Prior Authorization: Patient Involvement and Time Burden in Cancer Treatment

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Background

- The burden of navigating insurance prior authorization (PA) in cancer has intensified for patients and families.
- Although healthcare teams (HCT) typically lead PA, patients and families may need to engage directly, including contacting insurers or pharmacies and filing appeals.
- We examined frequency of patient/family involvement in PA, time burden incurred, & factors associated with involvement.

Methods

- 1,201 adults with cancer recruited via national panels completed an online survey (Sept-Dec 2024) of PA experiences.
- Eligibility: age ≥26, employer or Medicare insurance coverage, and treatment in the past 12 months.
- Respondents reported if they underwent PA for treatment types received and answered questions about their most recent PA.
- We examined bivariate differences between PA involvement with socio-demographics, clinical history, and insurance-related impacts using *t* and χ^2 tests, then estimated a multivariable logistic regression model predicting likelihood of patient involvement by correlates significant at the bivariate level.

Key Socio-Demographics (*n*=890 who reported PA)

Insurance: **71%** Employer; **31%** Medicare Advantage; **14%** Traditional Medicare
Race: **71%** NH White; **13%** NH Black; **11%** Hispanic
Age: Mean = **53**, Std Dev= **15**
Gender: **59%** Women
Top Treatments: **71%** Radiation; **65%** IV Chemotherapy; **63%** Immunotherapy
Top Diagnoses: **32%** Breast, **12%** Prostate, **12%** Hematologic

Acknowledgements

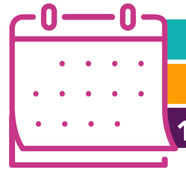
Funding Support: AstraZeneca, Bristol Myers Squibb, Exelixis, GSK, Lilly, Merck, Pfizer, Regeneron.
We gratefully acknowledge the people with cancer who shared their time and insights in the survey.

74% needed at least one prior authorization for cancer treatment from 2022-2024
Among those, 93% had to go through PA for multiple treatments or procedures

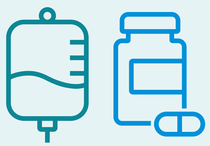
50% of patients and families got directly involved in their most recent PA
50% said the care team fully handled PA

Direct involvement in PA created substantial time burdens for patients and families

Patient and Family Time Lost to Most Recent Prior Authorization



- **50%** Up to 1 Business Day
- **29%** Up to 2-3 Business Days
- **12%** A Full Business Week or More



Patient/family involvement in PA differed significantly for:

	Directly Involved In PA	HCT Handled Alone
Targeted Therapy	73%	27%
Supportive Medications	64%	36%
Radiation Therapy	40%	60%
Imaging	40%	60%

Note: Bivariate analyses; *ps*<.05

We found significantly greater odds of patient/family involvement in PA among:

			(95% CI)
Under 65 with Employer Plan	3.70 greater odds	vs. Over 65 with Medicare	(2.43-5.63)
Under 65 with Medicare Plan	2.06	vs. Over 65 with Medicare	(1.23-3.43)
Men	2.12	vs. Women	(1.51-2.98)
Living with Metastatic Cancer	2.06	vs. Non-metastatic	(1.45-2.92)
Diagnosis Delay due to PA	1.66	vs. No diagnosis delay	(1.12-2.48)
Treatment Delay due to PA	1.54	vs. No treatment delay	(1.03-2.30)
More Negative Insurance Impacts to Well-Being	1.23	vs. Those reporting fewer insurance impacts (emotional, financial, practical) to well-being	(1.11-1.36)
More Frequent Medication Scrimping	1.21	vs. Those reporting less frequent scrimping	(1.07-1.37)

Note: Results show odds from fully adjusted regression model, *ps*<.05

Conclusions and Implications

- Many people with cancer get directly involved in PA, often facing substantial time burdens.
- Odds of patient/family involvement in PA was greatest among those under 65 with employer plans, men, and those with advanced disease, and associated with care delays and insurance-related hardships.
- There is an urgent need for PA reform to reduce burden and ensure timely, equitable access to cancer care.

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