

WASHINGTON STATE MEDICAL ASSOCIATION
HOUSE OF DELEGATES

Resolution: B-14
(A-20)

Subject: Medication Prior Authorization- Peer to Peer Review

Introduced by: Teresa Girolami, MD, Delegate
Jeffrey Frankel, MD, Delegate
Hal Quinn, MD, Delegate
King County Medical Society

Referred to: Reference Committee B

1 WHEREAS, the relationship between the health care and the patient is one of information
2 sharing and trust, and an important aspect of that relationship is the prescription of medication;
3 and
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5 WHEREAS, the prescription of medications is a carefully thought out process, involving the
6 review of several factors pertinent to both the patient and the condition being treated; and
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8 WHEREAS, there has been an increasing incidence of insurance companies denying
9 medications at the time it is prescribed and presented to the pharmacy, requiring a “prior
10 authorization;” and
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12 WHEREAS, prescription prior authorization is purely a health plan cost-control process
13 requiring the patient and provider to obtain approval before a medication will be dispensed as
14 ordered, with no review of the patient’s history or other factors that led the provider to prescribe
15 the specific medication; and
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17 WHEREAS, prior authorizations require hours of uncompensated physician and staff work,
18 increases costs of practice due to additional staff needed to process the prior authorizations, adds
19 to patient frustration and delays treatment, and erodes the trust between the health care provider
20 and the patient; and
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22 WHEREAS, the prior authorization process can require a patient to discontinue a previously
23 approved, safe and effective medication due to a formulary change, or require a fail-first protocol
24 which is dangerous to the patients and unethical when known to the practitioner before
25 prescribing; and
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27 WHEREAS, the current prior authorization appeals process is arduous, difficult to follow, and
28 takes an unreasonable amount of time to complete, and is not peer to peer reviewed, and is
29 random and inconsistent among insurers; and
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31 WHEREAS, insurance formularies change regularly based on pharmacy benefit managers
32 (PBM) and preferential pricing agreements, which lack transparency; and
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34 WHEREAS, 10 states are now required under federal law to eliminate their restrictive Medicaid
35 drug formularies, and the state of California requires peer to peer review and the preauthorization
36 must be done in 72 hours;^{1,2} THEREFORE BE IT
37

38 RESOLVED, that the WSMA supports electronic approval of prescription requests (New HOD
39 Policy); and BE IT FURTHER

1 RESOLVED, that the WSMA support the elimination of fail-first protocols from the prior
2 authorization process (New HOD Policy); and BE IT FURTHER

3
4 RESOLVED, that the WSMA support prior authorization policy requiring peer to peer review,
5 immediate response for emergent cases, and up to 24-48 hours to reply in all other cases and if
6 no response, then the request is approved (New HOD Policy); and BE IT FURTHER

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8 RESOLVED, that the WSMA support policy that in the case of denial of a prescription, the
9 insurer is to provide a response to the prescribing provider, within 24-48 hours or less, via fax
10 or HIPAA compliant email, that includes the specific reason(s) for denial of the medication,
11 suitable alternatives to the prescriber's preferred medication, and a simple process for requesting
12 an appeal (New HOD Policy); and BE IT FURTHER

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14 RESOLVED, that the WSMA support policy that if there is a denial of the medication
15 prescribed, and an appeal is initiated, the appeal be reviewed by a physician trained in the field
16 for which the condition is being treated (Peer to Peer review) within 24-48 hours, and that an
17 emergency fill of the prescribed medication be provided during the review period (New HOD
18 Policy); and BE IT FURTHER

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20 RESOLVED, that the WSMA support policy that requires insurance companies review their
21 formularies regularly with physicians in the field to be certain there is reasonable evidence to
22 restrict certain medication from the formularies. (New HOD Policy)

Fiscal Note: None

References

- 1. <https://codes.findlaw.com/ca/insurance-code/ins-sect-10123-191.html>
- 2. <https://www.alec.org/model-policy/prior-authorization-resolution/>
- 3. <https://www.msv.org/programs/advocacy/2017-advocacy-summit/2017-advocacy-summit-proposals/proposal-6-resolution-prior>
- 4. <https://www.acponline.org/acp-newsroom/fall-2018-bog-resolutions/resolution-14-f18-calling-upon-the-acp-to-publicly-support-the-consensus-statement-recently-prepared>

WSMA Policy

Prior Authorization

The WSMA supports physicians being reimbursed for services associated with care coordination and administrative communications with insurance companies. (Res C-6 A-17)

HOUSE ACTION: ADOPTED _____ ADOPTED AS AMENDED _____
 FILED _____ REFERRED _____ NOT ADOPTED _____