What is prior authorization?

Prior authorization is when a medical provider is required to spend extra time (sometimes hours for each patient) proving why a recommended treatment is necessary before a patient’s insurance company or pharmaceutical benefits manager (PBM) will approve coverage.

Why is prior authorization harmful to patients?

- Prior authorization often leads to patients experiencing arbitrary limits on medications.
- Insurers promote it as a cost savings mechanism, but it often results in extensive paperwork and long wait times for both prescribers and patients.
- Sometimes patients go days or weeks without needed medication or treatment.
How does prior authorization impact access to mental health care?

Nearly 1 in 5 Americans report having a mental illness, and it’s gotten worse during the COVID-19 pandemic. For psychiatric patients, gaps in treatment due to prior authorization can lead to relapse, with increased health care costs and devastating effects for individuals and their families.

We must eliminate prior authorization to ensure patients have access to comprehensive mental health care, including medications.

Support legislation that:

- eliminates prior authorization for:
  - generic medications that are not controlled substances.
  - dosage changes of the same medication.
  - generic and brand drugs after six months of adherence.
- requires that insurers and PBMs adhere to a 48-hour appeal process.
- prohibits plans from denying medication on the grounds of therapeutic duplication.
- requires denials and denial reviews be conducted by physicians in the same or similar specialty.