Practice Nursing Providers - Nurse Practitioner - Women's Health	6	1	7
Physician Assistants & Advanced Practice Nursing Providers - Physician Assistant - Medical	91	32	123
Physician Assistants & Advanced Practice Nursing Providers - Physician Assistant - Physician Assistant	144	61	205
Physician Assistants & Advanced Practice Nursing Providers - Physician Assistant - Surgical	14	5	19
Podiatric Medicine & Surgery Service Providers - Podiatrist - Foot & Ankle Surgery	1	1	2
Psychiatry & Neurology, Psychiatry	2		2
Student, Health Care - Student in an Organized Health Care Education/Training Program - Student in an Organized Health Care Education/Training Program	21	10	31
Unknown	35	14	49
(blank)	1	3	4
Grand Total	1784	691	2475