

As the cost of health care continues to rise, insurance companies are becoming more and more restrictive when it comes to utilization of pharmaceutical products. One of the methods of restricting usage is to require that patients receive prior authorization or prior approval before the company agrees to pay for a particular treatment regimen. These practices can lead to delayed care and are often incredibly burdensome for treating physicians. For patients living with rare or chronic conditions, like hemophilia and other bleeding disorders, timely access to treatment is a necessity.

BACKGROUND

Prior authorization, also known as preauthorization, prior approval, or precertification, is a reviewing process done by a health insurer to determine whether a treatment plan or prescription drug will be covered by the health insurer. If a patient does not receive prior authorization, and they wish to follow their doctor's treatment protocol, they must pay for the treatment or procedure out-of-pocket.

Medicines that require prior authorization often share the following characteristics:¹

- Brand name medicines with a generic counterpart
- Expensive medicine
- Medicine with an age limit
- Medicine prescribed to treat a non-life threatening medical condition
- Medicines not usually covered by that insurance company but that a doctor stated was medically necessary
- Medicine that insurance companies usually cover, but the prescribed dose is higher than normal

According to the National Patient Advocate Foundation, "health plan risk management policies, such as prior authorization . . . can impede patient access to appropriate care, harm the patient, and undermine the physician-patient relationship."² Additionally, the preauthorization process can be so lengthy and full of administrative-only tasks that providers end up spending more time on the process than with patients.³ One study from the Journal of the American Board of Family Medicine found that "preauthorization is a measurable burden on physician and staff time."⁴ This not only frustrates primary care physicians (PCPs), but is burdensome to patients. It is crucial to standardize the process of prior authorization in a health system that varies wildly in cost and quality.⁵ Standardizing the process of prior authorization eases the burden on both patients and physicians.

IMPACT

Some prior authorization processes can take up to seventy-two hours. For patients living with bleeding disorders, three days without treatment can have a severe impact on their health. Factor is often infused prophylactically for patients to lead productive and healthy lives. Delaying access to this treatment regimen can result in unnecessary joint and muscle bleeds, which can result in permanent damage to the affected areas or unnecessary hospital stays. Individuals with bleeding disorders need timely access to treatments, especially in an emergency. In the case of a spontaneous bleed, patients need to receive treatment as soon as possible. Based on this immediate need for medical attention, people with hemophilia cannot wait long periods of time for the prior authorization of medication. Therefore, when people living with hemophilia have an emergency, they need to have access to factor within twelve hours or ideally, if logistically possible, have access to factor within three hours.⁶

¹ Consumer Health Information Corporation, http://www.consumer-health.com/services/cons_take51.php

² National Patient Advocate Foundation, Policy Principles, 2014 http://www.npaf.org/files/NPAF%202014%20FINAL%20POLICIES%20PRINCIPLES_1.pdf

³ *Id.*

⁴ Christopher P. Morely, PhD ET AL, *Impact of Prior Authorization Requirements on Primary Care Physicians Offices: Report of Two Parallel Network Studies*, Journal of the American Board of Family Medicine (2013), <http://www.jabfm.org/content/26/1/93.full>.

⁵ National Patient Advocate Foundation, Policy Principles, 2014 http://www.npaf.org/files/NPAF%202014%20FINAL%20POLICIES%20PRINCIPLES_1.pdf

⁶ "MASAC Document #188: MASAC Recommendations Regarding Standards of Service for Pharmacy Providers of Clotting Factor Concentrates for Home Use to Patients with Bleeding Disorders." The National Hemophilia Foundation. 16 November 2008

To receive proper care, those with bleeding disorders need a speedier and more efficient preauthorization process with health insurers. Some preapprovals last for a short time, often only 30 days. Patients with chronic disorders need the same medicine for long periods of time, often a lifetime. Requiring their medication to be pre-approved once a month through a lengthy and arcane process is unnecessarily burdensome on treating physicians and causes unnecessary delays for patients.

SOLUTION AND LEGISLATION

HFA supports the standardization of the prior authorization procedure and recommends that legislation includes the following criteria:

- Preauthorization forms can be submitted electronically
- Implement a 48-72 hour time limit to receive a response, if an insurer does not respond within that time period, the prior authorization is automatically approved
- Lengthen the preapproval process for medication to last for a minimum of 180 days or longer
- Shorten and standardized prior authorization forms

At the state level, there is precedent for prior authorization legislation. Texas has enacted legislation that creates a single, standard prior authorization form and requires that they are not only available in paper, but electronically. This enacted legislation hopefully “maximizes convenience and shortens the processing and wait time for prior authorization.”⁷

Additionally, Arkansas, California, Colorado, Florida, Georgia, Illinois, Indiana, Iowa, Kentucky, , Massachusetts Michigan, Minnesota, Mississippi, New Hampshire, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, Texas, Utah, Virginia, Vermont and Washington have enacted legislation to adopt a uniform prior authorization form and provide patients timely access to necessary medication.

Federally a bill is not currently before Congress addressing prior authorization for federally regulated insurance plans.

⁷ National Hemophilia Foundation, Protecting Timely Access to Care: The Need to Standardize Prior Authorization, <https://www.hemophilia.org/sites/default/files/document/files/NHF-Position-Statement-Regarding-Standardized-Prior-Authorization.pdf>