

Prescription Drug Authorization Form

This Act requires the department of managed health care and the department of insurance to develop a standard form health care service plans and health insurers can use to authorize filling drug prescriptions. The Act requires health service plans and health insurers use such forms to authorize filling drug prescriptions for patients.

Submitted as:

California

[Chapter 648 of 2011](#)

Status: Enacted into law in 2011.

Suggested State Legislation

(Title, enacting clause, etc.)

1 Section 1. [*Short Title.*] An Act relating to prescription drug authorization forms and setting
2 requirements for filling drug prescriptions.

3
4 Section 2. [*Authorization.*]

5 (A) Notwithstanding any other provision of law, on and after [insert date], a health care
6 service plan that provides prescription drug benefits shall accept only the prior authorization form
7 developed pursuant to subdivision (C) when requiring prior authorization for prescription drug
8 benefits. This section does not apply in the event that a physician or physician group has been
9 delegated the financial risk for prescription drugs by a health care service plan and does not use a
10 prior authorization process. This section does not apply to a health care service plan, or to its
11 affiliated providers, if the health care service plan owns and operates its pharmacies and does not use
12 a prior authorization process for prescription drugs.

13 (B) If a health care service plan fails to utilize or accept the prior authorization form, or fails
14 to respond within two business days upon receipt of a completed prior authorization request from a
15 prescribing provider, pursuant to the submission of the prior authorization form developed as
16 described in subdivision (C), the prior authorization request shall be deemed to have been granted.
17 The requirements of this subdivision shall not apply to contracts entered into pursuant to [insert
18 citation].

19 (C) On or before [insert date], the department and the Department of Insurance shall jointly
20 develop a uniform prior authorization form. Notwithstanding any other provision of law, on and after
21 [insert date], or six months after the form is developed, whichever is later, every prescribing provider
22 shall use that uniform prior authorization form to request prior authorization for coverage of
23 prescription drug benefits and every health care service plan shall accept that form as sufficient to
24 request prior authorization for prescription drug benefits.

25 (D) The prior authorization form developed pursuant to subdivision (C) shall meet the
26 following criteria:

27 (1) The form shall not exceed two pages.

28 (2) The form shall be made electronically available by the department and the health
29 care service plan.

30 (3) The completed form may also be electronically submitted from the prescribing
31 provider to the health care service plan.

1 (4) The department and the Department of Insurance shall develop the form with
2 input from interested parties from at least one public meeting.

3 (5) The department and the Department of Insurance, in development of the
4 standardized form, shall take into consideration the following:

5 (a) Existing prior authorization forms established by the federal Centers for
6 Medicare and Medicaid Services and the State Department of Health Care Services.

7 (b) National standards pertaining to electronic prior authorization.

8 (E) For purposes of this section, a “prescribing provider” shall include a provider authorized to write
9 a prescription, pursuant to [insert citation], to treat a medical condition of an enrollee.

10
11 Section 3. [*Requirements.*]

12 (A) Notwithstanding any other provision of law, on and after [insert citation], a health insurer
13 that provides prescription drug benefits shall utilize and accept only the prior authorization form
14 developed pursuant to subdivision (C) when requiring prior authorization for prescription drug
15 benefits.

16 (B) If a health insurer fails to utilize or accept the prior authorization form, or fails to respond
17 within two business days upon receipt of a completed prior authorization request from a prescribing
18 provider, pursuant to the submission of the prior authorization form developed as described in
19 subdivision (C), the prior authorization request shall be deemed to have been granted. The
20 requirements of this subdivision shall not apply to contracts entered into pursuant to [insert citation].

21 (C) On or before [insert date], the department and the Department of Managed Health Care
22 shall jointly develop a uniform prior authorization form.

23 Notwithstanding any other provision of law, on and after [insert date], or six months after the
24 form is developed, whichever is later, every prescribing provider shall use that uniform prior
25 authorization form to request prior authorization for coverage of prescription drug benefits and that
26 every health insurer shall accept that form as sufficient to request prior authorization for prescription
27 drug benefits.

28 (D) The prior authorization form developed pursuant to subdivision (C) shall meet the
29 following criteria:

30 (1) The form shall not exceed two pages.

31 (2) The form shall be made electronically available by the department and the health
32 insurer.

33 (3) The completed form may also be electronically submitted from the prescribing
34 provider to the health insurer.

35 (4) The department and the Department of Managed Health Care shall develop the
36 form with input from interested parties from at least one public meeting.

37 (5) department and the Department of Managed Health Care, in development of the
38 standardized form, shall take into consideration the following:

39 (a) Existing prior authorization forms established by the federal Centers for
40 Medicare and Medicaid Services and the State Department of Health Care Services.

41 (b) National standards pertaining to electronic prior authorization.

42 (E) For purposes of this section, a “prescribing provider” shall include a provider authorized
43 to write a prescription, pursuant to [insert citation], to treat a medical condition of an insured.

44
45 Section 4. [*Severability.*] Insert severability clause.

46
47 Section 5. [*Repealer.*] Insert repealer clause.

48
49 Section 6. [*Effective Date.*] Insert effective date.