

INSURANCE TACTICS: Step Therapy



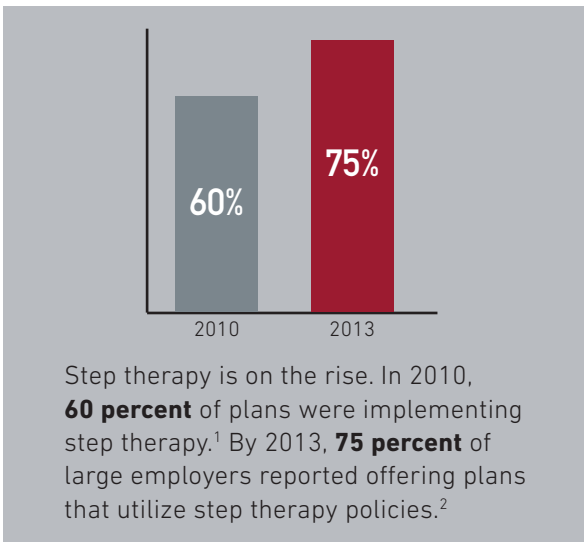
WHAT IS STEP THERAPY?

Step therapy, also known as “fail first,” is a practice utilized by health plans to reduce their costs. Under these policies, patients must first try and fail on a generic, less expensive medication before they are able to advance a “step” to access a medication that may be more expensive but was prescribed by their doctor. Unfortunately, patients can be forced to try and fail on several medications before they are able to obtain the most effective treatment.

Treatment for chronic disease is often unique to the patient. Despite having the same diagnosis, two patients may have different reactions, for better or worse, to a medication. As a result, step therapy practices can put patients' wellbeing at risk.

IMPACT ON PATIENTS

Step therapy practices prevent patients from accessing the medication prescribed by their doctor, prolonging their exposure to ineffective treatments that can lead to negative health outcomes.



Less effective medication creates worse health outcomes and higher health care costs.³

A study examining spending on schizophrenia medication in Georgia's Medicaid program found step therapy saved the state **\$19.62 per member each month**. Yet, after the implementation of step therapy, the Medicaid program spent **\$31.59 per member each month** on outpatient services.

Step therapy forces patients to switch medication. This often results in treatment gaps and the termination of an effective medication. Delayed access to effective treatment can lead to disease progression and irreparable damage.⁴

● Passed legislation
○ Active legislation

As of late 2019, only 25 states had passed legislation that protects patients from step therapy practices. Several more states are currently working towards passing this patient-focused legislation.

PATIENT SPOTLIGHT



PATIENT NAME: AMBER BLACKBURN
DISEASE: LUPUS, FIBROMYALGIA, MIGRAINES
LOCATION: SPRINGFIELD, MISSOURI

“ When insurers impose step therapy requirements, patients lose. Forcing generic treatments on lupus patients is not only ineffective, it can also cause devastating tissue damage as we wait for access to more appropriate treatment options. It can take years working with your doctor to determine the most appropriate treatment regimen and stabilize your condition, and only one minute for the insurance industry to destroy this progress.

I have lived with lupus for nearly a decade, which is an autoimmune condition that attacks your skin, joints and organs. As a registered nurse, I have experienced firsthand, and witnessed with my own patients, the importance of individualized care. Lupus affects everyone's body differently, which is why a biologic is required to more effectively manage the symptoms. ”

WHAT CAN YOU DO?

- 1 REVIEW** your health plan to see if you're being subjected to step therapy requirements.
- 2 TALK** to your benefits manager to learn how step therapy will affect your ability to access your current medications or future treatments.
- 3 INFORM** your health care provider about your insurance plan's step therapy requirements and the impact it has on your ability to access effective treatment.
- 4 ADVOCATE** by sharing your story with the Chronic Disease Coalition, your state's insurance commissioner and your elected officials.



REFERENCES

1. "Pharmaceutical Step-Therapy Interventions: A Critical Review of the Literature," Journal of Managed Care. 2011.
2. "Step therapy comeback continues," Journal of Managed Care. September 2012.
3. "Retrospective assessment of Medicaid step-therapy prior authorization policy for atypical antipsychotic medications," Clinical Therapeutics. 2008.
4. "The Health and Cost Impact of Care Delay and the Experimental Impact of Insurance on Delays: Evidence from a Developing Country," J Pediatr. 2009.