Pharmacy Benefit Pre-Authorization Process

Workgroup Perspective
'Options for deeming approval…"

This perspective is written in response to Senate Bill 6511, section 1, part 1 (e), "Recommendations if the carrier or pharmacy benefit manager fails to approve, deny, or respond to the request for authorization within the specified time frame and options for deeming approval."

The workgroup would like to reinforce the importance of timely patient access to needed medications and agrees that timely access is contingent upon efficient processing of pre-authorization requests. National and state regulatory bodies, including URAC, NCQA, Washington State WACs, have requirements in place which set timeframes for processing pre-authorization requests. These requirements address the timeframe responsibility of health plans and of prescribers. These timeframes are intended to balance the need for a patient's timely access to medication with the responsibility of health plans and prescribers to allocate medications safely, responsibly, and fairly. Given that the timeframes laid out in the Best Practice align with national mandates (per Sec 1.(3) in the legislation) they move the healthcare community in the right direction to achieve such a balance. However, these timeframes should be considered the minimally acceptable and heath plans and prescribers should be encouraged to complete their processing in even less time. These timeframes are only one aspect of timely access and efforts to improve timely access to needed medications should move forward on all fronts.

It is the perspective of the Pre-Authorization workgroup that:

1) 'Options for deeming approval' (automatic approval) of a pre-authorization request based solely on the expiration of a response timeframe are not advised, as they may be made without considering complete and relevant clinical information and have the potential for misuse of resources. If automatic approval is put in place, requests will be denied upon timeframe expiration in those situations when insufficient clinical discovery about the case has been submitted and completed. For medications that may otherwise have been approved, these denials will then need to be appealed by the patient and/or prescriber.

2) The best practice recommendations pertaining to Emergency Fill and standard industry timeframes provides a framework for processing pre-authorization requests, notifying prescribers about the decisions and dispensing medication. Ideally, all health plans and prescribers will not only adopt and meet these best practice timeframes, but complete their processing in even less time. As such, legislation about automatically deemed approval is unnecessary. If and as the legislature determines is necessary, the OIC could monitor and explore case-by-case situations where best practice timeframes were not met, and take action with the prescriber and/or health plan, if those delays were unwarranted.