WHAT IS PRIOR AUTHORIZATION?
Prior authorization occurs when an insurance company requires the prescribing health care provider to secure insurance approval before a patient can access his or her prescribed medication. Different insurers may have different forms or lengthy processes, requiring a doctor’s notes or detailed medical records. Filing for an insurance company’s approval takes up precious time, delaying treatment for the patient’s vision condition.

WHAT HAPPENS IF PRIOR AUTHORIZATION IS DENIED?
If authorization is denied, patients won’t have access to treatment for their vision health in a timely manner. Patients and their clinicians can appeal the decision, and after multiple appeals a clinician can even request a peer-to-peer review in an attempt to secure the insurer’s approval.

Throughout the appeals process, patients are left waiting. Their vision conditions go untreated. They may suffer worsening symptoms, deteriorating vision or irreversible damage.

HOW CAN POLICYMAKERS MAKE PRIOR AUTHORIZATION LESS DIFFICULT FOR VISION PATIENTS?
In many states, legislators have already taken steps to protect patients from prior authorization’s harmful effects. Some states require insurance companies to respond within a designated amount of time, while others have considered creating a universal prior authorization form.

Some states also require an electronic prior authorization option, creating a more streamlined appeals process.

FOCUSING ON VISION HEALTH
Vision health matters. Treatment for vision conditions help improve a patient’s daily life and may prevent their sight from deteriorating.

As policymakers work to reduce the barriers posed by prior authorization, patients can work alongside their health care providers to address prior authorization challenges as they arise.