

The Impact Prior Authorizations, Step Therapy, and Quantity Limits have on Medication Accessibility, Time to Treatment, and Other Patient Outcomes in the United States: A Scoping Review

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BACKGROUND

Utilization management (UM) tools such as prior authorizations (PA), step therapy (ST), and quantity limits (QL) have long been required for several classes of prescription medications.¹ The intended purpose of these tools is to benefit members not only by decreasing healthcare costs but also providing emphasis on enhanced patient care and safety since most of the drugs requiring prior authorization, step therapy, or quantity limits are considered high risk with a potential for misuse or serious side effects.²

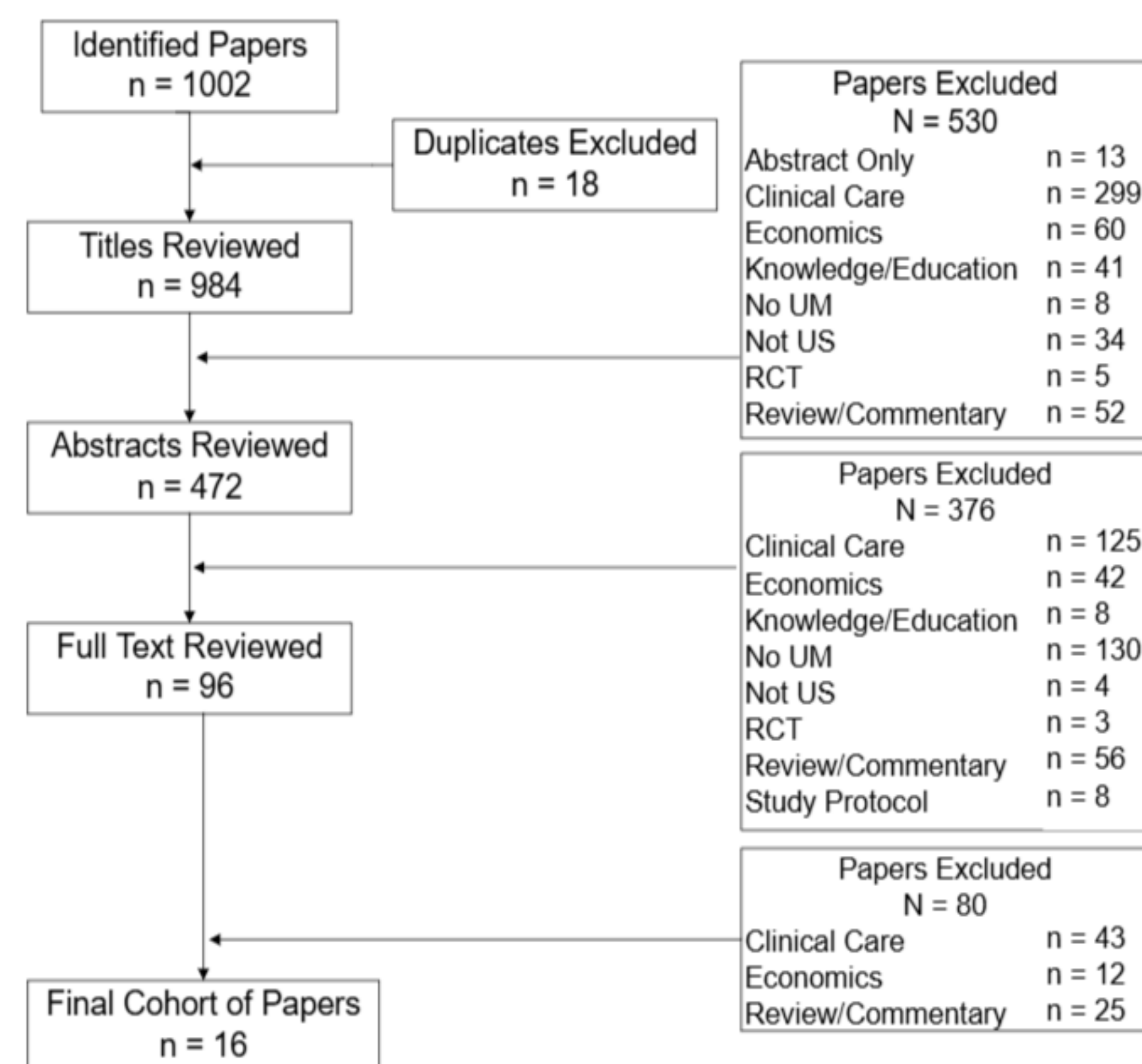
OBJECTIVE

To evaluate the impact prior authorizations, step therapy, and quantity limits have on medication access, time to treatment, as well as other patient outcomes in the United States.

METHODS

Figure 1: PRISMA Diagram

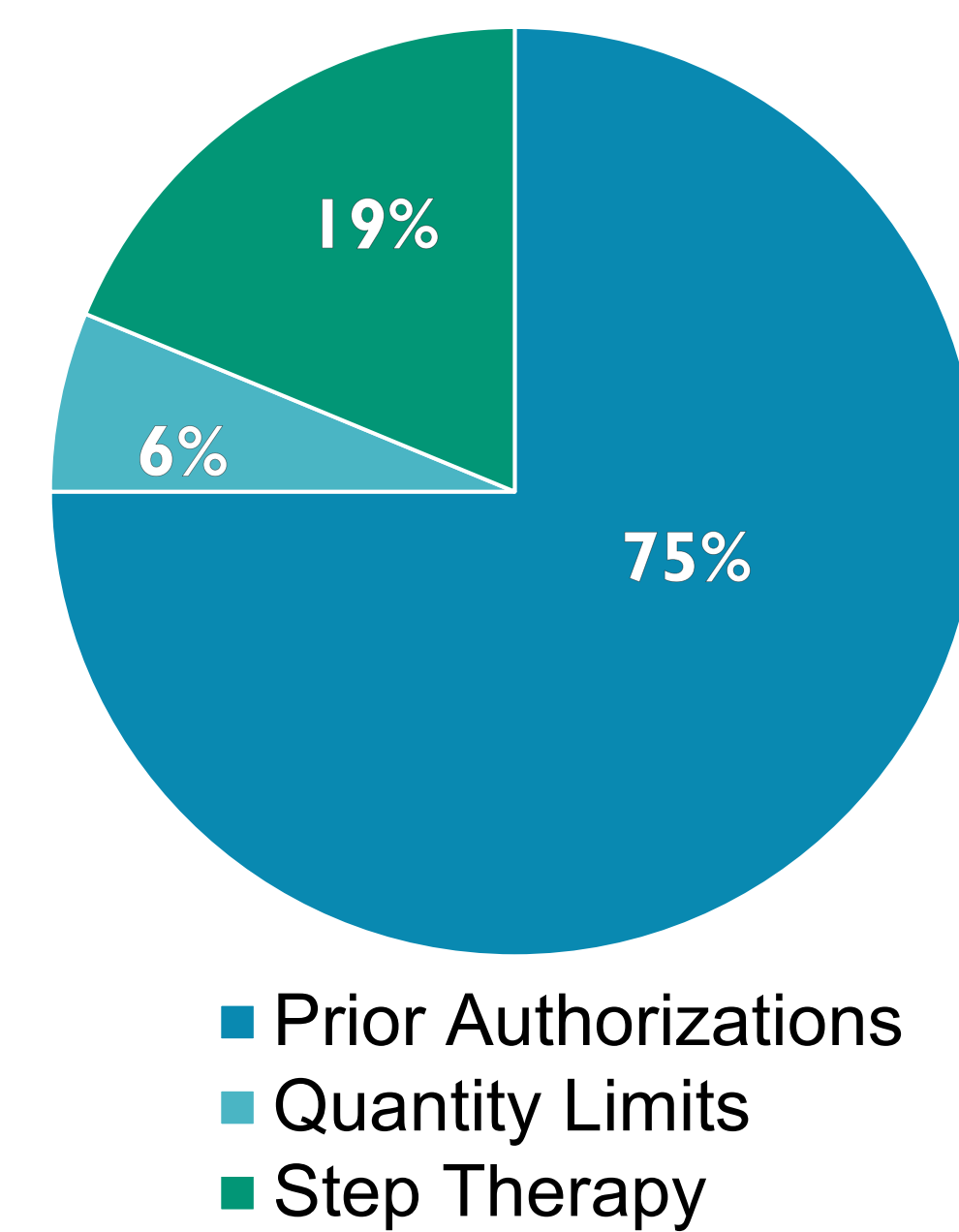
- Articles between January 1, 2015, and December 31, 2021, were found from four databases (PubMed, CINAHL, EMBASE, Web of Science) using the key words: prior authorization, managed care pharmacy, step therapy, and utilization management.
- Exclusion criteria included studies with randomized



RESULTS

Of the 16 studies that met the inclusion criteria, prior authorization was the most utilized tool: 12 studies focused on Prior Authorizations (75%), 3 studies focused on Step Therapy (19%), and 1 study focused on Quantity Limits (6%).

Figure 2: Breakdown of Utilization Management Tools



CONCLUSIONS

- Prior Authorization is the most common utilization management tool used by payers.
- Most studied medications were opioids and Medication-Assisted Treatment for Opioid Use Disorder

Author, Year	UM tool	Drug	Outcomes
Abbass, 2017	ST	Mirabegron, Fesoterodin	Removal of step therapy resulted in statistically significant increase in utilization
Amin, 2017	QL	Antihypertensives, lipid-lowering drugs, antipsychotics	Decreased adherence after policy change restricting days supply
Anderson, 2022	PA	Opioids	Decreased likelihood of subsequent overdose
Andrews, 2019	PA	Buprenorphine	Lower odds of buprenorphine provision among addiction treatment programs
Dudiak, 2021	PA	Biologics	Prior authorization process slow: asthmatic patients at high risk for exacerbations during this time
Duryea, 2020	PA	Direct-Acting Antiviral Agents	Prior authorization process time-intensive delaying Hepatitis C treatment in transmitting population increasing risks to community
Ferries, 2021	PA	MAT for OUD	Removal of prior authorization process led to decreased use of opioids, increased use in medication-assisted treatment with decrease in relapses
Garcia, 2019; Hartung, 2018	PA	High-Dose Opioids	Decreased percentage of users exceeding high dose limits
Keast, 2018	PA	Extended-Release Opioids	Reduction of opioid-naïve patients initiating extended-release opioids; increase in short-acting opioid prescriptions
Liu, 2021	PA	Hepatitis C Treatment	Prior authorization significant barrier for patients: limits access to treatment
Mark, 2020; Parish 2022	PA	Buprenorphine-naloxone	Removing PA associated with increase in medication use and decrease in healthcare expenditures; Patients subject to PA for buprenorphine-naloxone not more likely to receive high quality Opioid Use Disorder treatment
Spence, 2020	PA	Antipsychotics	Antipsychotic prescriptions for patients younger than 12yo decreased; increase in antipsychotic prescriptions for patients older than 12yo
Suehs, 2015	ST	Guanfacine ER	Lower rate of ADHD medication utilization, delay in receiving medicine, lower proportion of days covered
Tang, 2017	ST	Sitagliptin	Most patients discontinued sitagliptin treatment after step therapy program initiated, some with no replacement

REFERENCES

- Giardino AP, De Jesus O. Managed Care. [Updated 2022 Oct 24]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing;

*A complete list of studies that were included in this research may be found via QR code.

