

The Impact of Prior Authorization on Cancer Patients

Prior Authorization Overview

Health plans use utilization management tools – such as prior authorization, step therapy, and quantity limits – to control costs and manage the use of drugs and medical services. Prior authorization requires a patient to receive pre-approval from their health plan for specific medications or treatments, including those used in cancer care, before a plan will cover the item or service.

Intended Purpose of Prior Authorization



Health plans use prior authorization to **reduce spending** by directing patients to lower-cost alternatives, avoiding unnecessary services, and ensuring that treatments are medically appropriate. **When conducted appropriately**, prior authorization can help prevent dangerous drug interactions and **monitor the use of treatments** or procedures that carry high risks of complications or misuse.

Real-World Use of Prior Authorization



This process that was once used sparingly to determine whether costly procedures or medications were needed **has expanded dramatically**. Health plans now often require providers to get approval for even the most routine medications and procedures. Growing evidence shows that **increased imposition of prior authorization requirements can contribute to worse patient outcomes**.¹

How Does Prior Authorization Impact Cancer Patients?

Because cancer care is complex and often requires individualized treatment plans and coordinated care across specialists, many essential cancer treatments and services are subject to prior authorization requirements. As a result, when prior authorization is applied broadly, the impact on cancer care can be severe. In oncology, prior authorization often has unintended consequences – delaying patient access to medically necessary treatment and increasing administrative burden for both patients and providers. These delays can be life-threatening, contributing to disease progression, treatment abandonment, and even loss of life.²



1 in 3 cancer patients and caregivers of cancer patients

One-in-three cancer patients and caregivers of cancer patients (34%) report experiencing delays in their or their loved one's cancer care because their physician was waiting on approval from their health insurance plan for a cancer treatment, test, or prescription.³

Prior Authorization Standards

Federal and state regulators establish standards that govern how health plans implement prior authorization. Regulators also define which services and standards fall under prior authorization rules and ensure that patients have accessible, understandable information about these requirements.

These standards...



Outline the technical requirements for health data exchange



Set the timeframes in which health plans must make and communicate prior authorization decisions



Specify what information must be included in those decisions – such as the specific reason for a denial

ACS CAN's Position

ACS CAN supports applying prior authorization standards to all items and services to ensure **consistent patient protection**.

- **ACS CAN supports federal and state regulators establishing uniform requirements** and timeframes across coverage types, as a standardized process reduces administrative burden for both providers and patients.
- **ACS CAN supports requiring health plans to respond to prior authorization requests within 24 hours in emergency cases and 72 hours for non-emergency cases** so that patient care is not unnecessarily delayed.
- **ACS CAN supports public reporting of prior authorization metrics** and greater transparency so health plans can be held accountable for their prior authorization practices and their impact on patients.
- **ACS CAN supports federal and state regulators actively monitoring plan compliance** with prior authorization requirements and imposing penalties on plans that fail to meet these standards.

1. Murphy, J., Beauchamp, N., Sun K., Lau, B.D., Wilson, R.F., Lobner, K., Conway, S.J., Hill, P.M., Johnson, P.T. (2025) Adverse effects of health plan prior authorization on clinical effectiveness and patient outcomes: A systematic review. *American Journal of Medicine*, 139(1):24-32.e1. doi:10.1016/j.amjmed.2025.08.018.

2. Association for Clinical Oncology. (2022). *ASCO prior authorization survey summary*. <https://old-prod.asco.org/sites/new-www.asco.org/files/ASCO-Prior-Auth-Survey-Summary-November-2022.pdf>

3. American Cancer Society Cancer Action Network. (2019). Utilization management survey: Key findings. <https://www.fightcancer.org/sites/default/files/National%20Documents/ACS%20CAN%20UM%20Survey%20Key%20Findings%203.28.19%20FINAL.pdf>