Guide to Unlocking **Faster Access to Specialty Medications**

with Prior Authorization Automation

DrFirst

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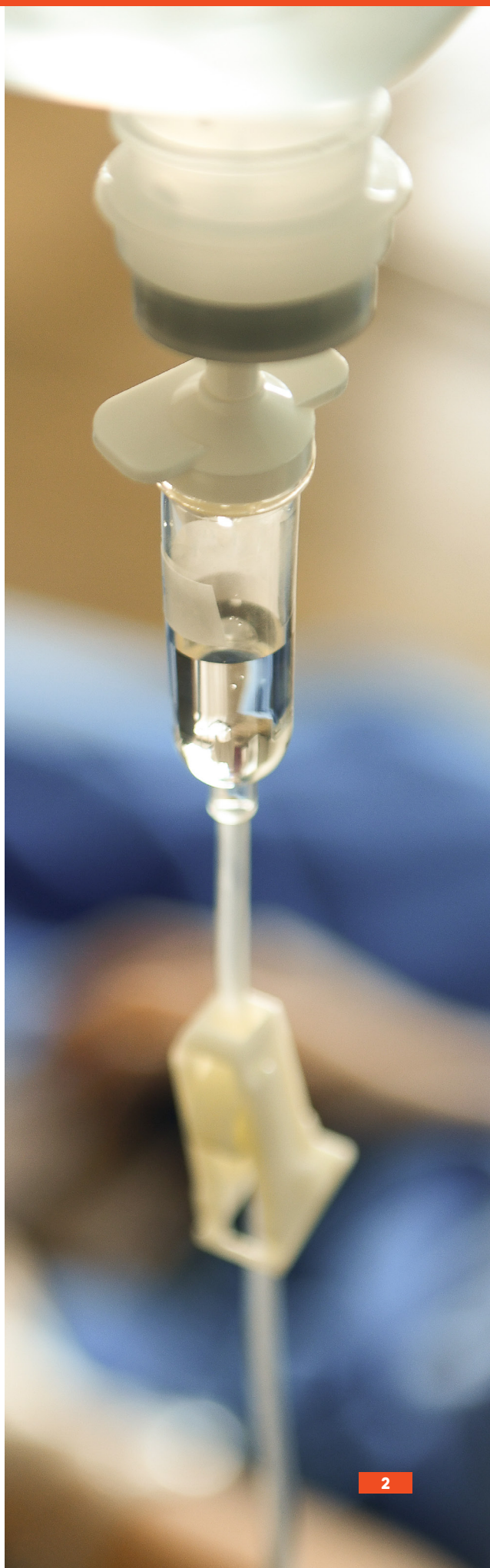
Introduction

Specialty medications, which treat serious conditions like cancer, macular degeneration, and chronic diseases, have seen impressive growth in recent years. While offering patients hope for better health outcomes, these costly options demand careful coordination between providers, payers, and pharmacies for prior authorization (PA) approval. Status quo PA processes fall short, slowing access to therapy.

Imagine a 30-year-old breast cancer patient undergoing chemotherapy who faces a reauthorization delay after her insurance changes mid-treatment. At her next infusion appointment, she learns her prior authorization doesn't carry over. She now faces an impossible choice—delay treatment or proceed hoping her new insurance will cover the costs.

This uncertainty underscores the need for intelligent technologies to support smarter, more efficient PA workflows that improve care delivery. Before patients even start specialty medication therapies, providers must navigate the maze of different policies, interoperability hurdles, and submission pathways on patients' behalf. Clinicians and staff often fall back on tedious manual data entry, scavenger hunts for submission requirements, and repeated calls to payers to verify details or check PA statuses.

What other factors add urgency to solving workflow shortcomings?



Locked Out: The Risk of Non-Compliance With Upcoming Interoperability and PA Regulations

The healthcare industry is currently facing major regulatory shifts that prioritize interoperability and demand more efficient prior authorization processes. Both the federal government and state regulators are rolling out mandates that require providers, payers, and health systems to digitize and standardize their PA workflows.

For example, the Centers for Medicare & Medicaid Services (CMS) and the newly renamed Office of the Assistant Secretary for Technology Policy (ASTP) have introduced mandates that will standardize electronic prior authorization (ePA) using APIs based on the Fast Healthcare Interoperability Resources (FHIR) standard.

Three major milestones include:

HTI-1 Rule Compliance Deadline: December 31, 2025

Compliance with HTI-1 paves the way for smoother data sharing between departments and other care providers as well as payers. The intent is to improve care coordination while reducing provider friction and patient dissatisfaction.

Workflow Impact:

Reduces manual data entry and time spent chasing down information with seamless data exchange using FHIR APIs.

Speeds access to therapy and supports better care coordination while relieving administrative pressures on providers.

CMS-0057-F (Interoperability and ePA Final Rule) Compliance Deadline: January 1, 2027

Establishing real-time ePA functionality will cut down on manual approval processes, shortening wait times for PAs—even specialty medications.

Workflow Impact:

Clears the way for clinicians and staff to focus on higher value tasks rather than managing approvals manually.

Supports real-time authorizations to help patients get on prescribed therapies sooner.

HTI-2 Rule Compliance Deadline: January 1, 2028

Adopting real-time, detailed data-sharing capabilities will improve coordination between departments and with external providers. Enhanced access to critical patient information will ensure providers, EHRs, and payers can collaborate effectively on each patient's behalf.

Workflow Impact:

Eliminates the need to chase down critical information, leading to faster decision-making and more cohesive care, as patient records are updated instantly across systems.

Offers a competitive advantage to early adopters because HTI-2-compliant systems can attract more partnerships and provider contracts.

Organizations that fail to meet these regulatory milestones risk more than fines for non-compliance. They risk losing market share in a healthcare ecosystem where improving efficiency and patient outcomes are paramount.

Cracking the Combination: Managing Specialty Medication Access Across Benefits

Compliance considerations aren't the only reason PA automation is needed. Specialty drugs are growing at twice the rate of traditional medications. Because they typically come with high price tags, complicated dosing regimens, and stringent storage or administration requirements, PAs for specialty medications may fall under drug benefits, medical benefits or a combination of both.

In addition, the lack of standardization between **pharmacy** and **medical** PAs, which operate under different workflows and sets of rules, adds another layer of complexity for specialty medication PAs.

Pharmacy PAs

Pharmacy PAs are typically required for medications that fall under the patient's drug benefit plan. The introduction of electronic prior authorizations (ePA) in 2013 streamlined many processes for pharmacy PAs, especially for Medicare Part D beneficiaries, but there are still significant hurdles. Variations in national drug codes (NDCs) and different PA requirements for the same drug depending on dosage or manufacturer can trigger additional PAs even after initial approval.

Medical PAs

Medical PAs are used for services, procedures, or drugs administered under the patient's medical benefit plan, such as infusion therapies or complex diagnostics. Unlike pharmacy PAs, medical PAs are less standardized and often involve manual processes that vary significantly among payers and even within the same health plan. Medical PAs are more prone to delays and denials, further complicating workflows and putting patients at risk.

As demand for specialty medications grows, failing to modernize PA processes only adds to patient access challenges on top of compliance risk. Automating both pharmacy and medical PAs creates a unified workflow that reduces manual work, improves accuracy, and speeds up the approval process—whether the medication falls under the pharmacy or medical benefit.

This helps providers get patients on therapy faster, improving adherence and outcomes while creating operational efficiency. Plus, solving these PA challenges now addresses market demands, making EHR platforms stickier and boosting client retention.

Breaking Free: Overcoming PA Burdens That Drain Healthcare Resources

The intent of PAs was to reduce overall healthcare spending while ensuring patients receive appropriate, safe care. Unfortunately, the status quo does not deliver on its goal of cost containment. "Not only does PA negatively impact patient care and significantly contribute to physician frustration and burnout, it also adds significant costs to the entire healthcare system," notes a 2023 American Medical Association (AMA) survey.[1]

Industry research supports the AMA's findings:

Payers, providers, and patients collectively spend an estimated **$69 billion annually** managing PAs, which includes contesting denials.[2]

Eighty-seven percent of healthcare providers report that PA contributes to greater healthcare resource utilization and higher out-of-pocket costs for patients.[3]

The financial fallout has a ripple effect.

Pharmaceutical manufacturers invest another **$25 billion annually** to support patients' access to prescribed, but denied, therapies, bringing the industry-wide cost of PAs to an astounding **$94 billion a year.** [4]

Even employers pay a price. When patients are redirected to ineffective initial treatments, it can lead to lower productivity due to a prolonged recovery or missed work for rescheduled appointments or unexpected hospitalizations.[5]

Adding to the frustration of physicians and patients alike, Kaiser Family Foundation (KFF) analysis found that only 18% of appealed PA decisions remained denied, suggesting that most denials were improperly addressed and led to **unnecessary delays for 82% of patients.**[6]

Locked Tight: Why Workflow Efficiency Stays Out of Reach

To successfully automate and modernize prior authorization workflows, several entrenched issues need to be addressed:

1

Information Silos Impede Data Sharing

Healthcare providers often struggle to access the necessary patient data and payer requirements because information is spread across fragmented systems. This lack of interoperability leads to delays in submitting and processing PAs.

Overcoming this challenge requires the adoption of advanced technology that allows seamless data sharing between systems using standards like FHIR® APIs. This ensures that providers, payers, and pharmacies can exchange real-time information on patient benefits, clinical records, and payer policies. The result: Less time spent on tedious, manual data entry and time-consuming phone calls.

2

Reliance On Manual Processes Keeps Efficiency Locked Out

The PA process is weighed down by a multitude of payer-specific codes, medical documentation requirements, and unique plan mandates that vary by state, provider, and treatment type. For example, different payers may require PAs for specific doses of the same medication or have unique approval processes for particular therapies. These unique nuances create inefficient workflows and delay patient care.

Automation reduces this administrative burden by identifying PA requirements, populating forms, validating data, and submitting PA requests based on payer-specific rules.

3

Regulatory Deadlines Are Closing In

The timeline to comply with new regulatory requirements is short, and healthcare organizations need to begin implementing automated solutions now to meet the deadlines.

Proactive adoption of automated PA not only reduces the risk of penalties but also positions organizations to maintain a competitive edge as regulations tighten across the industry.

4

Patient Access And Adherence Suffer With PA Delays

Delays in PA approvals can cause patients to abandon their prescribed therapies—especially with high-cost specialty medications. For patients with complex chronic conditions, treatment delays or denials can result in worsening health outcomes and increased hospitalization rates.

> By streamlining the PA process, healthcare organizations can ensure patients receive timely access to the medications they need, improving adherence and reducing the risk of treatment abandonment. This enhances patient satisfaction and leads to better long-term outcomes.

Adopting a single, cohesive workflow reduces manual work, improves accuracy, and speeds up the approval process—regardless of whether the medication falls under the pharmacy or medical benefit. This helps providers get patients on therapy faster, improving patient adherence and outcomes while creating operational efficiency clinicians need.

Unlock the Full Potential With End-to-End Medication Management

The healthcare landscape is rapidly evolving, and organizations must embrace intelligent technologies to meet regulatory requirements, support more efficient workflows, and improve access to specialty medications.

With greater efficiency, cost savings add up too. The CAQH Index®, which has tracked adoption of electronic administrative transactions across healthcare for more than a decade, estimates providers could **save $10.3 billion by adopting fully electronic processes**.[7] This is particularly true for specialists and behavioralists who reported, on average, manual costs twice as high compared to generalists.

By freeing providers from the PA backlog, EHRs can reduce administrative burdens on clinicians and staff, ensure compliance with upcoming regulations, and help patients get access to prescribed therapies faster.

Learn how DrFirst supports efficient, end-to-end medication management—optimizing the medication journey from prescribing to adherence. Connect with us today.

About DrFirst

Since 2000, healthcare IT pioneer DrFirst has empowered providers and patients to achieve better health through intelligent medication management. We improve healthcare efficiency and effectiveness by enhancing e-prescribing workflows, improving medication history, optimizing clinical data usability, and helping patients start and stay on therapy.

DrFirst has won over 25 awards for excellence and innovation, including winning Gold in the prestigious Edison Awards in 2023, recognizing our game-changing use of clinical-grade AI to streamline time-consuming healthcare workflows and prevent medication errors. Our solutions are used by more than 350,000 prescribers, 71,000 pharmacies, 270 EHRs and health information systems, and over 2,000 hospitals in the U.S. and Canada. To learn more, visit DrFirst.com, and follow us on LinkedIn or @DrFirst on X.

SOURCES:

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