Resolution 2

Prior Authorization of Medications and Denials

General Assembly – July 6, 2018 – Destin, FL

**Louisiana Academy of Family Physicians**

**2018 General Assembly**

**RESOLUTION NO 2.**

**Prior Authorization of Medications and Denials**

**Submitted by: Wayne Gravois, MD, Paul Rachal, MD and Lacey Cavanaugh, MD**

**WHEREAS**, prescription prior-authorization requires health care providers to go through many extra time-consuming steps to obtain approval by insurers, and

**WHEREAS**, the prior-authorization process requires hours of uncompensated physician and staff work on a monthly basis, and

**WHEREAS**, prior-Authorizations have no bearing on the quality of medicine and in some cases can cause medication delays which can cause patient harm, and

**WHEREAS**, medical offices oftentimes employ numerous people to handle the added burdens of required prescription prior-authorizations adding to overall health care costs,(1) and

**WHEREAS**, the current prior-authorization appeals process is arduous and oftentimes impossible to maneuver, and

**WHEREAS**, both the AAFP and AMA amongst many other medical organizations are calling for the reform of the PA process, therefore be it

**RESOLVED,** that LAFP work with state representatives, Louisiana State Medical Society, LA Academy of Pediatrics, and insurance leadership to require immediate notification to the physician and pharmacist of a same class covered alternative medication at the time of a denial.

Discussion/Comments

1. 2014 article in the “Journal of the American Board of Family Medicine” estimated that insurers’ prior-authorization practices currently costs the nation’s entire health-care system between $23 billion to $31 billion a year.

Comments from pharmacist:

Sending once would send it to both places and you’d get to see what the copay is immediately and what is covered or not covered.

I wish that physicians could just submit the claim live to the insurance at the same time they send the escript. Sending once would send it to both places and you’d get to see what the copay is instantly or PA etc like we do.

 That’d be the easiest solution. That way you’d also be informed instantly of super high copays that the patient is clearly going to have us call you back for and get changed to something else. Happens all the time when generics shoot up in price or with topicals, rectal topicals, suppositories etc