

## Stakeholders in the Prior Authorization Process

### Physicians

Many different physicians are required to know and use the prior authorization process including both primary care physicians, as well as specialists. All prior authorization forms require a physician's signature and comments to be approved.

### Drug Access Navigators

Also known as Drug Access Facilitators or Medication Reimbursement Specialists, Drug Access Navigators (DANs) are drug funding experts that come from diverse professional backgrounds (pharmacist, nurse, social worker etc) that help to facilitate drug coverage for patients. Mostly found in oncology, their help includes but is not limited to: relieving the burden of paperwork associated with both publicly and privately funded medication requiring prior authorization, keeping track of new medications and criteria, and appealing any outcomes as needed. They also work closely with pharmaceutical company representatives to stay up-to-date on information regarding coverage, including public and private coverage funding criteria. Patients are usually referred to a DAN by their physician or through a cancer clinic. A pharmacist or social worker may do the role of the DAN even by a different title.

### Patients Support Programs

Patient Support Programs are services run by pharmaceutical companies designed to provide support for patients on specific medications that often require prior authorization. A PSP representative works with patients and their physician to ensure a prior authorization claim is submitted with all the necessary medical information and signatures to expedite the prior authorization process.

### Specialty Pharmacy

Specialty Pharmacies dispense specialty medication, which can include high-cost drugs, medications that require patient education, and medications that may require special handling. These medications are often subject to prior authorization for use.

## **Insurers and Pharmacy Benefit Managers (Private Payers)**

Employers or group policyholder select an insurance company for plan members' benefits plan that includes prescription drug coverage. The insurance company has an obligation to review claims that are submitted to them to ensure they meet coverage guidelines under the policy.

Insurers designate some drugs under group plans as specialty drugs that require prior authorization, or prior approval, before the drug is dispensed. The list of drugs that require prior authorization (PA) can vary between insurance policies and insurance companies. The list of PA drugs is usually created by an internal review committee, and sometimes external medical experts, who review each drug against clinical guidelines and decide on the insurers criteria for reimbursement. To manage costs for specialty drugs under group plans, and ensure appropriate access to medications, insurers review these claims before they are approved through a prior authorization process.

Each insurer creates their own unique claim forms for the PA process that need to be completed by both physicians and patients. They may also require copies of your medical records for their review.

If you would like to find out more information on your insurer's PA requirements for the drug you have been prescribed, then you may be able to create an online profile with your insurer or you can contact your insurer through their information line or via their online chat.