

ADDRESSING PRIOR AUTHORIZATION



Chronic
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What is prior authorization?

Prior authorization is a process health insurers use to determine whether a medication, treatment or service prescribed by a doctor will be covered. This process is often used for high-cost drugs, certain medical procedures or specialty treatments.

How does prior authorization impact patients with chronic diseases?

While some initial review of expensive treatments is to be expected, overuse of prior authorization review leads to unnecessary delays and continued patient suffering:

1. Review of already-prescribed medications can interrupt treatments that are already working for the patient.
2. Medication changes can worsen symptoms and cause new or different side effects.
3. Higher out-of-pocket costs for patients can result if medication or treatment is denied.
4. Patients and families experience unnecessary stress and anxiety due to the uncertainty, delays and frustrations of prior authorization.
5. Difficulty accessing speciality medications and treatments such as biologics, infusions or therapies that require special handling.

How can we fix prior authorization?

At the state level, legislators are addressing prior authorization using two strategies, “gold carding” and limiting prior authorization for specific conditions. Gold carding recognizes that providers who specialize in certain diseases (e.g., cancer) may commonly prescribe certain treatments, and with a strong clinical track record, they can bypass authorization for future patients. Legislators are also working to exempt cancer and mental illness from future prior authorization and will likely add medications for chronic conditions.



“Prior authorization frustrates me a lot. It doesn’t make sense, especially when the doctor deals with patients with my condition all the time and this is the go-to medication they prescribe. Then to actually get that medication in my hands, it takes weeks.” -Cait McDonough, CDC Ambassador, Massachusetts

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