

YOU CAN MAKE A DIFFERENCE: SHARE YOUR STORY



One of the most powerful tools we have are the personal stories of those impacted by delays in treatment or care due to the insurance approval process.

What is Prior Authorization?

Prior authorizations (PA) require a physician to request health insurer approval of a prescription drug or other health care services before such care is delivered. Health plans often use PA to restrict access to costly services and therapies—particularly newer treatments. Health plans may also use PA to ensure that a therapy is appropriate and safe for a specific patient.

What is Fail First?

Fail First (also known as step therapy) requires patients to try, and fail, on one or more prescription drugs chosen by their insurance company—not their healthcare professional—before gaining access to the drug that was recommended to treat their health condition.

Why are Prior Authorization and Fail First a Problem?

This one-size-fits-all approach to controlling health care costs undermines and burdens providers, and may lead to unnecessary delays, even denials, of care.

This often causes Pennsylvania patients' health to deteriorate as they await authorization or try and fail on medications that don't work for them. There is currently no requirement that prior authorizations be determined in reasonable timeframes in addition to no clear step therapy exemption process.

Have you experienced delays in treatment or care due to prior authorization and step therapy?

Please consider telling us your story. ►

