Autoimmune Interim Prior Authorization Survey Results

November 2022

Overview

- Background
- Summary
- Select Detailed Findings

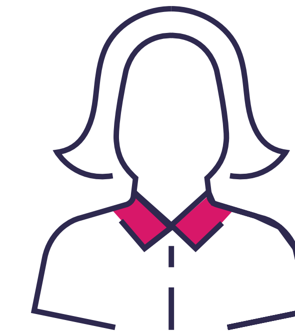
Methodology

Online Survey

A quantitative survey, including open-ended questions, was fielded from October 25 through November 20, 2022

Format

Double-blinded, 30-minute survey

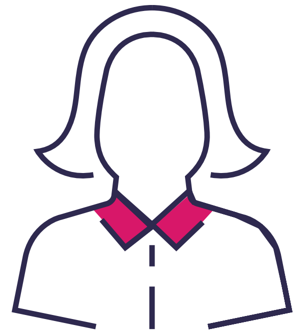


Participants

A total of 30 rheumatology healthcare providers located across 9 states

Note: Some of the percentages in this report may not add up exactly due to rounding.

Caution on generalization



Results from the survey are based on a small sample of recruited providers and are primarily qualitative in nature

Results may be used to provide directional insights but should not be considered generalizable to the universe from which they were selected

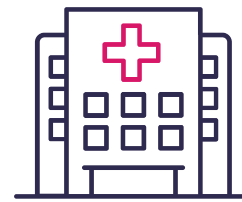
All references to factual data, properties, images, etc, should be read as if preceded by the word "perceived"

Some of the percentages in this report may not add up exactly due to rounding and the fact that only whole percentages are shown

Background

autoimmune association

Provider demographics (N=30)



43% Urban

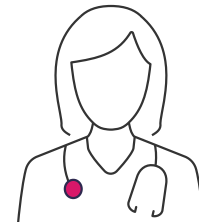
47% Suburban

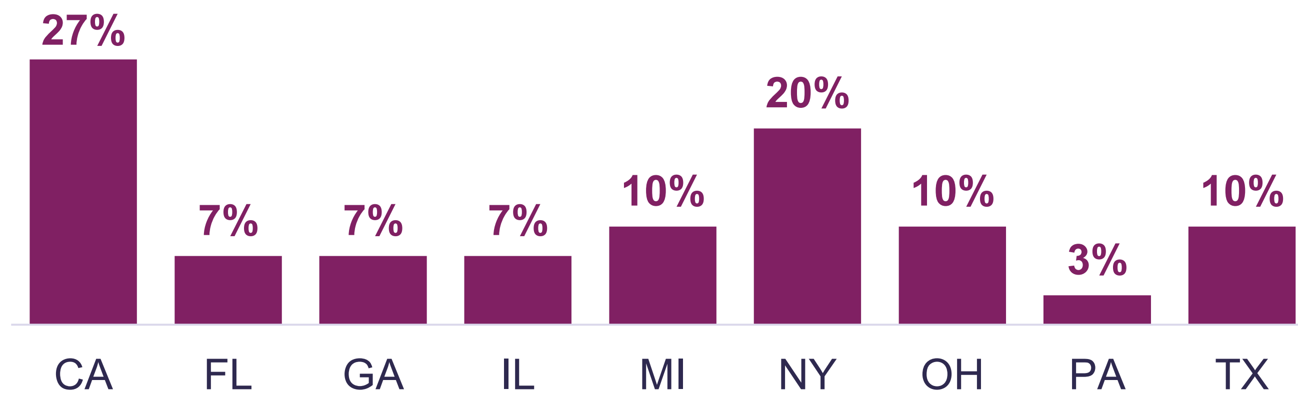
10% Rural

Practice size

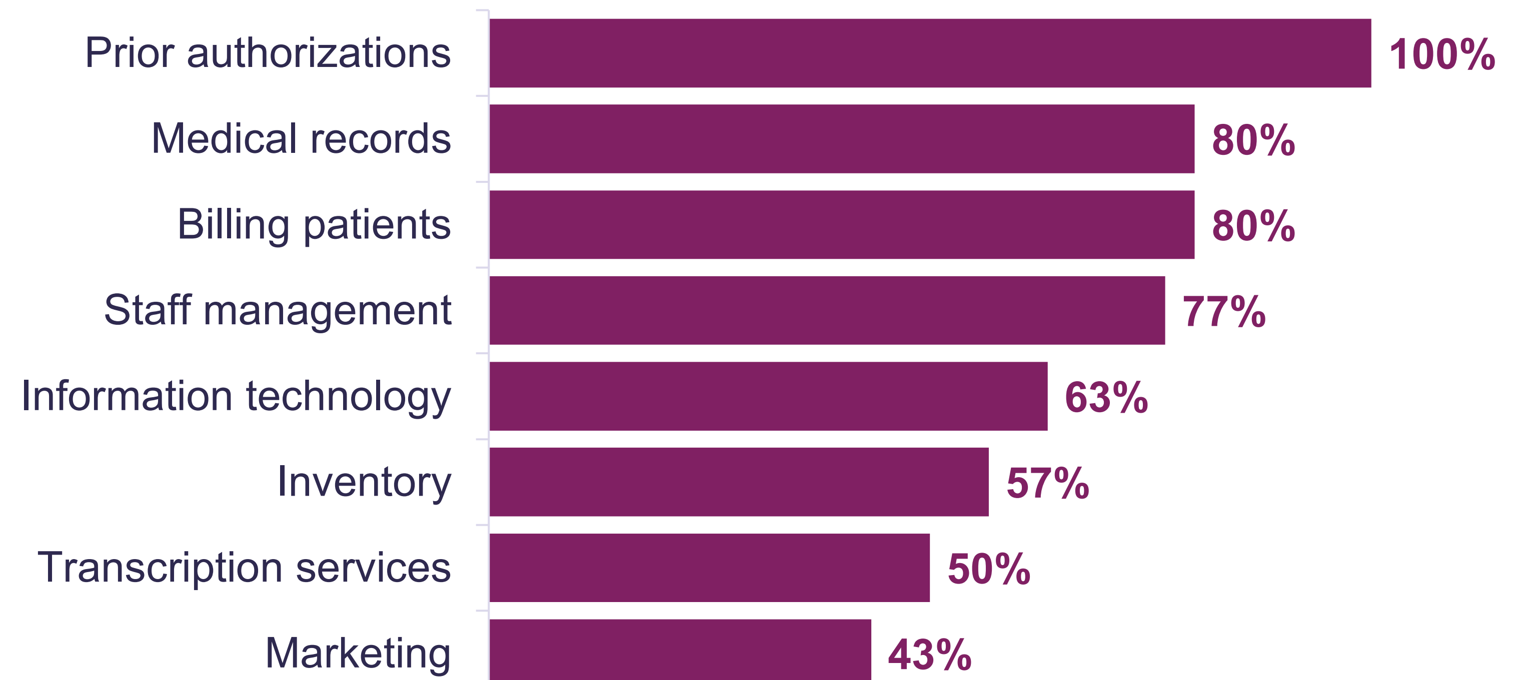
Under 9 physicians **43%**

10 or more physicians **57%**

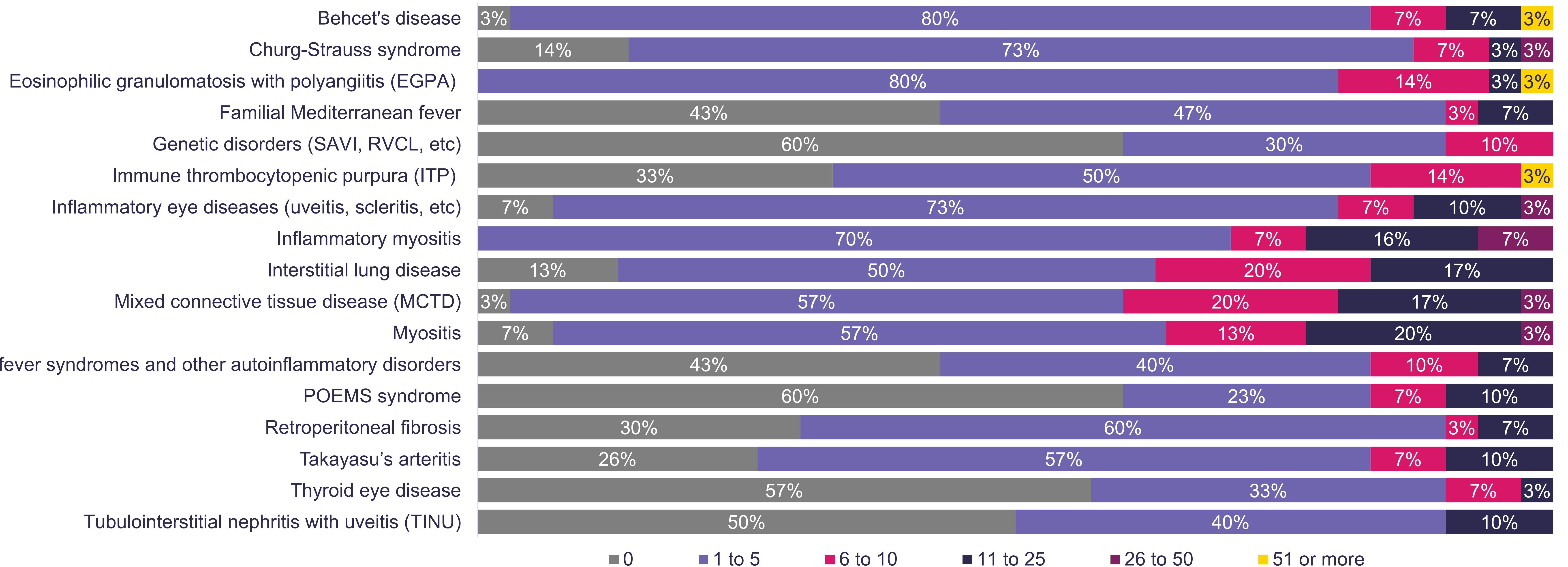




Activities personally involved in



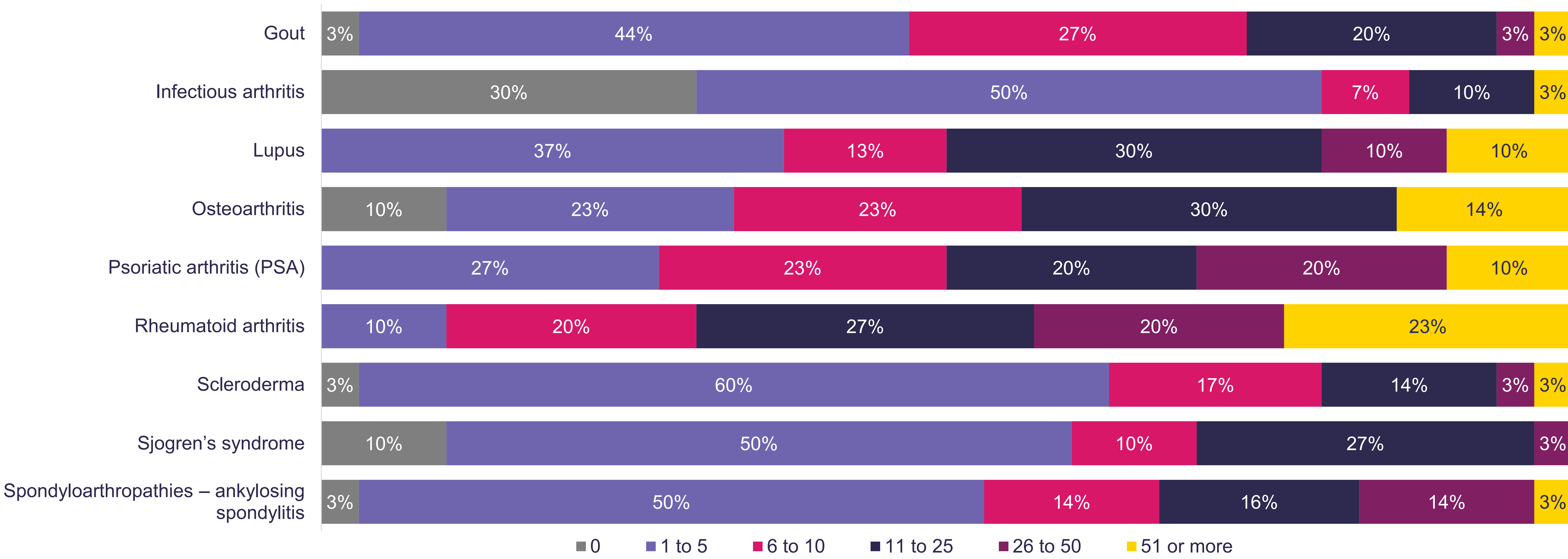
PAs for rare autoimmune diseases over the past 2 weeks



N=30

S7. How many drug or diagnostic/imaging procedure prior authorizations with an insurance company have you personally conducted in the past 2 weeks in the following disease areas?

PAs for common autoimmune diseases over the past 2 weeks



N=30

S7. How many drug or diagnostic/imaging procedure prior authorizations with an insurance company have you personally conducted in the past 2 weeks in the following disease areas?

Summary

Key takeaways

- The most common rare autoimmune disease areas to require a PA for newer standards of care were EGPA, myositis, and Behcet’s disease
  - The least common were for genetic disorders (eg, SAVI, RVCL, etc), POEMS syndrome, and TINU
- The burden of prior authorization (PA) for rare diseases was found to be most often the responsibility of physicians (60%)
- Nearly 75% of respondents report having at least 1 employee who works only on PAs
- Over 40% of respondents work with 10 or more insurance companies on PAs
  - 3% reported working with 3 fewer insurance companies on PAs
- Over 8 in 10 respondents use fax to conduct PAs
  - On average, 21% to 30% of the PA form is pre-filled through electronic medical records (EMR) with commercial plans varying the most
- Proof of failed therapy is almost always required for a PA
- PA process often takes more than 4 days for physician-administered and self-administered rare autoimmune disease drugs except commercial takes 3 days

Key takeaways (cont)

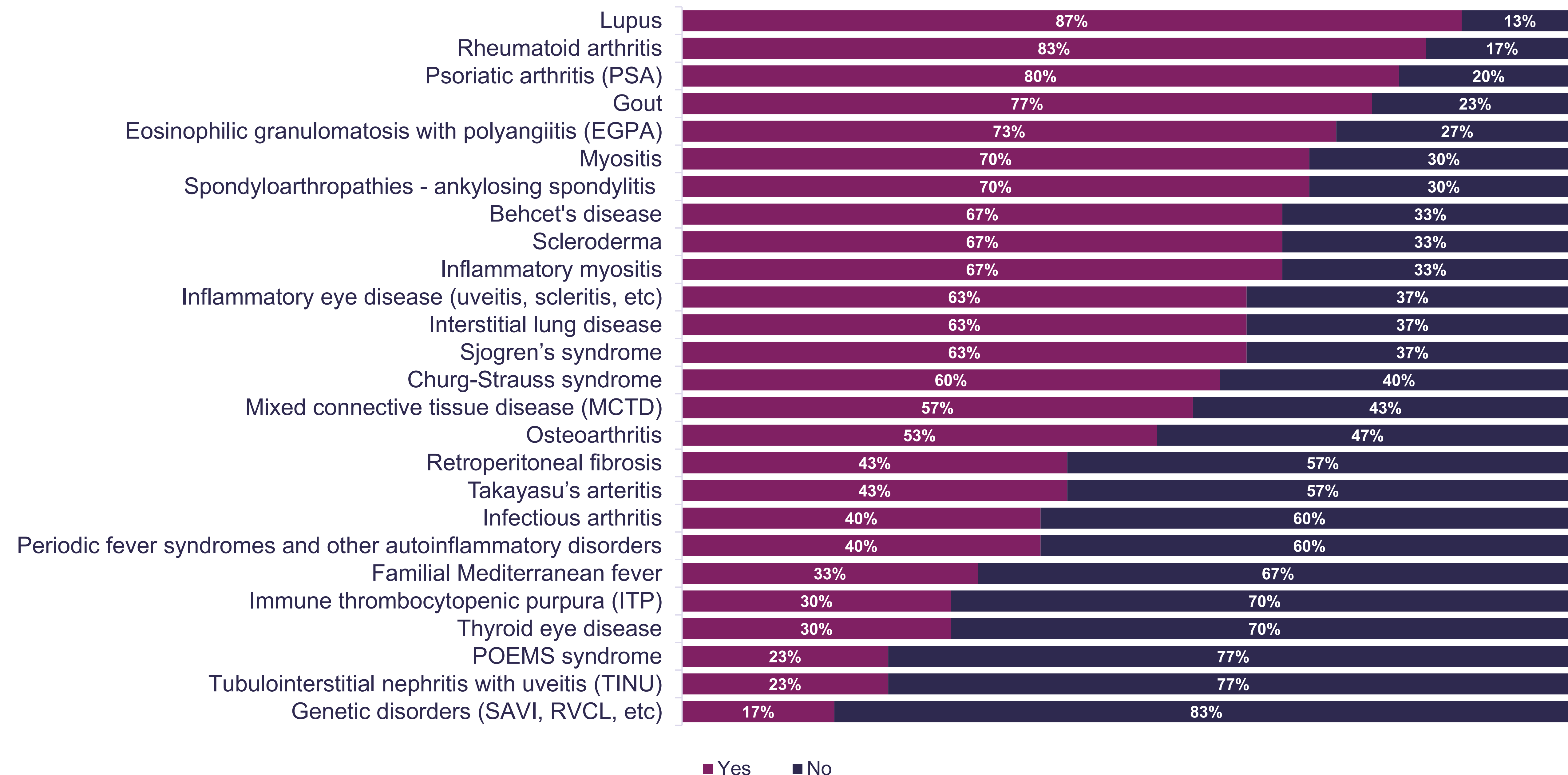
- PA decisions are almost always delayed (90% were delayed sometimes or most of the time)
- The actual delay time for a PA decision was often lengthier than expected
- In nearly half of cases, PAs are denied and must go through an appeals process
- 90% of respondents indicated appeals being approved 50% to 100% of the time
- Most providers suggest delayed treatment decisions for patients as the most common impact of delayed PAs on patients
- No real difference was reported in PA decisions for rare autoimmune disease drugs by sex or race/ethnicity

Select Detailed Findings

More common autoimmune disease areas that required PAs for new standards of care over rare autoimmune disease areas

Staff Setup for PA Processes for Rare Diseases

- The most common rare autoimmune disease areas to require PAs were EGPA, myositis, and Behcet's disease
- The most common autoimmune disease areas were lupus, rheumatoid arthritis, and psoriatic arthritis
- The least common use of PAs for newer standards of care was for genetic disorders (eg, SAVI, RVCL, etc), POEMS syndrome, and TINU

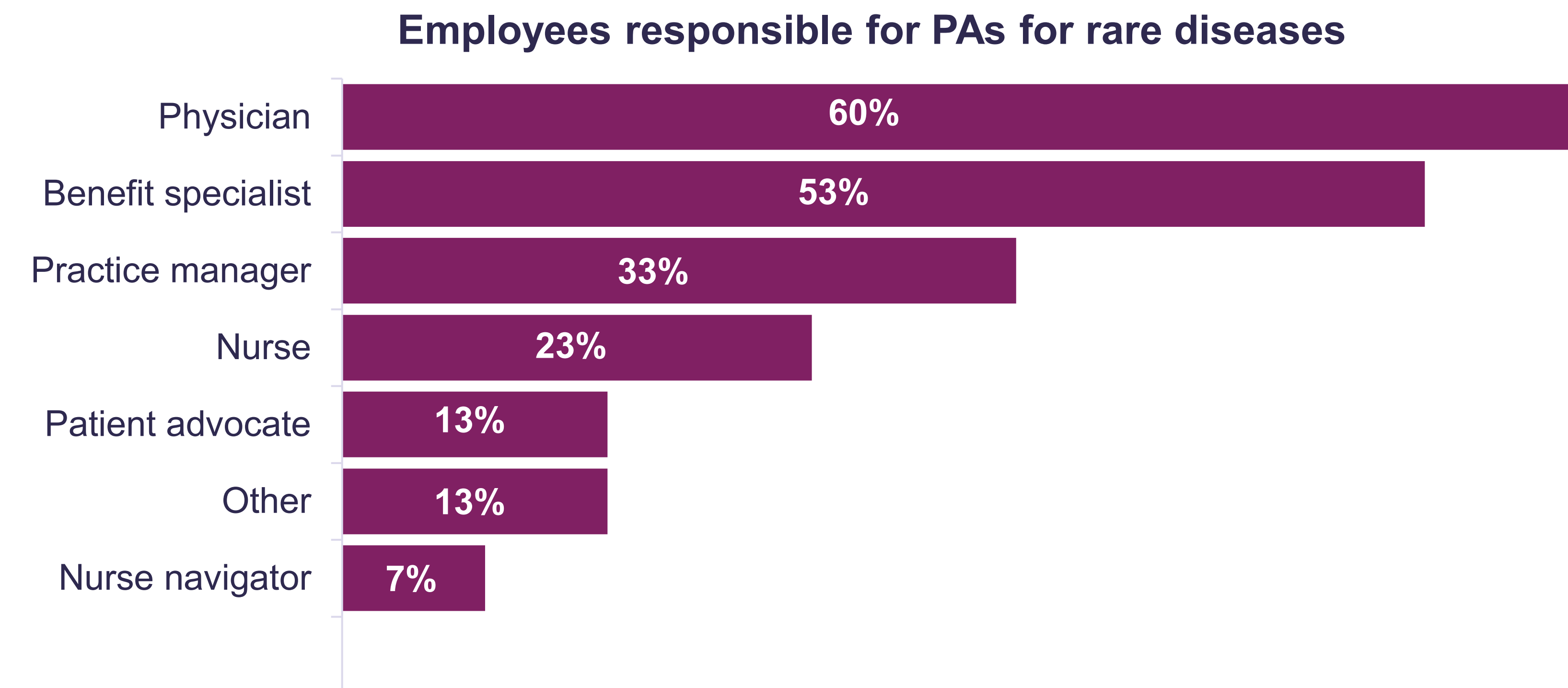


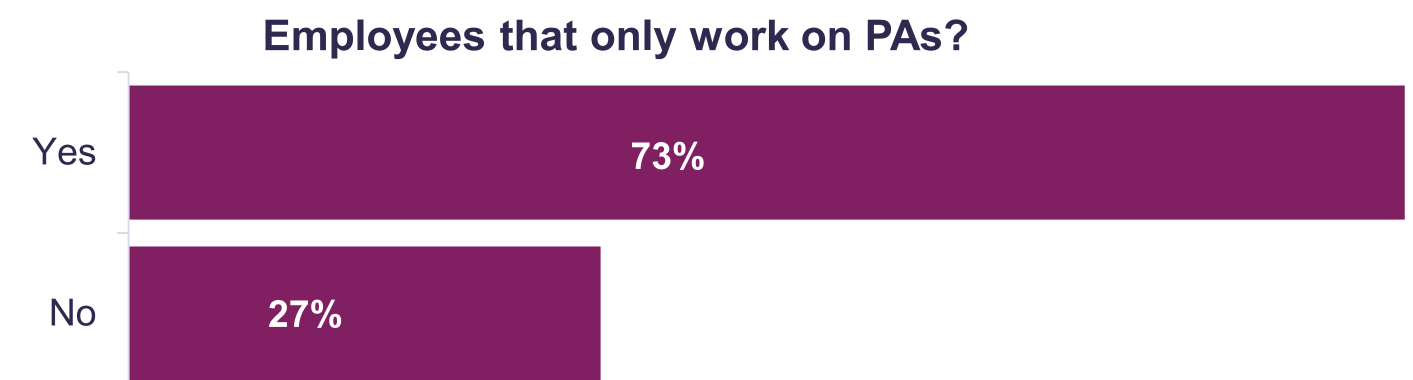
N=30

Q4. Have you had to complete prior authorization in any of these disease areas to obtain a newer standard of care?

Physicians and benefit specialists are mainly responsible for PAs

- The burden of PAs for rare diseases was found most often to be the responsibility of physicians (60%), even more often than benefit specialists (53%)
- "Other" employees included nurse practitioners, medical assistants, and pharmacists
- Nearly 75% of respondents reported they have employees who work only on PAs
  - 17 respondents indicated that 1 to 2 employees only work on PAs
  - 4 respondents indicated 3 to 5 employees only work on PAs





N=30

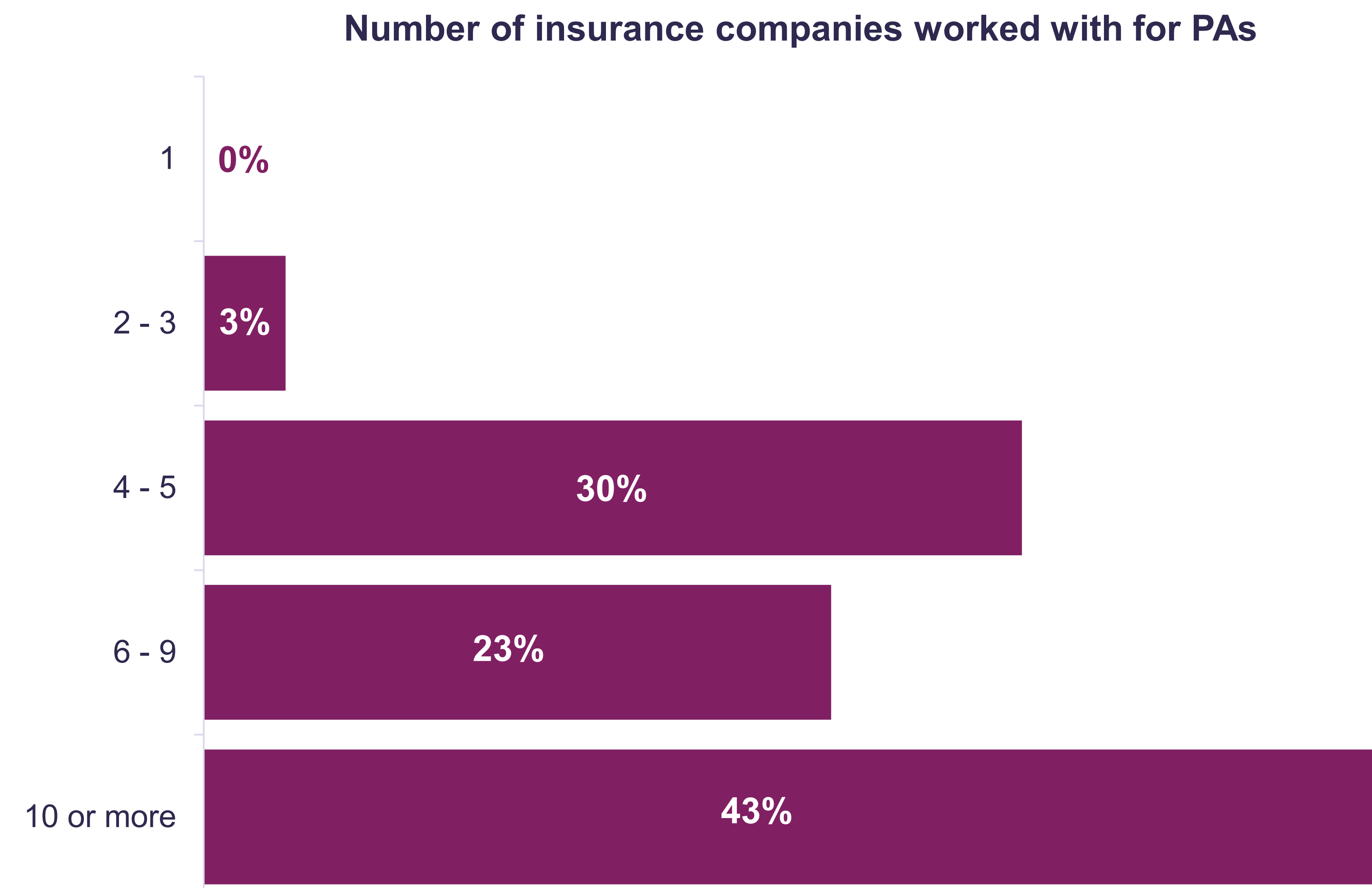
Q5. Who within your office typically handles prior authorizations for rare diseases? Please select all that apply.

Q5a. Are there employees at your practice that only work on prior authorizations?

Q5b. How many employees only work on prior authorizations?

Over 40% of respondents work with 10 or more insurance companies for PAs

- Only 3% reported working with 3 or fewer insurance companies for PAs
- 38% of urban, 36% of suburban, and 100% of rural practice settings reported working with 10 or more insurance companies for PAs

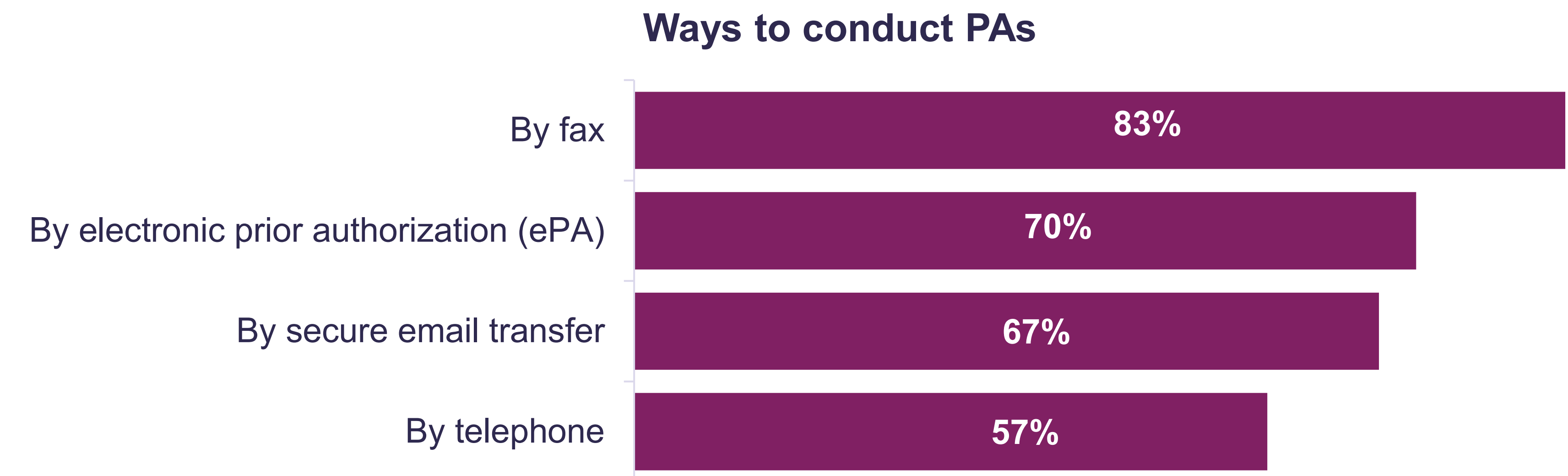


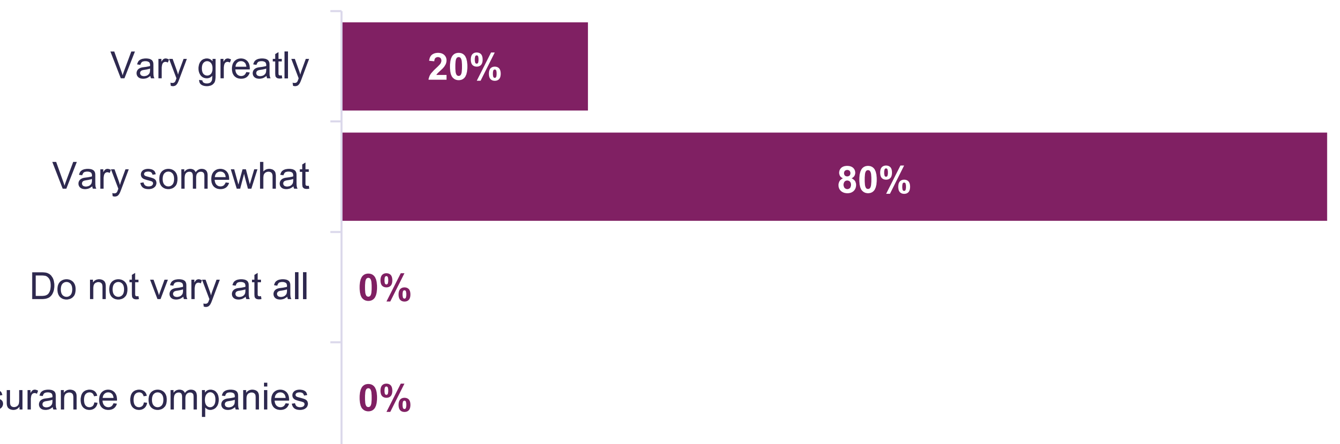
N=30

Q6. How many different insurance companies do you work with for prior authorizations?

Respondents indicated fax as the most utilized method to conduct PAs

- Telephone, email, and electronic PA are also utilized
- PA forms also vary across insurance companies, with 20% of respondents indicating they vary greatly



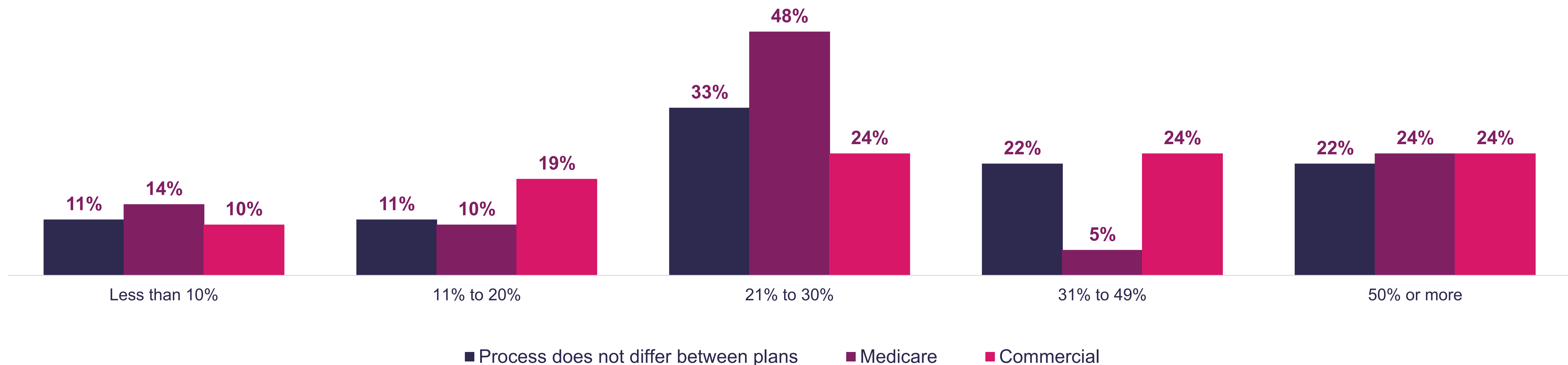


N=30

Q7. In which ways may a prior authorization with an insurance company be conducted? Please select all that apply.

Q8. Do prior authorization forms vary across insurance companies?

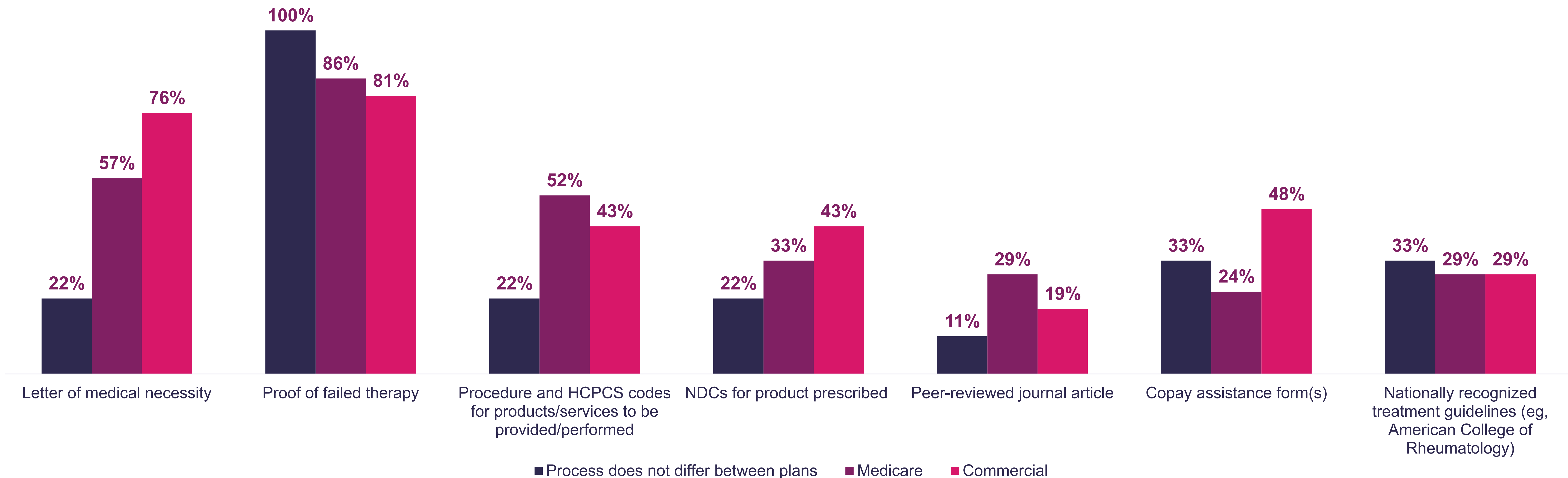
On average, 21% to 30% of the PA form is pre-filled through electronic medical records (EMR), with commercial plans varying the most on the percentage of forms pre-filled



N=30 (Process does not differ between plan types: Medicare, n=9; commercial, n=21)

Q11. On average, how much of the prior authorization form is pre-filled through your electronic medical records (EMR) system?

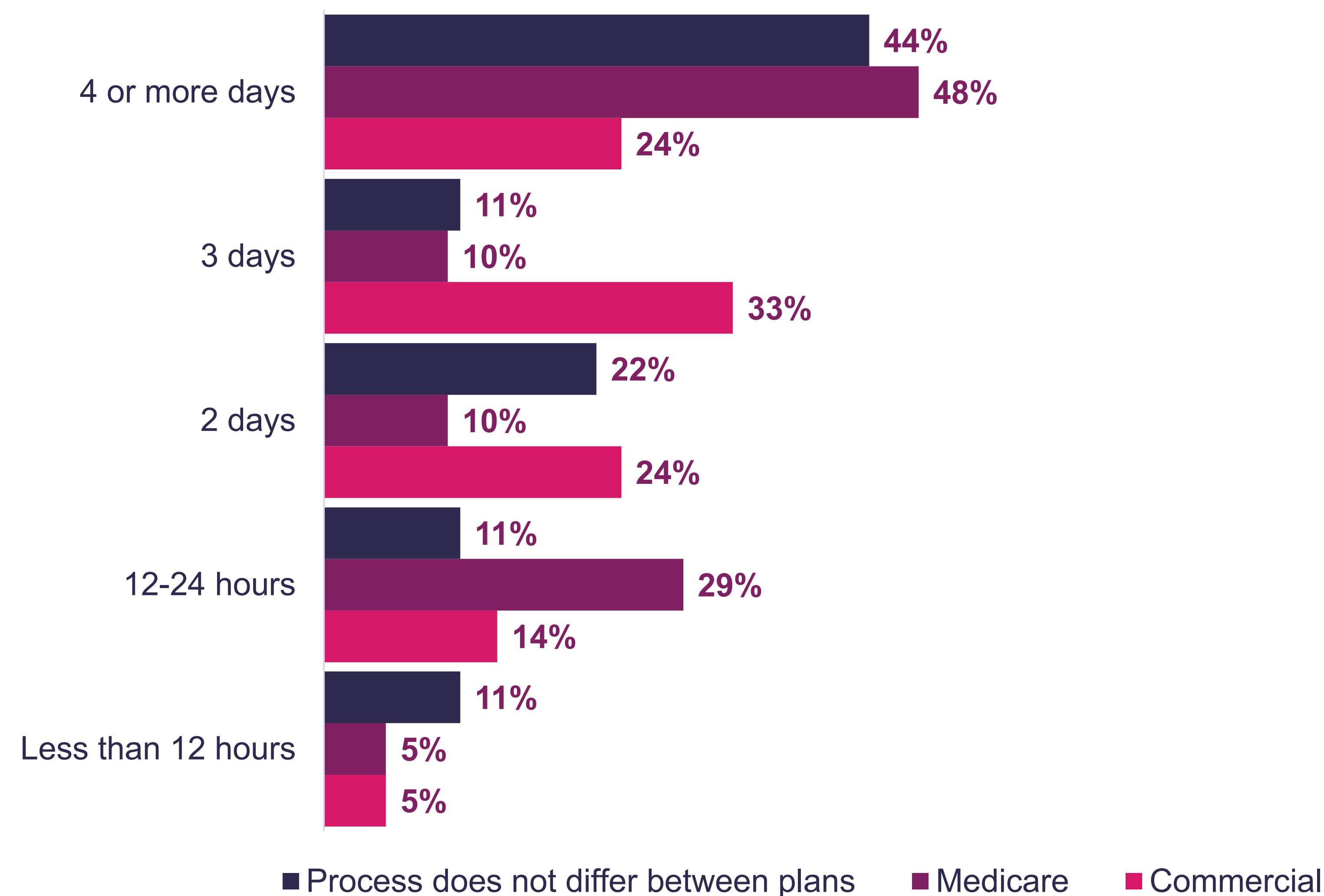
Proof of failed therapy was often required for all plan types, whereas a letter of medical necessity was required more for commercial plans than Medicare plans

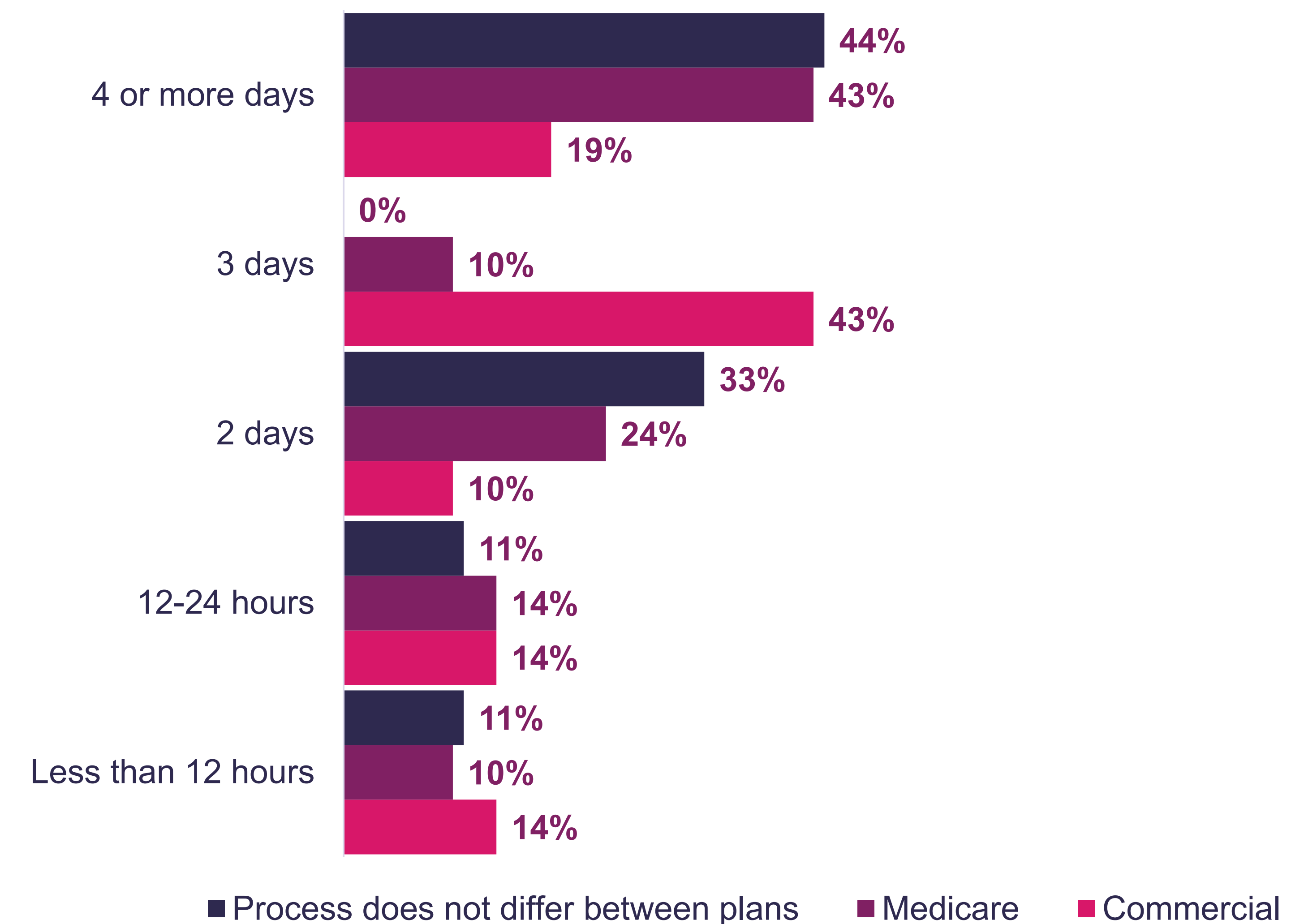


N=30 (Process does not differ between plan types: Medicare, n=9; commercial, n=21)

Q11a. What supporting paperwork often needs to be provided with prior authorizations for rare diseases? Please select all that apply.

PA process, on average, varies more by plan type than by physician- vs self-administered drugs



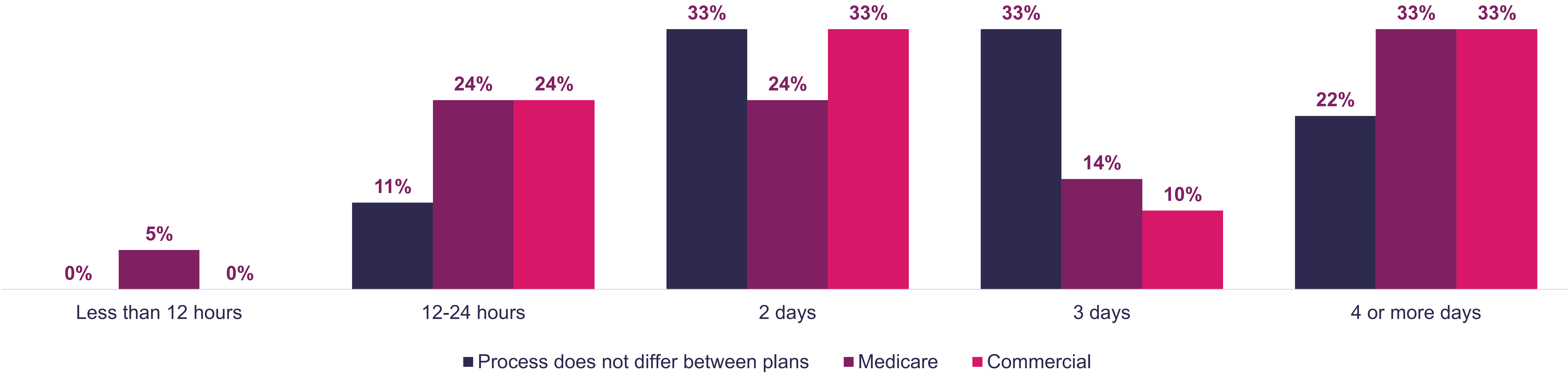


N=30 (Process does not differ between plan types: Medicare, n=9; commercial, n=21)

Q12a. How long does the prior authorization process for rare autoimmune disease drugs take from start to end, on average for… physician-administered drugs?

Q12b. How long does the prior authorization process for rare autoimmune disease drugs take from start to end, on average for… self-administered drugs?

Learning curve to obtain the appropriate level of knowledge of the PA process varies

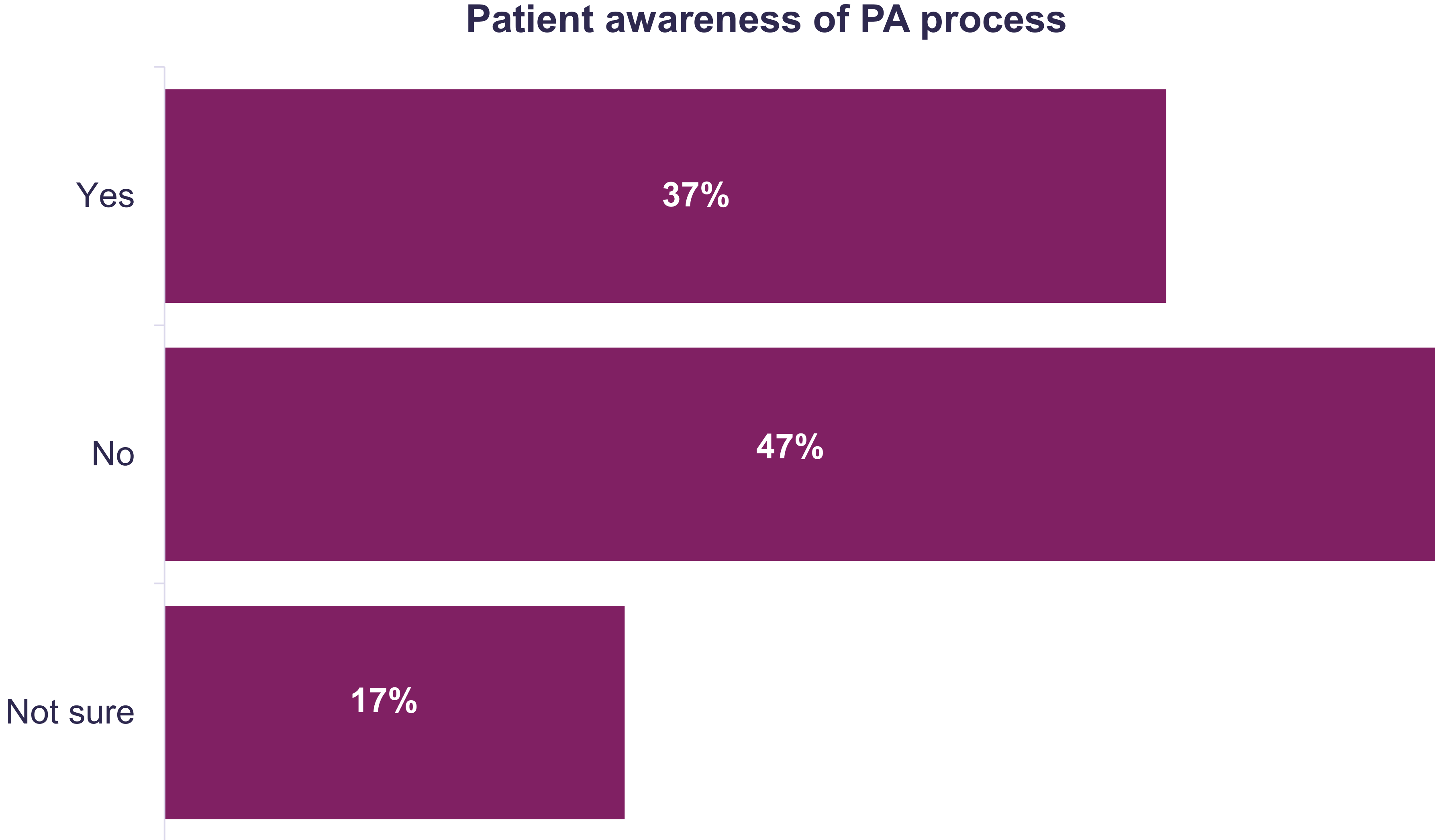


N=30 (Process does not differ between plan types: Medicare, n=9; commercial, n=21)

Q13. How long is the learning curve, in hours, to obtain the appropriate level of knowledge on the prior authorization process, forms, and codes for rare autoimmune disease drugs?

Respondents indicated patient awareness of the PA process is almost 40%

- 17% were unsure if patients were aware of the PA process
- 69% of urban vs 36% of suburban practices indicated patients were not aware of the PA process

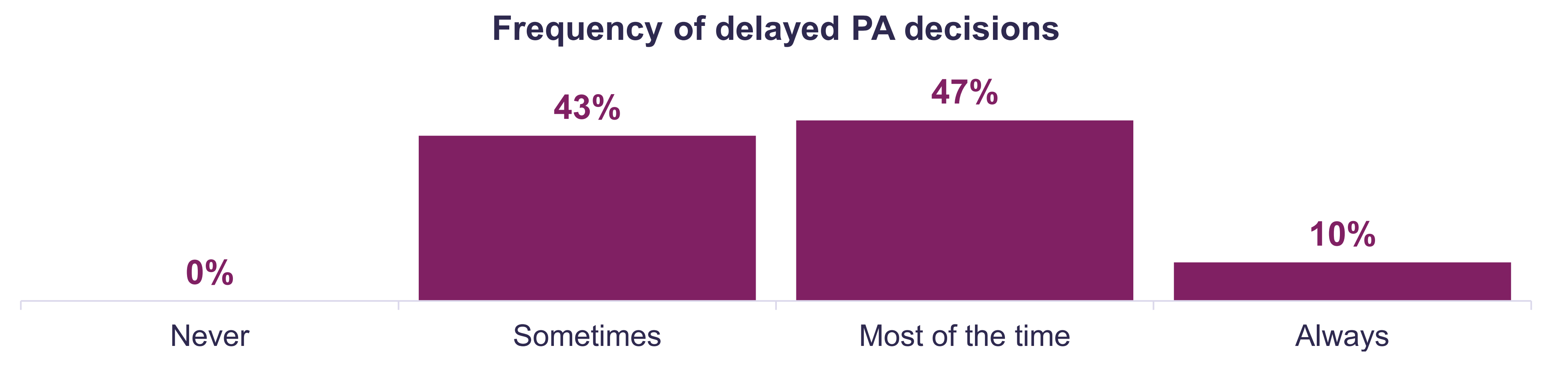


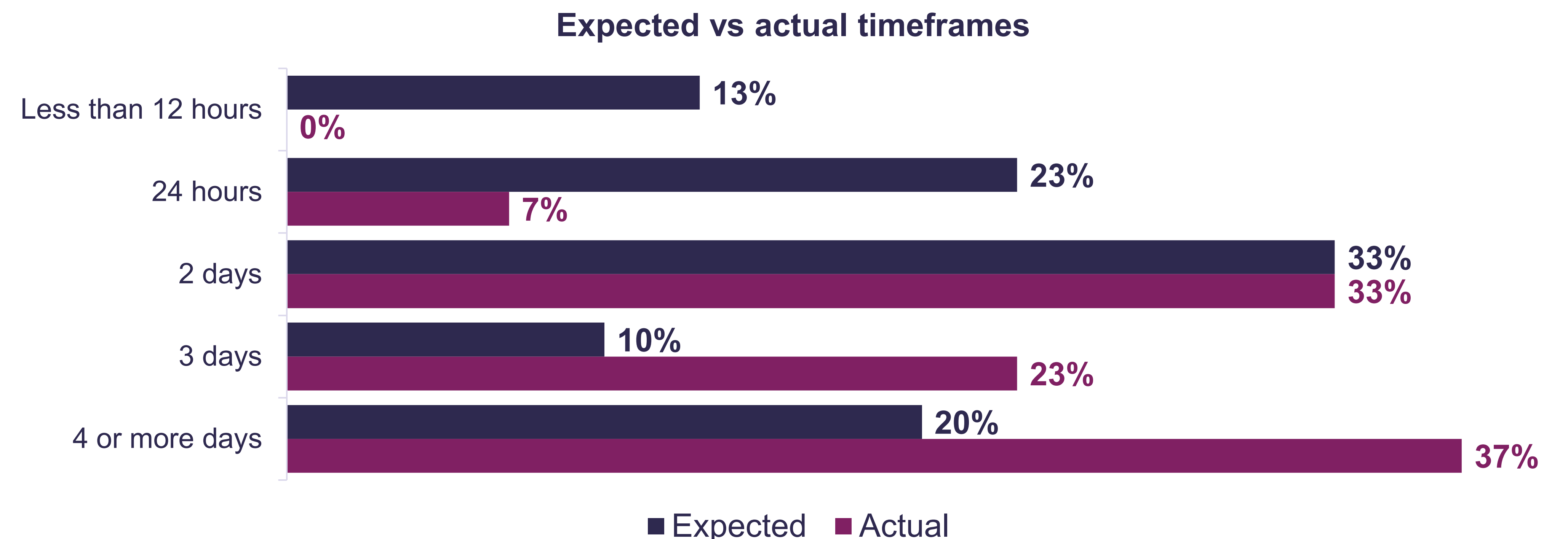
N=30

Q18. Are most of your patients aware of the prior authorization process for specialty drugs used to treat rare autoimmune diseases?

PA decisions are almost always delayed (90% were delayed sometimes or most of the time)

- The actual delay time for a PA decision is often lengthier than expected (4 or more days)
- 86% of Southern (TX, FL, NC, GA) providers indicated PAs were delayed most of the time, whereas 75% of Midwestern (IL, OH, MI) providers indicated PAs were sometimes delayed





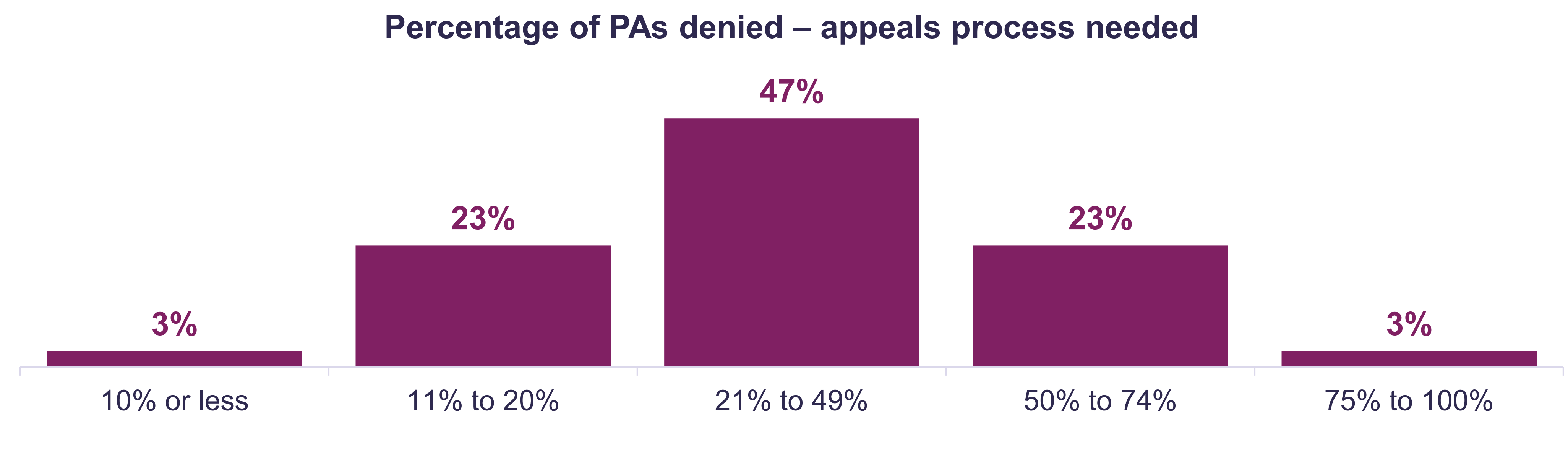
N=30

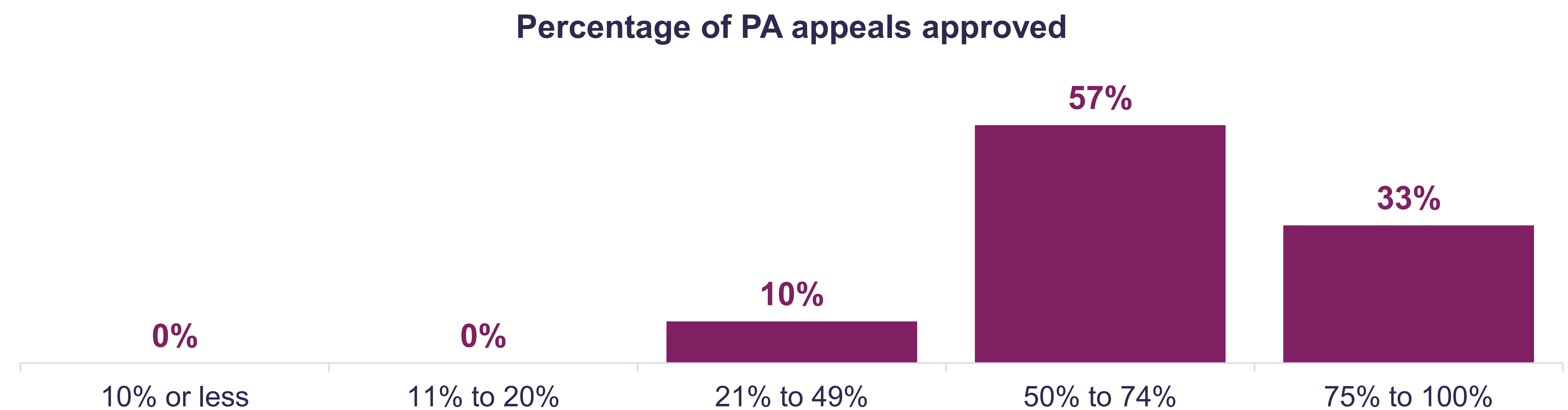
Q19. How often are prior authorization decisions delayed, on average?

Q20. In these situations, what was the expected and actual timeframe to receive the prior authorization for approved drug?

In nearly half of cases, PAs are denied and must go through an appeals process

- 90% of respondents indicated appeals being approved 50% to 100% of the time
- 50% of California providers reported a success rate of 75% to 100%, while 13% of Midwestern (IL, OH, MI) providers reported a success rate of 75% to 100%





N=30

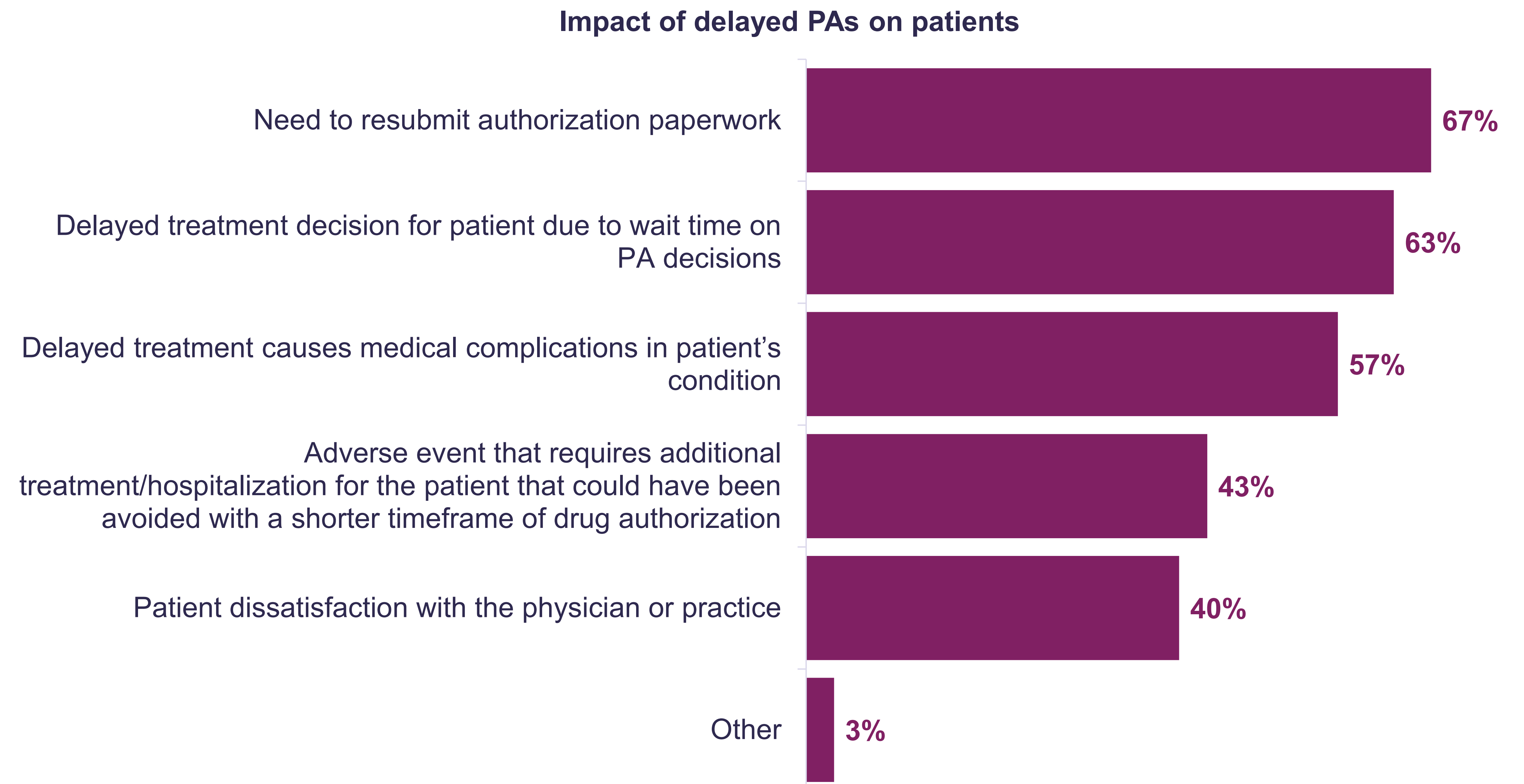
Q21. What percentage of prior authorizations are denied and must go through an appeal process?

Q22. What is your success rate in obtaining approval for appeals?

Q23. Based on the number of employees that work on prior authorizations and the time involved in completing prior authorizations, can you estimate the monthly cost to the practice?

Paperwork resubmissions and delayed treatment decisions are the most common impacts of delayed PAs

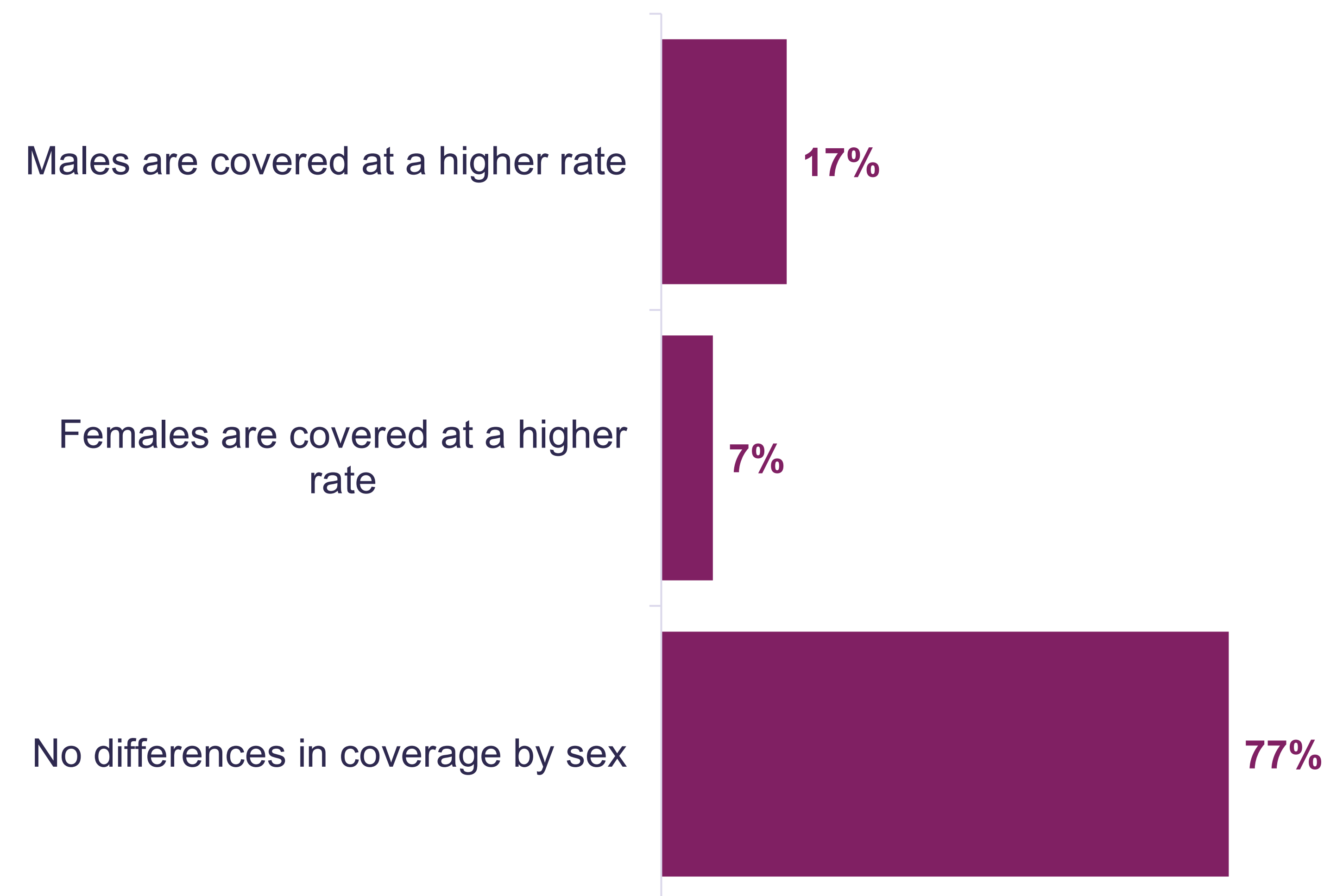
- Most providers suggest delayed treatment decisions as the most common impact of delayed PAs on patients

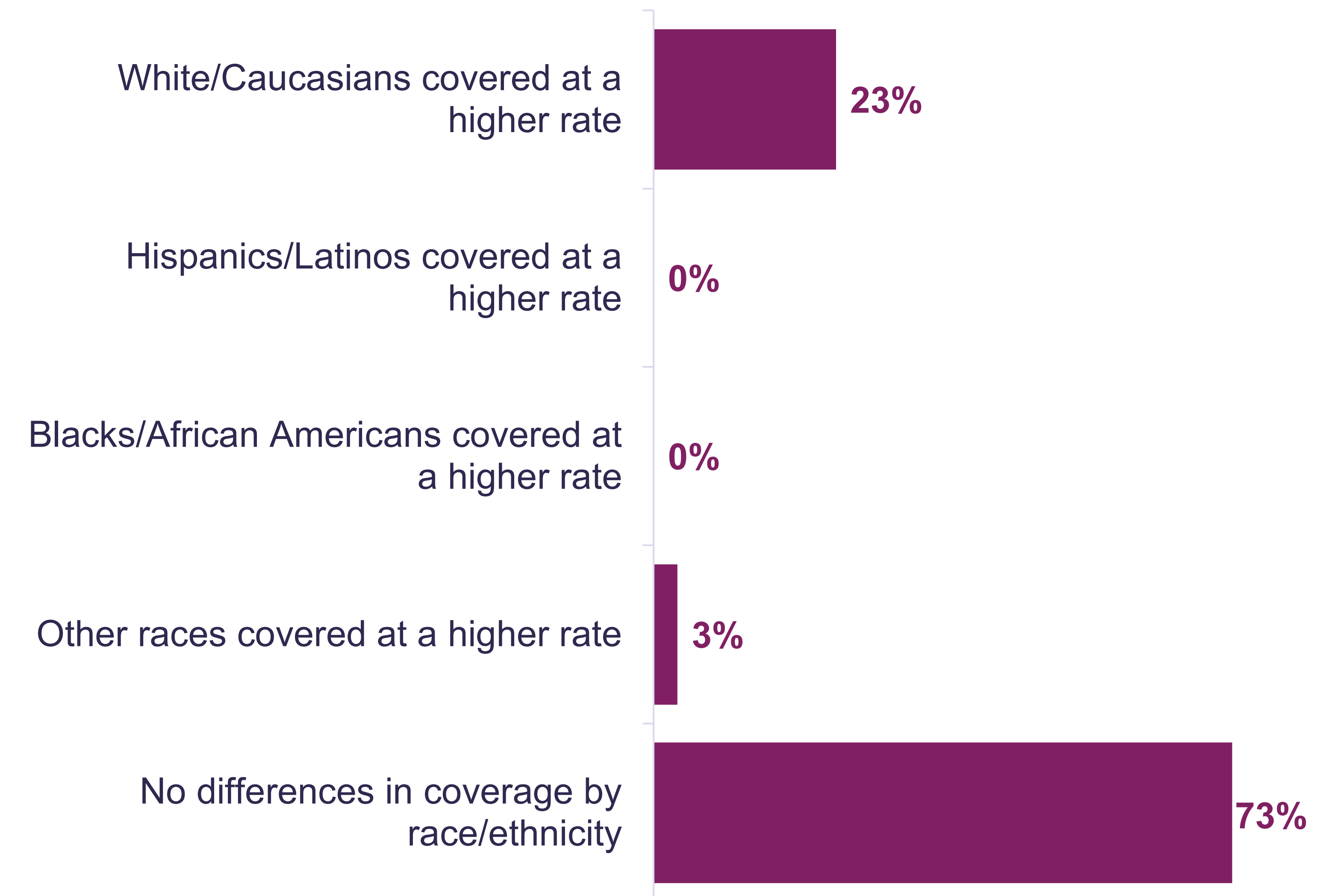


N=30

Q24. In your opinion, what is the "big picture" impact of delayed prior authorizations on patients? Please select all that apply.

There is no real difference in PA decisions for rare autoimmune disease drugs by sex or race/ethnicity





N=30

Q25. In your opinion, is there a difference in drug decisions by sex for rare autoimmune disease prior authorizations?

Q27. In your opinion, is there a difference in drug decisions by race/ethnicity for rare autoimmune disease prior authorizations?

autoimmune
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Thank you!