March 18, 2022

Micky Tripathi, Ph.D., M.P.P.
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
Mary E. Switzer Building, C Street SW
Washington, DC 20201

Submitted electronically via regulations.gov

RE: Request for Information: Electronic Prior Authorization Standards, Implementation Specifications, and Certification Criteria

Dear National Coordinator Tripathi:

The Academy of Managed Care Pharmacy (AMCP) appreciates the opportunity to provide comments in response to the Request for Information (RFI) regarding electronic prior authorization standards, implementation specifications, and certification criteria that could be adopted within the Office of the National Coordinator for Health IT (ONC) Certification Program (Certification Program).[1] AMCP appreciates ONC's efforts to remove barriers to interoperability and health information exchange in the context of electronic prior authorization (ePA). We look forward to continued dialog with ONC on how managed care pharmacy can be integrated into the electronic prior authorization process.

AMCP is the professional association leading the way to help patients get the medications they need at a cost they can afford. AMCP's diverse membership of pharmacists, physicians, nurses, biopharmaceutical professionals, and other stakeholders leverage their specialized expertise in clinical evidence and pharmacoeconomics to optimize medication benefit design and population health management and help patients access cost-effective and safe medications and other drug therapies. AMCP members improve the lives of nearly 300 million Americans served by private and public health plans, pharmacy benefit management firms, and emerging care models.

AMCP supports standardized ePA processes using the National Council for Prescription Drug Programs (NCPDP) SCRIPT standard. The NCPDP SCRIPT standard led to the transformation in the pharmacies services sector by creating and promoting standards for electronic health care transactions and has been widely adopted by healthcare stakeholders today. Recent advancements with standards-based Real-Time Benefit Check transactions have further enabled the increase in prospective ePA and submission of prior authorization before or during electronic prescribing (ePrescribing) workflows in the context of medications. We acknowledge that the RFI seeks comments on supporting ePA processes for items and services other than medications, and we offer our comments below as instructive and reflective of our experience on the medication side.

[1] 87 Fed. Reg. 3475 (Jan. 24, 2022).

Background of Prior Authorization

Prior authorization (PA) is a key step in the managed care prescribing workflow. PA serves an important tool pertaining to several categories of managed care utilization management activities, including step therapy, practice guideline or pathway use, specialist prescribing restrictions, and authorization requirements related to benefit design (e.g., Medicare Part B benefit eligibility). PA is not designed to save money at the expense of patient care, nor is it intended to restrict the practice of medicine or frustrate providers. One of the most critical functions of PA is ensuring patients do not receive concurrent prescriptions that have harmful interactions, sometimes that may even be life-threatening reactions. PA programs are overwhelmingly evidence-based that employ peer-reviewed literature, federal studies or guidelines, and other evidence-based criteria to ensure appropriate medication use.[2]

PA, however, has generated intense frustration among providers, payers, and patients due to its reliance on outdated modes of communication, such as the pervasive use of fax machines, which have contributed to increased wait times and a general lack of transparency. Moreover, to the extent stakeholders implement electronic systems for prior authorization (e.g., prior authorization web portals), such systems often overlap and are otherwise redundant with systems established by other stakeholders, thereby increasing administrative burden and otherwise undermining the purpose of switching PA to an electronic process. For instance, a PA web portal for one payer may require information that is not used by another payer, which prevents providers and patients from standardizing and effectively predicting the information necessary to access covered medications.

Some studies have found that the annual cost from PA-related burdens amounted to $11,440 per pharmacist.[3] The COVID-19 pandemic further increased these burdens, despite the need for providers to focus on patient care rather than administrative processes such as PA. The American Medical Association (AMA) surveyed 1,000 practicing physicians between Nov. 23, 2020 and Dec. 14, 2020 and found that 88 percent of physicians described the burden associated with PA as “high” or “extremely high”.[4] Of note, adoption of electronic PA systems among providers has lagged significantly behind that of payers. A 2020 survey from AMA found that 58 percent of providers reported always or often submitting prescription PA requests over the phone and 48 percent submitting via fax machine.[5] For medical PA, 59 percent of providers reported always or often using phones, and 46 percent reported always or often using fax machines.[6] These findings indicate substantial opportunity to improve patient care by focusing on expanding the adoption of standardized modern electronic prescribing and prior authorization platforms among health care providers.

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[2] “Key Results of Industry Survey on Prior Authorization,” AHIP (accessed on March 15, 2022), https://www.ahip.org/documents/Prior-Authorization-Survey-Results.pdf.
[3] Lennertz M, Wertheimer A. Is prior authorization for prescribed drugs cost-effective? Drug Benefit Trends. 2008;20(4):136-39.
[4] 2021 AMA Prior Authorization (PA) Physician Survey, https://www.ama-assn.org/system/files/prior-authorization-survey.pdf.
[5] “Measuring progress in improving prior authorization,” AMA (accessed on March 16, 2022), https://www.ama-assn.org/system/files/2021-05/prior-authorization-reform-progress-update.pdf.
[6] Id.

Electronic Prior Authorization (ePA)

Electronic prescribing (e-prescribing) covers a wide range of prescribing practices that improve patient outcomes and prescribing efficiency by providing real-time information to prescribers about past medications and patient cost information. Electronic transmission of prescription information offers benefits over written and oral prescriptions in terms of accuracy, storage capacity, accessibility, security, and productivity. Benefits of electronic prescriptions include the reduction of errors due to misinterpretation of handwritten prescriptions, confusion between similarly sounding drug names during oral transmission of prescription orders, and order-entry errors.

ePrescribing systems alert prescribers to potentially harmful drug interactions, patient drug allergies, and duplicate or overlapping drug therapy, enabling the prescriber to adjust the prescription before the pharmacy dispenses the drug. ePrescribing systems can also allow prescribers to access the formulary for a patient's prescription drug benefit, ensuring that they select a therapy for which the patient has coverage, in addition to any clinical edits that may be present.

ePA is an essential component of e-prescribing that facilitates timely access to necessary medications in a manner that integrates seamlessly with a prescriber's workflow and reduces many of the administrative burdens noted above. Electronic transmission of prior authorization requests from pharmacies and prescribers improves the quality of the request, reduces the time for review and improves the patient and prescriber experience. Prescribers often are not aware that a PA is needed until the prescription claim is rejected at the pharmacy. Pharmacists are often in the middle between the payer and the patient, contacting the prescriber for additional information.

Recent advancements with a standards-based Real-Time Benefit Check have further enabled progress to increase prospective ePA. ePA can proactively identify the need for a prior authorization, minimizes the information required to make a determination and presents questions in a logical fashion reducing the processing time. This can lead to improved access to needed medications.

AMCP Supports the NCPDP SCRIPT ePA and ePA in the Context of Other Items and Services

AMCP has been a strong supporter of ePA and the National Council for Prescription Drug Programs' (NCPDP) efforts to develop the NCPDP SCRIPT ePA. Several of our members participated in its development and that standard allows more efficient and timely communication between the prescriber and the patient's health plan in addition to optimizing health. The commercial marketplace has already seen the benefits of ePA and using the NCPDP SCRIPT ePA standard.

AMCP supports the ONC incorporation of the NCPDP SCRIPT ePA into the Health IT Certification Program as a mechanism to improve the adoption and proliferation of ePA for medications, both among commercial stakeholders and the Medicare/Medicaid programs. Based on our experience, we believe that ePA in the context of other items and services can improve patient care and reduce providers' administrative burden.

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We appreciate the opportunity to offer our experience with ePA in the context of medications as ONC considers incorporating ePA for other items and services as part of the Certification Program. We are committed to lending our managed care expertise in the ONC's efforts and welcome the opportunity for

further dialogue. If you have any questions regarding AMCP's comments or would like further information, please contact Jennifer Mathieu at 703.286.2654 or jmathieu@amcp.org.

Sincerely,

Susan A Cantrell RPH, CAE
Chief Executive Officer