## Prior Authorization: Selectively Used & Evidence-Based
Results of an Industry Survey

### Primary Goals of Prior Authorization Programs

<table>
<thead>
<tr>
<th>Goal</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve Quality/Promote Evidence-Based Care</td>
<td>98%</td>
</tr>
<tr>
<td>Protect Patient Safety</td>
<td>91%</td>
</tr>
<tr>
<td>Address Areas Prone to Misuse</td>
<td>84%</td>
</tr>
<tr>
<td>Reduce Unnecessary Spending</td>
<td>79%</td>
</tr>
</tbody>
</table>

### Evidence-Based Resources Used to Design Prior Authorization Programs

<table>
<thead>
<tr>
<th>Resource</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer-Reviewed Evidence-Based Studies</td>
<td>98%</td>
</tr>
<tr>
<td>Federal Studies or Guidelines</td>
<td>89%</td>
</tr>
<tr>
<td>Internal Data on the Utilization of Procedures and Drugs</td>
<td>89%</td>
</tr>
<tr>
<td>Condition and Service Specific Public Clinical Guidelines</td>
<td>80%</td>
</tr>
<tr>
<td>Proprietary Evidence-Based Resources from Vendors</td>
<td>70%</td>
</tr>
</tbody>
</table>

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

- **Quality of Care**: 91% Positive Impact
- **Affordability**: 91% Positive Impact
- **Safety**: 84% Positive Impact

### Vast Majority of Plans Streamlining Prior Authorization Process

- **Prescription Medications**: 91%
- **Medical Services**: 89%

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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.
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
- Specialty Drugs: 98%
- High-Tech Imaging: 89%
- Genetic Testing: 86%
- Durable Medical Equipment: 75%
- High Cost Brand-Name Drugs: 70%

Prior Authorization Programs Rely on Provider Input
- Consultations with Specialists: 82%
- Provider-Developed Clinical Guidelines: 70%
- Vendor-Provided Guidelines That Use Provider Input: 70%
- Input from Contracted Providers: 68%
- Input from Specialty Societies and Medical Associations: 64%

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%)