

June 9, 2026

Mehmet Oz, MD  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244

Submitted electronically via <http://www.regulations.gov>

RE: Medicare and Medicaid Programs; Patient Protection and Affordable Care Act; Interoperability Standards and Prior Authorization for Drugs for Medicare Advantage Organizations, Medicaid Managed Care Plans, State Medicaid Agencies, Children's Health Insurance Program (CHIP) Agencies and CHIP Managed Care Entities, and Issuers of Qualified Health Plans on the Federally-Facilitated Exchanges (CMS-0062-P)

Dear Administrator Oz:

The Society of Gynecologic Oncology (SGO) appreciates the opportunity to submit comments on the Interoperability Standards and Prior Authorization for Drugs proposed rule. We support the Centers for Medicare & Medicaid Services' (CMS) and the Office of the National Coordinator for Health Information Technology's efforts to update and propose policies that streamline the use of prior authorization (PA) for drugs, and non-drug items and services in plans administered by agency.

The SGO is the premier medical specialty society for healthcare professionals trained in the comprehensive management of gynecologic cancers. Our more than 2,700 members include physicians, advanced practice providers, nurses, and patient advocates who collaborate with the SGO's foundation, the Foundation for Women's Cancer, to increase awareness of gynecologic cancers and improve the care of those diagnosed with gynecologic cancers. Our mission focuses on supporting research, disseminating knowledge, raising the standards of practice in the prevention and treatment of gynecologic malignancies, and collaborating with other organizations dedicated to gynecologic cancers and related fields, all with the ultimate vision of eradicating gynecologic cancers.

The SGO's purpose is to improve care for women with gynecologic cancers by encouraging research and disseminating knowledge, raising the standards of practice in the prevention and treatment of gynecologic malignancies, and collaborating with other organizations interested in women's health care, oncology, and related fields. Given these goals, the SGO appreciates CMS' continued efforts to expand access to high quality, comprehensive care, and we thank the agency for drafting policies that improve the PA process for drugs and therapies needed for cancer patients.

## Electronic Prior Authorization for Drugs

Citing an overwhelming response from comments received on the 2024 interoperability rule as well as the need to improve patient care and reduce provider burden, CMS proposes to include drugs in PA and interoperability requirements and processes. As one of the stakeholders who made that request, we appreciate the agency's efforts to modernize electronic prior authorization (ePA) processes and support policy that reduces the administrative burden associated with current manual workflows. We believe that adopting standardized ePA processes and improving interoperability has the potential to make the PA system more efficient for patients and providers, which will ultimately support more timely access to the drugs and therapies that patients need. The SGO also recommends that drug and therapy coverage criteria are accessible to providers via plans' application programming interfaces so that providers can review coverage criteria before making PA requests. Having this information readily available should improve the ePA process and reduce treatment delays as the providers will know at the outset what is needed for a successful ePA request. This is particularly important in oncology when an unnecessary delay can affect a patient's health outcome and survival.

Additionally, the SGO recommends that plans using ePA for drugs consult current clinical criteria to make prior authorization approval and denial decisions. We recognize that treatment success varies from patient to patient; however, the agency should require plans to consider exempting, from PA, those treatments with proven histories of success or those that follow recognized standards and guidelines. The SGO retains a collection of consensus statements and guidelines that may be used guide plans as they make their PA determinations.<sup>1</sup> We encourage plans to seek this information from not only from the SGO but from other medical specialty societies and organizations that develop treatment guidelines and protocols. Including this information in the ePA process databases will improve decision making for the plans, while ensuring timely and appropriate access to drugs and therapies.

## Reporting Metrics and Decision Timeframes

We support CMS's proposed timelines for PA decisions requiring standard requests be turned around in 72 hours and expedited requests in 24 hours. However, certain clinical situations may require even faster decisions. Gynecologic oncologists often need to administer life-saving chemotherapy drugs and therapies to patients urgently, and while the timelines as proposed are an improvement, we believe that there must be exceptions when the plan is required to make a PA determination even faster.

SGO supports the electronic exchange of information between providers and payers to speed the process of prior approvals for chemotherapies and other interventions associated with the treatment of gynecologic cancers. These types of cancers are often aggressive and fast spreading, and timely access to the clinically appropriate drug or therapy care is fundamental to better outcomes. Delays in care caused by a PA denial or a delay in receiving a PA causes undo emotional and potential physical harm to the patient.

Therefore, we encourage the agency, in collaboration with stakeholders like the plans and EHR vendors, to continue to work towards real-time approval or denial decisions. Real-time decisions, while the patient and provider are in the same room, will increase shared decision-

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<sup>1</sup> Repository of Gynecologic Oncology Resources; <https://www.sgo.org/resources/>.

making, improve patient care, and improve timely access to needed therapies and drugs. Real-time prior authorization decisions will also alleviate uncertainty for both the provider and the patient. Given the types of cancers gynecological oncologists treat, any delay in receiving a PA decision often leads to patient anxiety, delays in care delivery, and increases burden upon the patient. Many patients travel long distances to seek specialty care and sending those patients home without a care plan or the drugs and therapies they need is unacceptable.

### Request for Information: Step Therapy

The Society appreciates the agency's efforts to solicit feedback on opportunities to improve step therapy protocols through integration with electronic prior authorization systems. Step therapy remains a widely used utilization management tool among plans, but it is often administratively burdensome and can create significant clinical challenges for patients and providers. We support initiatives that use interoperability standards to streamline these processes and reduce unnecessary barriers to care. We also encourage the agency to establish consistent documentation expectations across health plans to minimize administrative variation and recommend that step therapy requirements are easily accessible and visible to the patient and provider at the point of care. This will improve treatment decisions and allow timely access to drugs and therapies. Enhanced interoperability and better portability of patients' treatment histories between plans could help avoid treatment interruptions and reduce delays to medically necessary care.

Additionally, the SGO believes that any step therapy requirements should be grounded in clinical appropriateness and preserve the treating physician's ability to exercise medical judgment in the best interests of the patient. Patients should not be forced to repeat therapies that have already proven ineffective, caused significant adverse effects, were poorly tolerated, or are otherwise clinically unsuitable simply because they transition to a different insurance plan or because prior treatment was not adequately captured in the electronic health record. In these situations, physicians must retain the flexibility to override or bypass step therapy requirements for prescribing drugs and therapies, when doing so is necessary to support appropriate treatment decisions and achieve better patient outcomes.

The SGO thanks CMS for the opportunity to provide these comments. We appreciate CMS' efforts to expand access to high quality, comprehensive health care for patients captured under the plans which CMS administers. Should you have any questions or require further information, please contact Carly Gustafson Léon, SGO's Manager of Health Policy and Government Affairs, at [carly.leon@sgo.org](mailto:carly.leon@sgo.org).

Sincerely,



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