

Tips and Resources to Alleviate Prior Authorization Burdens

Many health care professional and patient organizations are advocating for insurers to reduce the overall volume of drugs that require prior authorization (PA). In the meantime, practices will continue to face challenges managing the administrative burdens associated with medication PAs. The following tips can help minimize the impact of PA on your practice and ensure your patients receive their medications without PA-related delays.

Tip #1: Check PA requirements before sending prescriptions to the pharmacy to avoid rework, reduce medication nonadherence, and consider possible alternative medications

Proactively checking PA requirements for prescriptions eliminates pharmacy phone calls about prescriptions requiring PA before they can be filled. Learning of PA requirements after prescriptions have been sent to the pharmacy not only disrupts the practice workflow, it increases the chances that patients will be delayed in receiving prescribed medications—or even worse, never receive them at all.

Ideally, physicians are alerted of PA requirements at the point of prescribing through formulary data in the electronic health record (EHR). Physicians may also be aware of PA requirements because they frequently prescribe a particular medication, use a reference source, or contact the payer. Still, the physician often won't know that PA is required until after the patient has tried to fill the prescription at the pharmacy, which can lead to treatment abandonment. Current industry efforts to implement real-time pharmacy benefit (RTPB) tools in the EHR workflow that offer information about PA requirements, as well as the patient's co-pay and drug coverage, may help address this issue and allow physicians to quickly assess PA requirements at the time of prescribing.

Depending on the individual patient and specific clinical scenario, you may decide to prescribe a therapeutically equivalent medication in the same drug class that doesn't require PA under the patient's prescription drug plan. RTPB tools can display information about these alternative medications that do not require PA and/or are preferred by the patient's plan. Accessing this information in your EHR while you are making prescribing decisions may lead you to select an alternative medication without PA requirements before sending the prescription to the pharmacy. If your EHR does not yet have an RTPB tool and a pharmacy later rejects the prescription because of an unknown PA requirement, it may be beneficial for your practice to have an established protocol that will allow team members to approve substitution of an equivalent medication in the same drug class that doesn't require PA under the patient's drug benefit. While RTPB tools offer the most efficient method for identifying equivalent medications that don't require PA, a practice workflow that empowers practice staff to address rejected pharmacy claims and change prescriptions to appropriate alternatives without formulary restrictions can also improve practice efficiency.

Tip #2: Establish a protocol to consistently document data required for medication PAs in the medical record (eg, patient-specific contraindications, failed therapies, etc.)

PA completion can be accelerated when concise, complete information, including a full medical history, is readily available in the medical record. This also minimizes physician involvement in PA, as other staff can retrieve the needed information from the medical record and submit it to the health plan on the physician's behalf. Finally, quality documentation prevents follow-up patient contact or additional appointments to obtain information needed to fulfill PA requirements.

Tip #3: Select the PA method that will be most efficient, given the specific situation and health plan/pharmacy benefit manager's PA options

While there has been increased interest in automating the PA process in recent years, widespread adoption of this technology has been slow. Use the table on the last page of this tip sheet to help your practice evaluate the various existing PA methods and choose the option that will best fit your workflow and the specific situation/health plan.

Tip #4: Regularly follow-up to ensure timely PA approval

Because the PA process is primarily manual, PA requests can be lost or delayed. As a result, it is critical for practices to track PA requests and to follow-up when decisions are not communicated in a timely manner.

Dated and time-stamped PA submission materials, along with a formalized follow-up process, ensure that submitted PA requests don't fall through the cracks. Many practices find "tickler" (ie, reminder) files helpful in triggering follow-up with health plans regarding delayed responses. In addition, the pharmacy electronic PA (ePA) process includes a computerized audit capability to confirm when information has been received by the health plan or benefit manager. Practices can also view a list of electronically submitted and pending prescription PAs in their EHRs with ePA.

Tip #5: When a PA is inappropriately denied, submit an organized, concise, and well-articulated appeal with supporting clinical information

Under the Affordable Care Act, all health plans are required to have an appeal process for denied PAs. If the health plan upholds its initial decision, an external appeal by an independent third-party reviewer may be requested. Physicians can request an urgent or expedited review of PA appeals, with decisions completed within 72 hours or sooner, depending on the medical urgency of the situation. Many states have appeals requirements that are even more stringent than federal law.

To maximize your chance of success of overturning a denial on appeal, ensure that any data that may have been missing with the initial PA request is included with the appeal. Prescription PA appeals can be further streamlined with ePA technology, which enables physicians to submit appeal requests and supporting information electronically through their EHR system. Additional resources to help physicians and practice staff successfully navigate the appeals process are available at <https://www.ama-assn.org/practice-management/private-payer/tools-overpayment-recovery-claims-appeals>.

Pros and Cons of PA Methods		
Method	Pros	Cons
Standard electronic transaction	<ul style="list-style-type: none"> Electronic PA (ePA) standard developed by National Council for Prescription Drug Programs integrates with EHR and e-prescribing workflow Alerts the prescriber to PA requirement before issuing the prescription, allowing PA to be completed before prescription is sent to pharmacy and reducing medication nonadherence PA questions are presented onscreen for prescriber or staff Conditional logic ensures that physician only answers relevant questions Average approval time significantly reduced PAs can be electronically appealed and cancelled 	<ul style="list-style-type: none"> Pharmacy ePA solutions integrated into EHR workflow are not yet widely available across vendors PA requirement is not always known at the point of prescribing due to inaccuracy/incompleteness of EHR drug formulary data Response may not be in real time due to manual health plan processing and review <p><i>TIPS: Ask your EHR vendor about ePA capability—and learn more about ePA through an educational video series.</i></p>
Payer portal	<ul style="list-style-type: none"> All required information presented in one place Often less time consuming than manual processes (fax/phone) If drug PA approval is immediate, prescription can be sent to pharmacy and filled without delay 	<ul style="list-style-type: none"> Outside of EHR workflow Requires separate login/password for each health plan website Information from EHR must be re-typed onto web forms <p><i>TIP: Keep a list of health plan portal logins and passwords (store in secured place).</i></p>
Fax	<ul style="list-style-type: none"> Widely available method of PA submission Library of payer forms can be developed 	<ul style="list-style-type: none"> Forms must be filled out by hand Potential confusion in selecting correct/current PA form Outside of EHR workflow Lack of security encryption No feedback loop; practice may not be informed when drug PA is approved <p><i>TIP: Keep all documents and records regarding faxed PA documents, including date and time stamps from fax machine</i></p>
Telephone	<ul style="list-style-type: none"> In many cases, all information can be reported verbally at one time Reduce or eliminate delay in receiving approval Appeal can be begun immediately, if needed 	<ul style="list-style-type: none"> Long hold times frequent Interrupts regular EHR workflow Transaction is not automatically documented in the EHR May be difficult to later “prove” conversation with plan May still require supporting documentation to be faxed Approval must be relayed to the pharmacy <p><i>TIP: Keep a record of the first and last name of the person spoken to, date, and time in case necessary for appeal.</i></p>

Adapted from American Medical Association. Tips to help physicians reduce the prior authorization burden in their practice. <https://www.ama-assn.org/media/7411/download>. Published 2015. Accessed September 2019.

Additional Resources

Stakeholder Principles, Consensus Statements, and Initiatives

Many health care stakeholder groups have recognized the critical need to reduce PA burdens. In early 2017, organizations representing physicians, medical groups, hospitals, pharmacists, and patients released a set of [Prior Authorization and Utilization Management Reform Principles](#), which outlined key ways to improve the PA process. More recently, health care professional and insurer associations issued the [Consensus Statement on Improving the Prior Authorization Process](#). This document reflects an important agreement between providers and health plans on reforms needed to ensure patients' access to timely care and eliminate administrative waste. Physicians and patients are also joining forces to call for improvements in PA processes through initiatives such as [FixPriorAuth](#).

State Laws

Many states have enacted legislation that establishes a maximum processing time for PAs. You can review requirements in your state by accessing this [state PA law chart](#).

Medicare Part D Requirements

Medicare also places certain requirements on plans that offer prescription drug coverage under the Part D benefit. More information about Part D PA requirements is available in the [Part D Prescription Drug Benefit Manual](#).

Source: AMA. *Practice transformation series: medication management*. 2019.