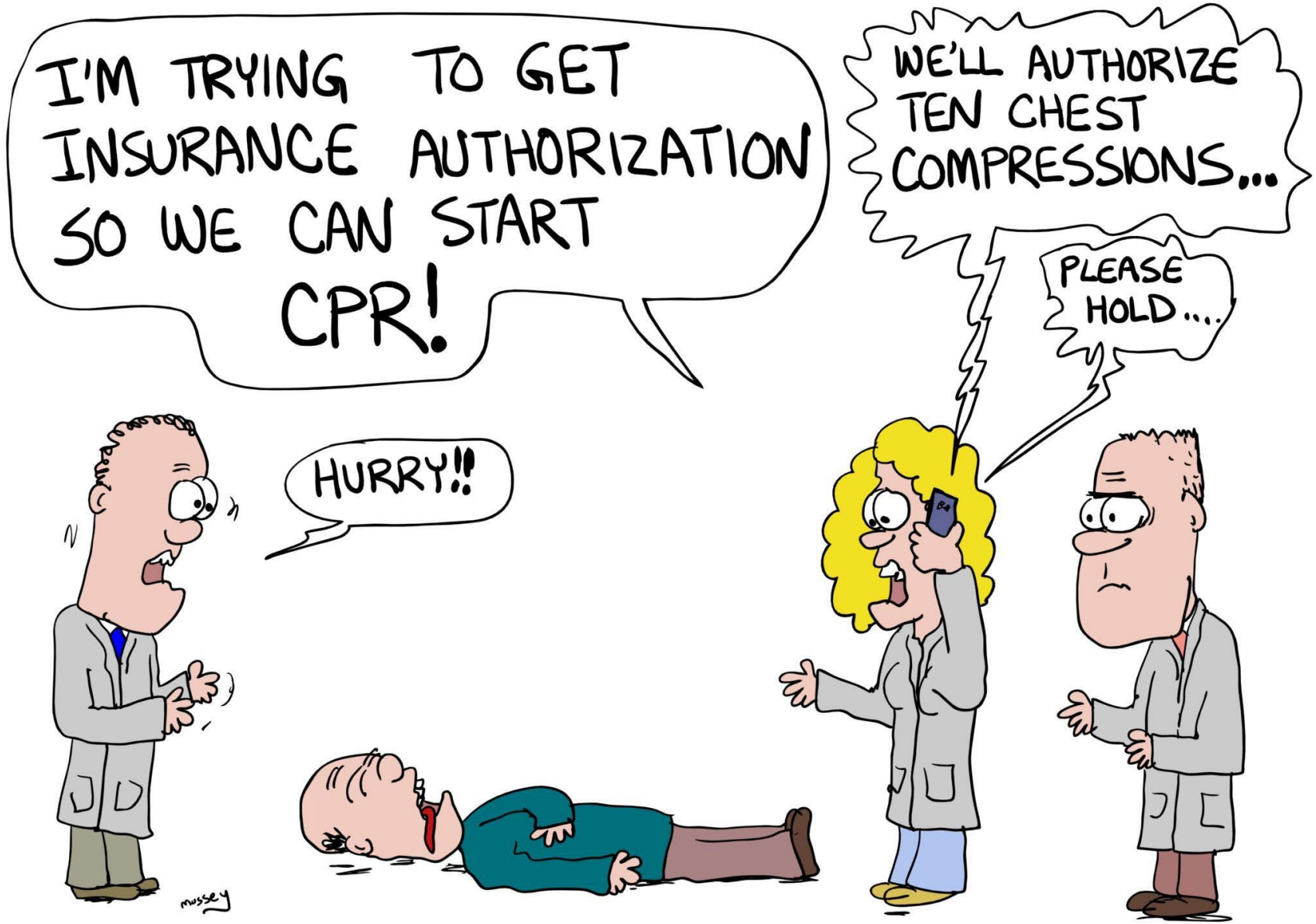
Prior Authorization:
Views from the Clinic and the Research Office

Nancy L. Keating, MD, MPH
Professor of Health Care Policy and Medicine
Harvard Medical School
Princeton Conference
November 6, 2025



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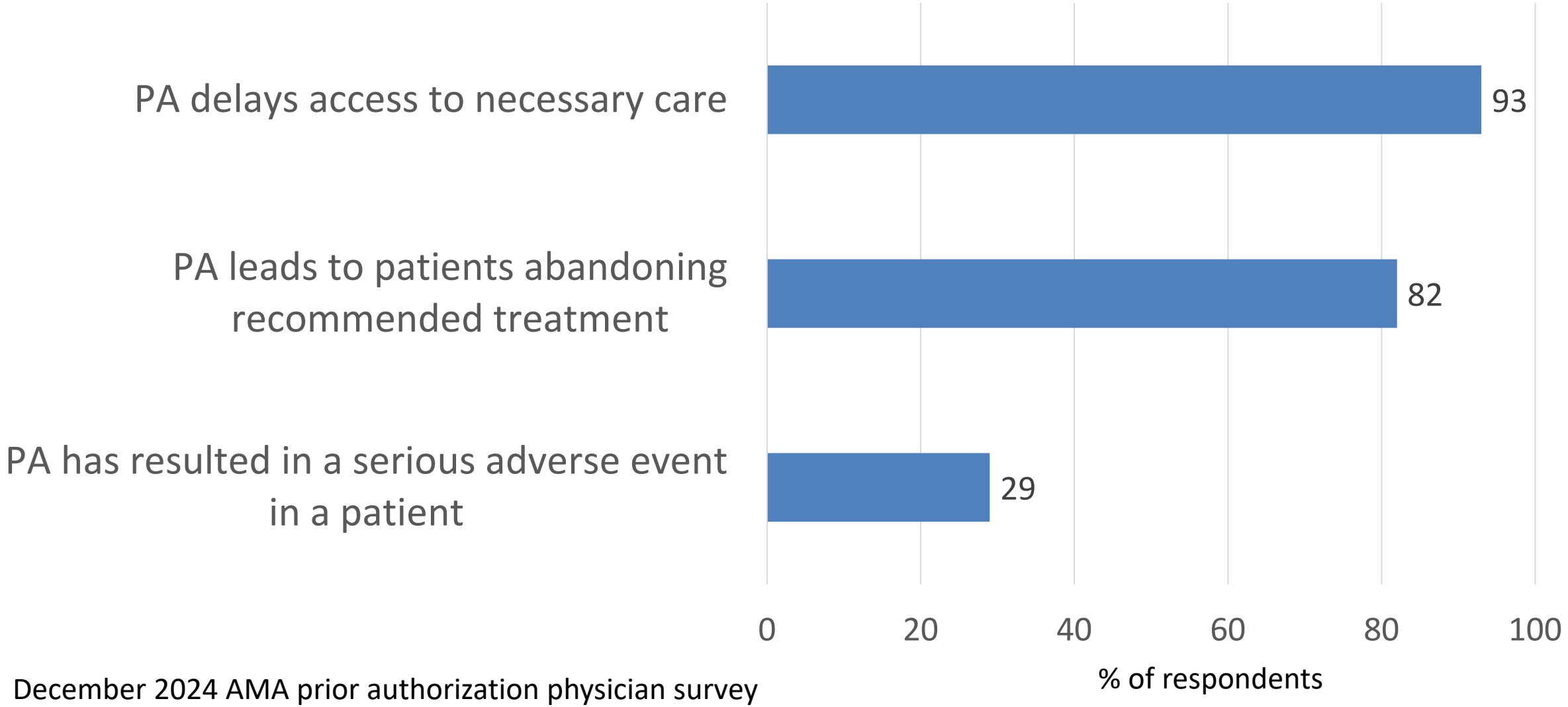
Stephen Mussy, MD

My Patient Ms. F

- 83 yo with chronic obstructive lung disease and asthma, well controlled on budesonide/formoterol (Symbicort®)
- Copay increased to >$400/month.
  - Switched to formulary-preferred Breo®, but dry powder inhaler, she did not tolerate. Pulmonologist requested prior authorization (PA) for Symbicort®. PA denied. Substantial increase in symptoms.
- Pulmonologist prescribed budesonide nebulizer and arfomoterol nebulizer. These also non-formulary; different PA process because these are Part B not Part D drugs.

Physicians Find Prior Authorization to be Problematic



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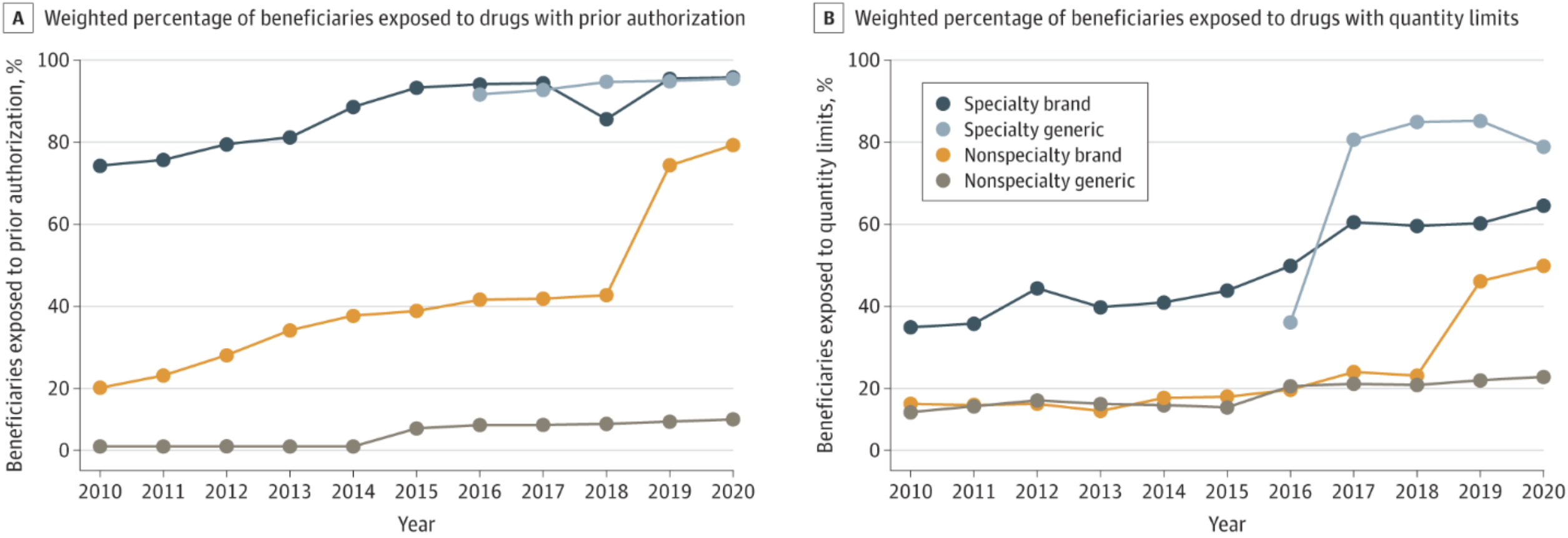
Patients are Increasingly Experiencing Prior Authorization

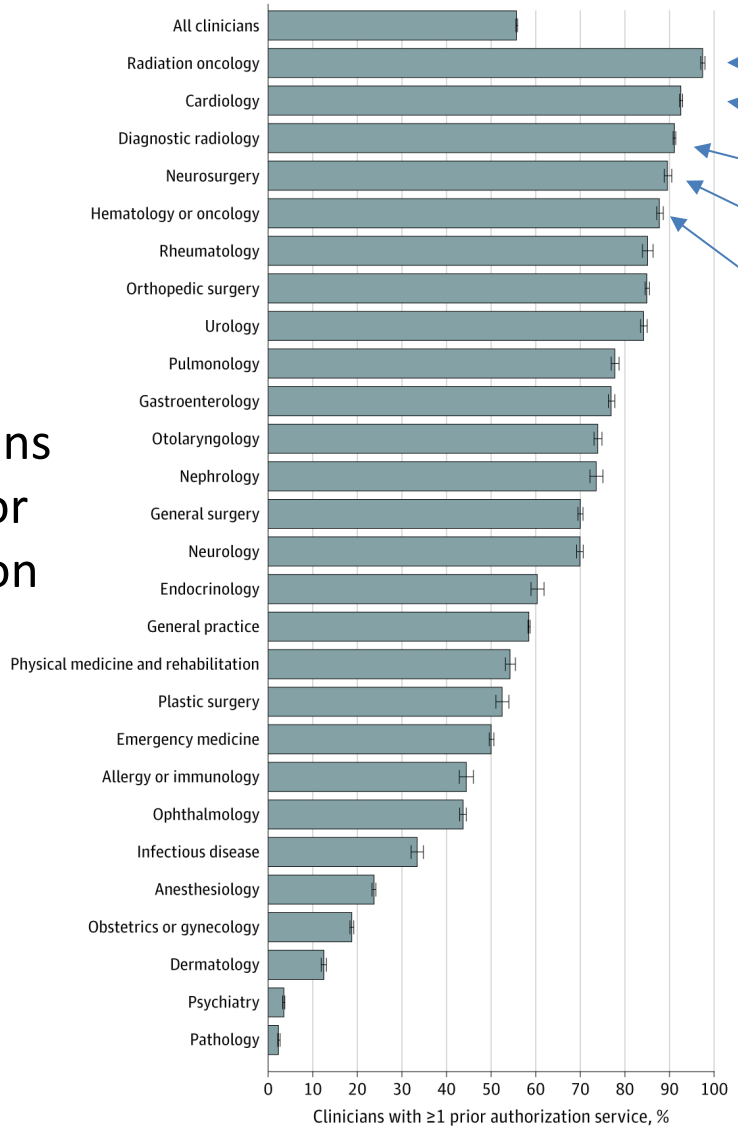
Figure. Trends in Utilization Management Strategies for Medicare Part D Oncology Drugs, 2010-2020



Kyle, Dusetzina, Keating, JAMA 2023, 330:277-279

Prior Authorization Experienced Differently by Specialty

% of clinicians with ≥1 prior authorization service



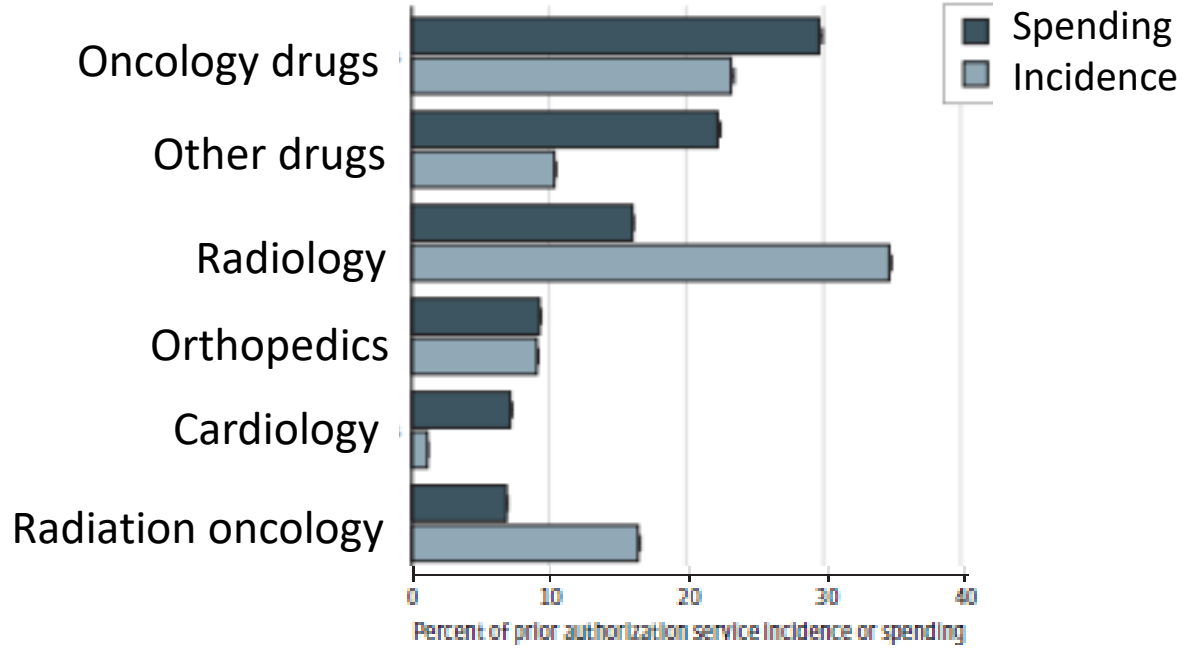
Radiation oncology

Cardiology

Diagnostic radiology

Neurosurgery

Oncology



Schwartz et al, JAMA HF 2021, 2(5):e210859. doi:10.1001

For Patients Taking High-Cost Cancer Drugs, New Prior Authorization Led to Delays in Time to Fill and More Discontinuation of Therapy

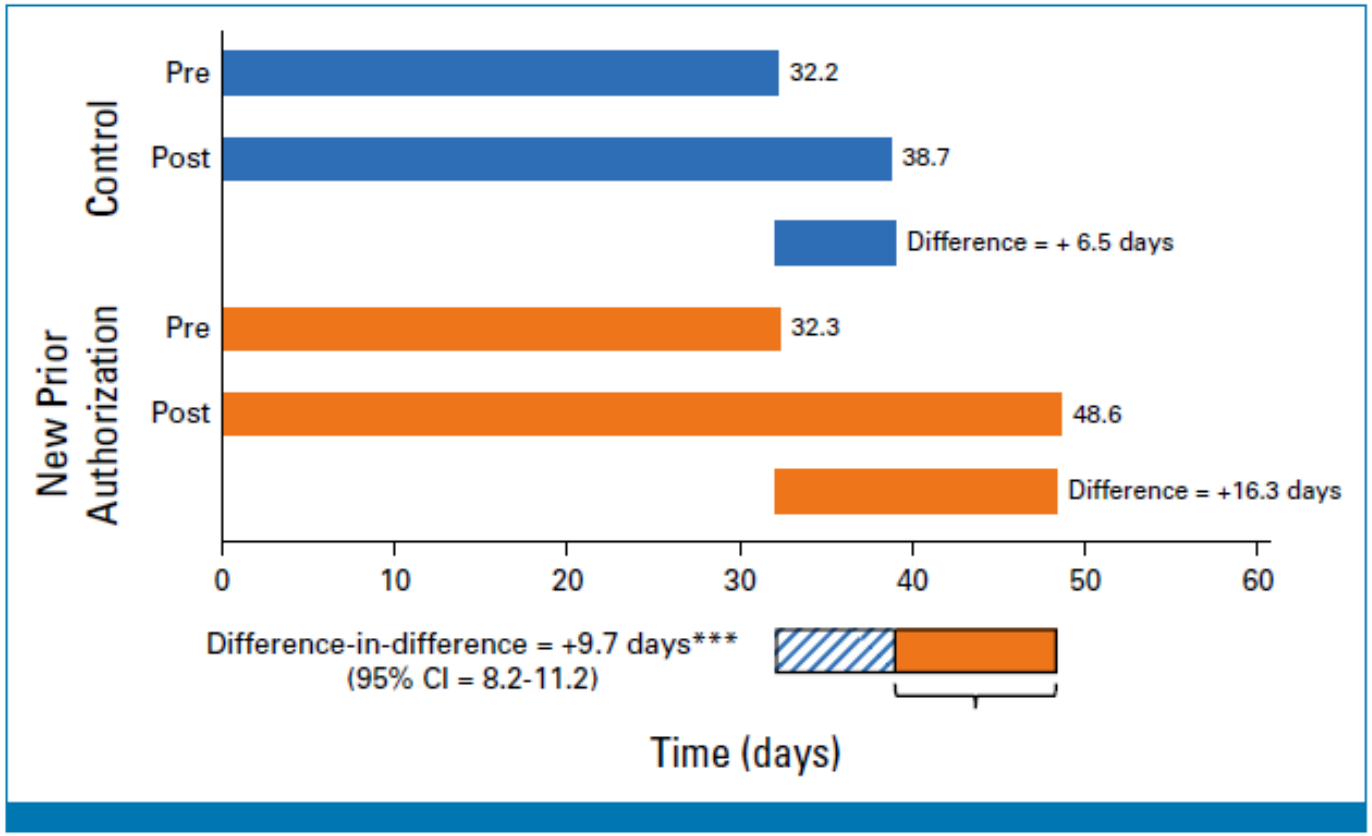


FIG 2. Adjusted difference-in-differences for time to next fill in days, all drugs. *** $P < .001$.

Adjusted relative delay
9.7 days (95% CI: 8.2-11.2)

Adjusted odds of discontinuation within 120 days=7.1 (95% CI: 6.0 to 8.5)

Kyle & Keating, JCO 2023, 42:951-960

Please complete this **entire** form and fax it to: **866-940-732**
This form may contain multiple pages. Please compl
Allow at least 24 hou

Member Information

Member Name:			Pro
Member ID:			NP
Date Of Birth:			Offi
Street Address:			Offi
City:	State:	ZIP Code:	Offi
Phone:	Allergies:		City

Is the requested medication: ☐ **New or** ☐ **Continuation of The**
Is this patient currently hospitalized? ☐ **Yes** ☐ **No If recentl**
Is this member pregnant? ☐ **Yes** ☐ **No If yes, what is this m**

Medication In

Medication:

Directions for use:

Medication Administered: ☐ Self-Administered ☐ Physician's Offi

Clinical In

What is the patient's diagnosis for the medication being requ

ICD-10 Code(s): _____

Please refer to the patient's PDL at www.uhcprovider.com for a list
What medication(s) does the patient have a history of failure to? *(Pl*
length of trial, and reason for discontinuation of each medication)

What medication(s) does the patient have a contraindication or into
associated contraindication to or specific issues resulting in intolerance t

Are there any supporting laboratory or test results related to the pati
documentation)

Additional information that may

Provider Signature: _____

Medical Exception/Prior Authorization/Precertification* Request for Prescription Medications

For FASTEST service, call 1-855-240-0535, Monday-F

Patient Information		**Prescriber Infor**
Patient Name		Today's Date
Patient Insurance ID Number		Physician Name
Patient Address, City, State, ZIP		Physician Address
Home Telephone		M.D. Office Telepho
Gender ☐ **Male** ☐ **Female**	Patient Date of Birth	M.D. Office Fax Nun

Diagnosis and Medical Information

Medication		Strength
Expected Length of Therapy	Quantity	Day Supply

Is this medication being used to treat a chronic or long-term condition for which this prescription medication may be necessary for the life of the patient?

PLEASE CHECK ALL BOXES THAT APPLY:
Do you want a drug specific prior authorization criteria form faxed to your office? ☐ Yes

- ☐ What condition is the drug being prescribed for? ICD code _____ Diagnosis _____
- ☐ Does the patient have a diagnosis of cancer? ☐ Yes ☐ No
- ☐ **STEP THERAPY** may be required. Please list all medications the patient has tried specific to t
  Therapeutic failure, including length of therapy for each drug: _____
  Drugs (s) contraindicated: _____
  Adverse even (e.g., toxicity, allergy) for each drug: _____
- ☐ Is the request for a patient with one or more chronic conditions (e.g., psychiatric condition, diab might be at high risk for a significant adverse event with a medication change? If so, specify an _____
- ☐ Has the condition been confirmed by diagnostic testing? If so, please provide diagnostic test ar _____
- ☐ Please provide any pertinent lab testing values for the members diagnosis : _____
- ☐ Does the patient have a clinical condition for which other alternatives are not recommended ba If so, please provide documentation: _____
- ☐ Does the patient require a specific dosage form (e.g., suspension, solution, injection)? If so, ple _____
- ☐ Are additional risk factors (e.g., GI risk, cardiovascular risk, age) present? If so, please provide _____
- ☐ Other: Please provide additional relevant information: _____

REQUIRED CLINICAL INFORMATION: PLEASE PROVIDE ALL RELEVANT CLINICAL DOCUMEN
PLEASE COMPLETE CORRESPONDING SECTION ON BACK PAGE FOR THE SPE
Antiemetic (5-HT3) Agents/Erectile Dysfunction Agents/Stimulants/ Prov
**FOR ANY DRUG/CLASS NOT LISTED ON THE BACK PAGE, PLEASE ATTACH ADDITIONAL INFO
**PRESCRIPTION BENEFIT PLAN MAY REQUEST ADDITIONAL INFORMATION OR CLARIFICA

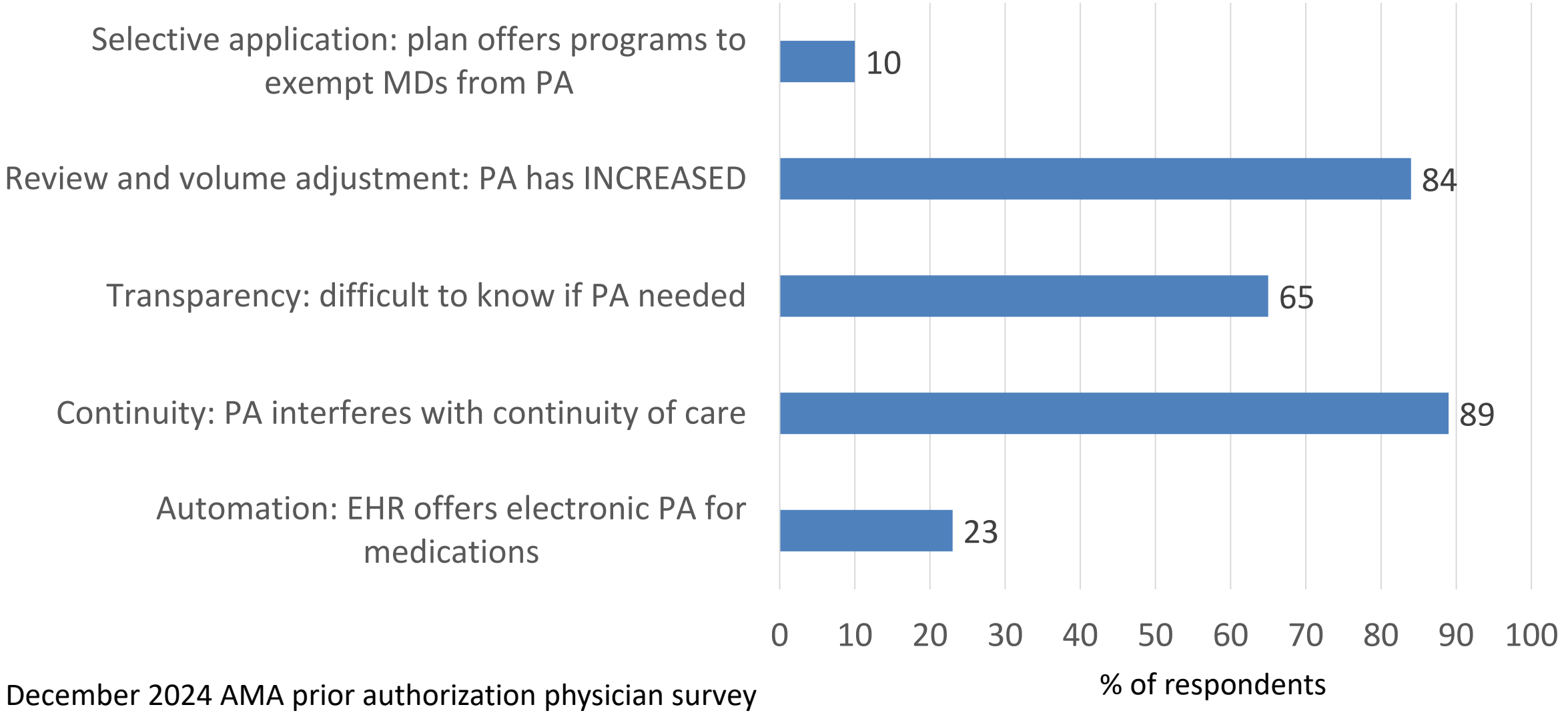
Prior Authorization Forms for Pharmacy Services

- Androgen Therapy [08/11/25] DOCX | PDF
- Anti-Amyloid Monoclonal Antibodies [05/12/25] DOCX | PDF
- Anti-Hemophilia Non-Gene Therapy Agents [07/01/25] DOCX | PDF
- Anti-Obesity Agents [10/01/25] DOCX | PDF
- Anticoagulant and Antiplatelet [10/01/25] DOCX | PDF
- Anticonvulsant [10/01/25] DOCX | PDF
- Antidepressant [10/01/25] DOCX | PDF
- Antidiabetic Agents [10/01/25] DOCX | PDF
- Antiemetics [10/01/25] DOCX | PDF
- Antihistamine Agents [01/06/25] DOCX | PDF
- Antipsychotic [10/01/25] DOCX | PDF

2018 Consensus Statement on Improving the Prior Authorization Process

1. Selective application of prior authorization
2. Prior authorization program review and volume adjustment
3. Transparency and communication regarding prior authorization
4. Continuity of patient care
5. Automation to improve transparency and efficiency

Persistent Challenges with Prior Authorization



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Key Issues for Providers

- Speed up response time… including for appeals
- Decrease the volume
- Clarify requirements
- Improve transparency (and beware AI!)
- Ensure continuity of care
- Provide a true peer
- Recognize burden on patients as well as providers
  - Some point of care strategies will increase burden of PA for physicians
- Programs where private companies profit from care denials (e.g., WISeR) need careful oversight

Questions?

keating@hcp.med.harvard.edu