

# 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.