MASSACHUSETTS PSYCHIATRIC SOCIETY

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My name is Michael Isaiah Bennett and I am an adult and child psychiatrist in outpatient private practice seeing approximately 75 patients per week, usually for 30 minutes. I have also directed a DMH outpatient clinic and served as President of the Massachusetts Psychiatric Society.

Almost all my patients need treatment with medication for Attention Deficit Disorder, Depression, or Anxiety and almost all rely on insurance. In recent years, insurers have required prior authorization for a growing number of the medications I prescribe. Invariably, the medications I prescribe meet the insurer's eligibility criteria, but frequently the medications do not receive authorization because the insurer's procedures do not offer a time-efficient way to direct the right information to the right website.

Telephone calls cannot work if they require more than 3 minutes and they usually require 15, which is impossible to provide. Paper forms also require too much time because the identifying information is not prepopulated. Web-based forms sometimes work within a reasonable time but often glitch, and then there is no time-efficient way to get them to work. At least 50 percent of prior authorizations fail for technical, non-clinical reasons. In recent months, the insurers' system has widened its scope and increased its complexity.

In addition, there is no way to correct bad criteria. For instance, there is good evidence that modafinil is helpful for depression but that is an off-label use because it was discovered after the FDA approved the drug. Some insurers will deny modafinil for depression because it is not an FDA-approved use and then approve it on appeal. There is no way to correct this grossly inefficient process.

We need rules that exclude medications from prior authorization unless there is a legitimate reason and/or potential benefit for the review. For instance, it could be argued that Ritalin should be reviewed because it is a controlled substance and may be abused; but there is no evidence that the review reduces illegitimate use and much evidence that it interferes with legitimate use. We also need rules for enforcing efficiency, i.e., clearly accessible websites that require no more information than necessary and offer clear criteria for each medication under review.

The current prior authorization process prevents large numbers of my patients from receiving the medication coverage they legitimately deserve. Improvement will not occur without outside supervision and regulation.