



# Prior Authorization

A POSITION STATEMENT  
*from the Alliance for Patient Access*

## OVERVIEW

Patients can be denied access to their medicine for days, even weeks because of a practice called “prior authorization.” It’s the process whereby insurance companies must approve a physician-prescribed medicine, procedure or test before a patient can get coverage.

Delays can be frustrating, painful or even dangerous for patients—especially for patients with chronic conditions. Meanwhile, physicians and their staff spend hours filling out multi-page forms and submitting labs and patient records. Even then, approval is not guaranteed. If the insurer denies coverage, patients and their physicians can appeal. But that delays treatment even longer, and may not lead to approval.

Insurers claim prior authorization stops unnecessary use of expensive treatments. But it’s become a cost-cutting tool that makes it hard for patients to access treatment, especially newer, more innovative medicines. In some cases, the frustrating process may lead patients to abandon treatment altogether.

## POSITION

The Alliance for Patient Access presents the following principles for prior authorization and the laws that govern insurers’ use of it:

- 1 A unified prior authorization form encourages efficiency.** A single form for prior authorization and other related policies like step therapy creates a streamlined and efficient process for physicians and practices. It also ensures physicians and patients know about all requirements up front.
- 2 Electronic submission and response should be standard.** Electronic submission in conjunction with a standardized prior authorization process could increase efficiency by eliminating downtime between phone calls, faxes and standard mail.
- 3 Considerations of prior authorization requests should adhere to a uniform timeline.** Insurers should be required to consider and respond to a request within a set, reasonable period or the request is deemed approved.
- 4 Patients deserve a straightforward appeal process.** Patients experience additional treatment delays when a prior authorization is denied and must be appealed. A straightforward appeal process that outlines requirements and timelines will help physicians and patients know what to expect. This is especially important for expedited appeals during matters of urgent care.

With these safeguards in place, legislators can make certain that insurers do not use prior authorization to the detriment of patient health.