WHAT IS PRIOR AUTHORIZATION?
Prior authorization is a health plan cost-control process that requires physicians and other health care professionals to obtain advance approval from a health plan before a specific service is delivered to the patient to qualify for payment coverage.¹ This process sometimes includes Step Therapy, which requires patients to use—and then fail to be effectively treated by—their insurer's preferred drug treatment before the insurer will cover another drug, even if that other drug is preferred.²

WHY IS CHANGING PRIOR AUTHORIZATION IMPORTANT?

- **93%** of physicians report care delays as a result of prior authorization.³
- **91%** of physicians report that prior authorization can lead to negative clinical outcomes.³

Physicians and staff spend more than **13 hours/week** (nearly two business days) on prior authorizations.³
Waiting on prior authorization can also lead to treatment abandonment, care delays, serious adverse events, hospitalization, and in some cases lead to permanent impairment or damage in a patient. Some physicians even report hiring a full time staff member to handle prior authorizations.³

RECOMMENDED ACTIONS
- Standardization of timelines for approval/denial, so patients do not face delays in care.
- Prior authorization exemptions for clinicians with high approval ratings.
- Public, accessible, and standardized lists communicating treatment and medications that require prior authorization.

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² https://old-prod.asco.org/node/141656