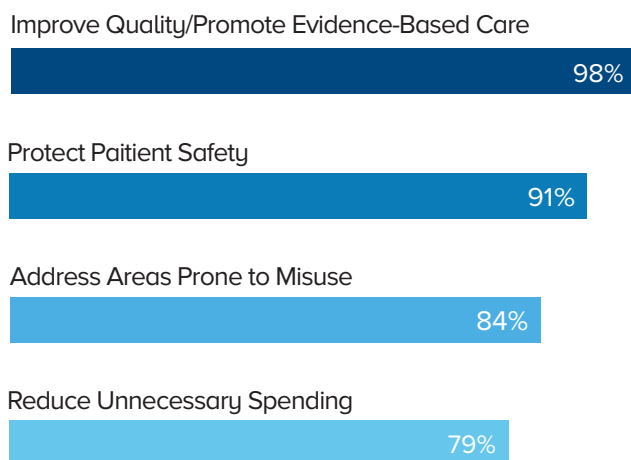


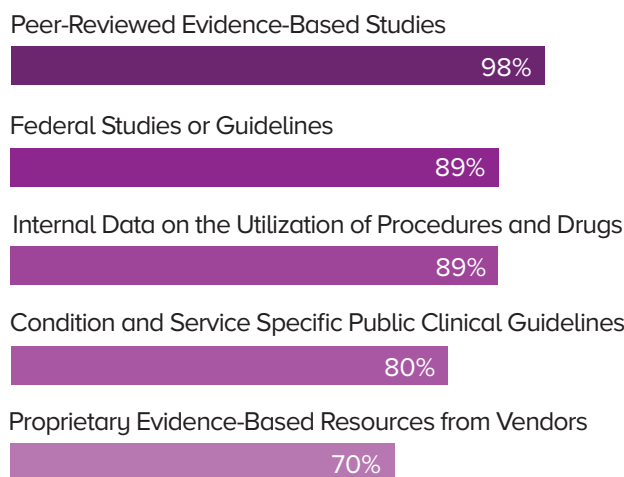
Prior Authorization: Selectively Used & Evidence-Based

Results of an Industry Survey

Primary Goals of Prior Authorization Programs

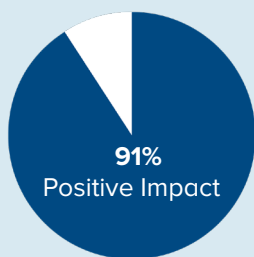


Evidence-Based Resources Used to Design Prior Authorization Programs

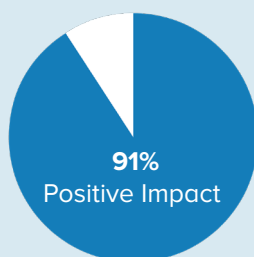


Vast Majority of Health Plans Report Positive Impacts from Prior Authorization Programs

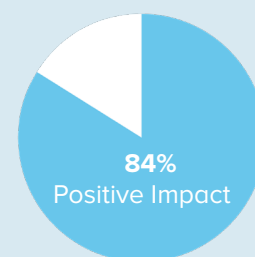
Quality of Care



Affordability

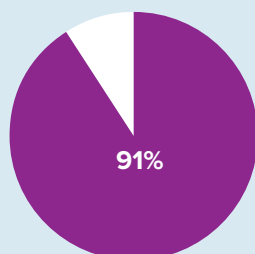


Safety

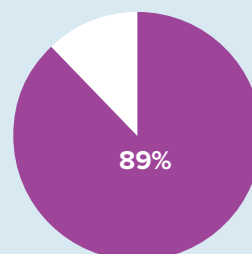


Vast Majority of Plans Streamlining Prior Authorization Process

Prescription Medications



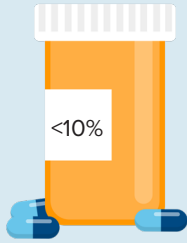
Medical Services



An industry-wide survey on prior authorization practices of commercial plans was conducted via a web-based tool in September-December of 2019. The survey results are based on responses from 44 plans covering 109 million commercial enrollees.

Selective Use of Prior Authorization

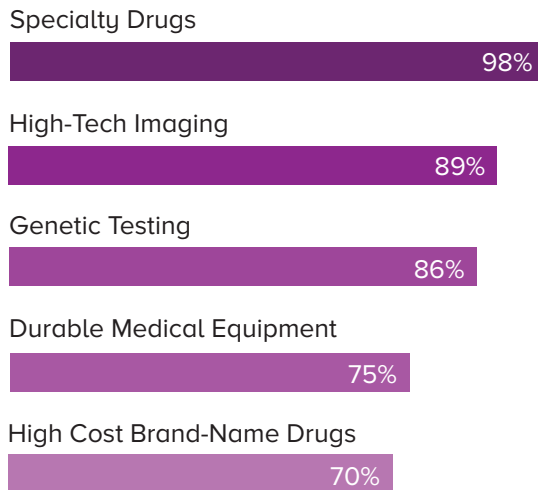
83% of commercial enrollees are in plans where less than 10% of drugs are subject to prior authorization



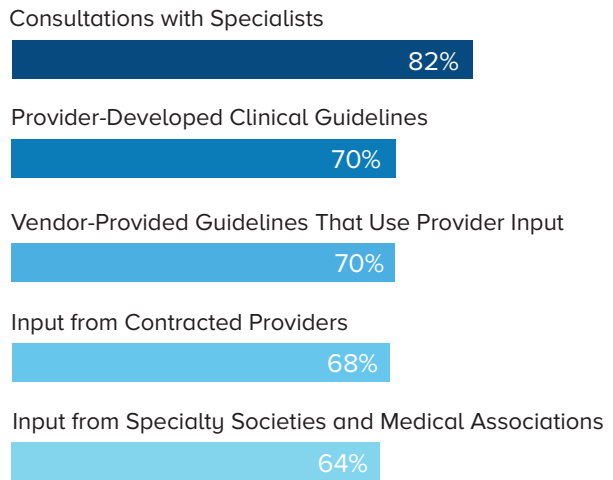
92% of commercial enrollees are in plans where less than 24% of services are subject to prior authorization



Most Common Treatments for Prior Authorization



Prior Authorization Programs Rely on Provider Input



Three Biggest Opportunities for Improving Prior Authorization Programs



Automating the Prior Authorization Process (84%)



Provider Participation in Risk Contracts (49%)



Evidence-Based Care Adoption (42%)

Most Common Barrier to Automating Prior Authorization Programs



Provider Does Not Use Electronic Health Records Enabled for Electronic Prior Authorization (58%)

The vast majority of plans review their lists of drugs (100%) and medical services (95%) that require prior authorization at least annually.

The Most Common Reason for an Initial Prior Authorization Request to Be Denied is that:

The provider did not submit the clinical information necessary with the initial request (86%)