

April 11, 2018

The Honorable David Schweikert  
2059 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Bill Johnson  
1710 Longworth House Office Building  
Washington, D.C. 20515

The Honorable Mike Thompson  
231 Cannon House Office Building  
Washington, D.C. 20515

The Honorable Ben Ray Lujan  
2231 Rayburn House Office Building  
Washington, D.C. 20515

Dear Representatives Schweikert, Johnson, Thompson and Lujan:

The undersigned organizations write in support of H.R. 4841, the *Standardizing Electronic Prior Authorization for Safe Prescribing Act of 2018*. This legislation improves the prior authorization (PA) of medications in the Medicare program by streamlining the PA process and ensuring legitimate beneficiary access to prescribed medications while preventing misuse and abuse of medication under PA, such as many opioids. Most importantly, a more efficient PA process will help to improve health outcomes and reduce overall health costs.

Electronic prior authorization (ePA) streamlines this process by automating many of the communications among health care providers, payers and pharmacists, which, in turn, helps patients obtain their prescribed therapies without delay. Traditionally, payers and providers work through a PA process to determine whether a patient clinically needs a medication. Historically this has been completed through phone calls, paper forms and faxes. Physicians, on average, spend 20 hours per week working through paper PA requests. Because of the burdensome PA process, millions of prescriptions are abandoned at the pharmacy counter every year, causing non-adherence, disease progression and increased costs to the health system.

Simply put, current technology can largely automate the communication process, ensuring prompt and succinct answers to questions regarding the clinical need and efficacy for a patient's medication. ePA uses electronic healthcare transaction standards – the SCRIPT standard developed by the National Council for Prescription Drug Programs - that providers, pharmacists and commercial health plans use every day. This greatly reduces the 20 hours of average weekly time spent resolving clinical questions to less than 10 hours per week. ePA provides a pathway for a quick determination of clinical appropriateness, assisting in the prevention of prescription misuse while maintaining access to medications for those with legitimate needs. When looking at opioid prescriptions, this is particularly impactful.

In the commercial market, ePA's adoption has seen tremendous success. A recent survey shows that 90 percent of payers in the commercial market, 100 percent of pharmacies, and 70 percent of EHR systems are already ePA compatible and using the technology. Increasingly applying this same technology in Medicare would prevent many beneficiaries from facing rejection of prescribed medications at the pharmacy counter due to a needed PA.

Applying ePA to the Medicare Part D program would reduce provider burdens, improve patient access and adherence and decrease system costs. We support legislation that expands its use in the Medicare program.

Thank you for your leadership on this issue and we look forward to working with you to encourage the use of ePA within Medicare.

Sincerely,

American Academy of Ophthalmology

American Academy of Neurology

AstraZeneca

CoverMyMeds

Curadite

CVS Health

Express Scripts

GlaxoSmithKline

Healthcare Leadership Council

Health IT Now

LifeWIRE Corp.

McKesson

National Alliance on Mental Illness

National Consumers League

National Council on Patient Information and Education

National MS Society

Pharmaceutical Care Management Association

Prescriptions for a Healthy America

The Kennedy Forum