



VISION HEALTH
ADVOCACY COALITION

A woman with brown hair and a white lab coat is looking through a large white vision testing device. An older man with a white beard and hair is also looking through a similar device. The background is a plain, light-colored wall.

BRINGING PATIENT & PROVIDER VOICES

to Vision Health Access Issues

Prior Authorization 101

OVERVIEW

From a gene therapy for blindness to an infused biologic for a rare autoimmune condition, innovative therapies inspire hope and offer unprecedented relief to Americans affected by vision impairments. By restoring vision or reducing symptoms, new treatment approaches can enhance patients' self-sufficiency and improve their day-to-day lives. But too often these patients continue to struggle.

Even when health plans cover a new therapy, they may structure coverage in a way that limits access. That might include:

- Requiring **prior authorization**, when patients are forced to wait while their health insurer approves their doctor's prescription.
- Instituting **step therapy**, when health plans force patients to prove that less expensive treatments don't work before they agree to cover the drug prescribed.
- Placing the medication on a **specialty tier**, which deters access by requiring patients to pay a hefty portion of the cost from their own pockets.

This document, focused mainly on **prior authorization**, guides patients and providers on how to use their voices to shape pro-access policies.

UNDERSTANDING PRIOR AUTHORIZATION



Prior authorization forces patients to wait for their health plan's approval before getting access to the medication their doctor prescribed. This can take days, weeks, or even months.

WHAT YOU CAN DO



Ask your provider if prior authorization will be required for your medication or if it has already been approved



Ensure **open communication** between you, your provider, their staff and your health plan about prior authorization requirements and reasons



While your provider will handle the prior authorization request, **ask them how the process works**



Advocate for yourself along the way while you wait for authorization



Learn who at your health plan decides where to authorize coverage of the medication



Read the clinical guidelines your health plan will use to make their decision about covering the medication



Work with your provider to make sure the **correct information** is submitted



If your health plan does not authorize coverage, **ask to see everything** that was submitted in the request



If prior authorization is denied, **you have a right to know why**, so ask your health plan or provider



If denied, work with your provider to **try again** and submit an appeal



VISION HEALTH ADVOCACY COALITION

The **Vision Health Advocacy Coalition** promotes patient-centered policies that make services, devices and life-changing treatment accessible for people with vision conditions.

To learn more visit VisionHealthAdvocacy.org



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