



Step Therapy

A POSITION STATEMENT
from the Alliance for Patient Access

OVERVIEW

To get the medicine prescribed by their health care provider, patients must first prove that older, less expensive or insurer-preferred alternatives don't work. That's the crux of step therapy, or "fail first."

In some cases, step therapy makes sense. A logical progression of treatment options may represent best practice for certain diseases or reflect the wisdom of clinical guidelines.

In other cases, step therapy can be excessive, arbitrary and even damaging to patients' health. Insurers may use step therapy as a deliberate access hurdle meant to protect their own profits.

Doing so hurts patients, whose condition may worsen or who may suffer unnecessarily in the process of failing insurer-preferred treatments. It also undermines the relationship between the physician and patient, to whom treatment decisions rightfully belong.

POSITION

The Alliance for Patient Access presents the following principles for step therapy and the laws that govern insurers' use of it:

- 1 Step therapy must be rooted in clinical evidence.** If insurers dictate a progression of treatment options, they must be able to trace their requirement to clinical guidelines from relevant medical associations. Insurers should not be able to require therapies that are inappropriate or unproven for the condition being treated.
- 2 Repeated failures are inappropriate.** Patients who have tried a treatment with a previous insurer should not be asked to fail on the same drug again just to satisfy the new insurer's requirement.
- 3 Insurers must offer a straightforward exemption process.** Some patients will have allergies, side effects, comorbidities or other health factors that render a step therapy protocol inappropriate. They and their health care providers need a straightforward process for bypassing the requirement.
- 4 Insurers' communication must be timely and clear.** Delays associated with step therapy can impact a patient's life and health. That means that responses to a patient's request for a step therapy exemption should occur within a reasonable timeframe. Similarly, details about the exemptions process should be readily available and in plain language for patients and health care providers to access.

With these safeguards in place, legislators can ensure that insurers do not overuse or misuse step therapy to the detriment of patient health.