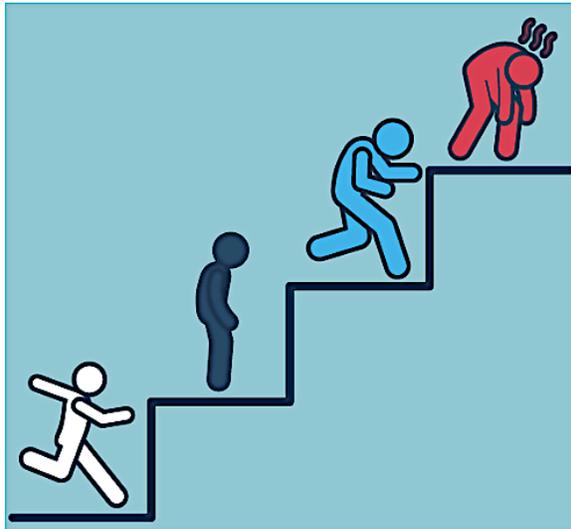


WITH STEP THERAPY



Your insurance company requires you try other medications **before** the one prescribed **for you**.

WITHOUT STEP THERAPY



The **right** medication the first time.

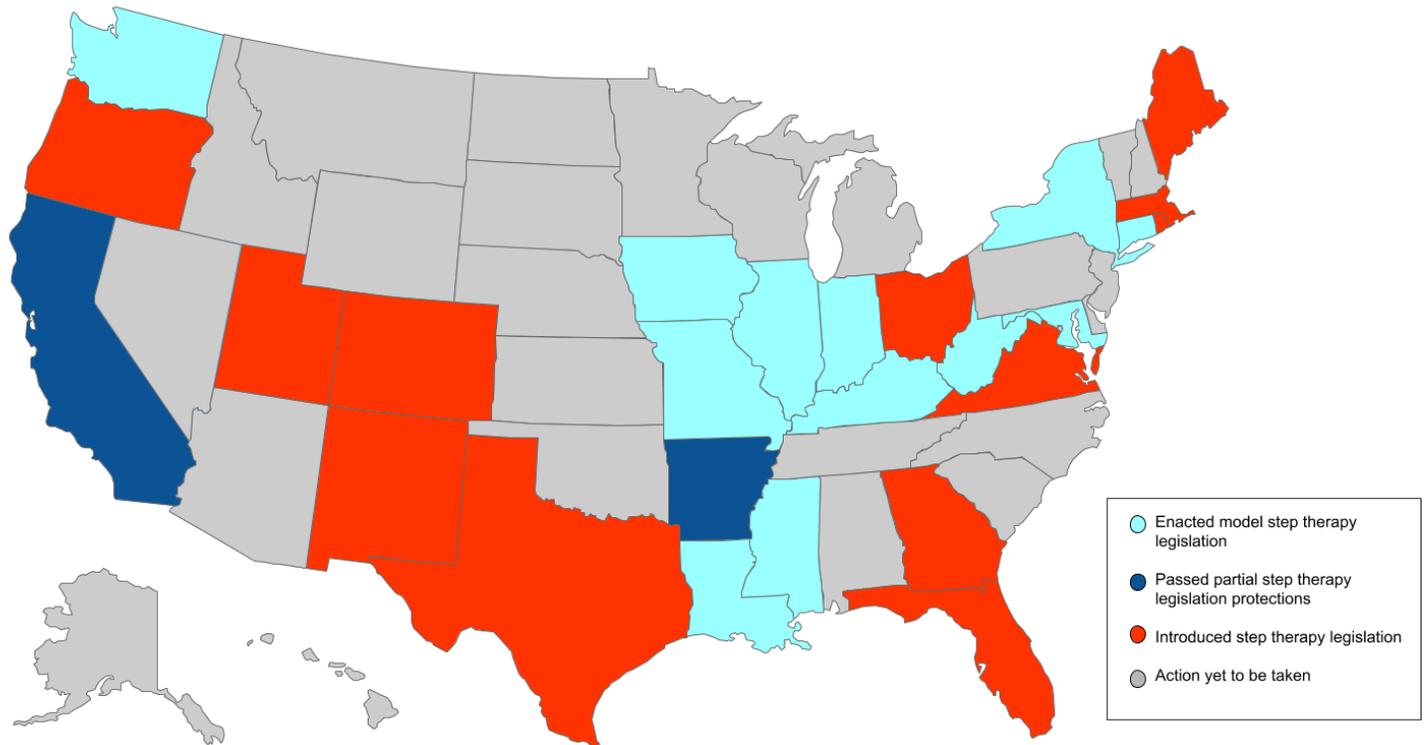
Source: steptherapyinfo.com National Psoriasis Foundation

The Issue

Step therapy is a strategy used by health insurers to help contain rising healthcare costs. Sometimes called “fail first”, step therapy policies require patients to try and *fail* another lower cost treatment before the intended physician-recommended treatment can be given. When this happens, patients are unable to access the medications, diagnostic tests, or other therapies discussed and agreed upon with their physician to treat their condition in a timely and effective manner. This puts patients’ health and well-being at risk.

When patients experience delays in accessing the most effective treatments, their health condition may worsen resulting in lost productivity and poorer quality of life. Consequently, step therapy may lead to higher health care costs by increasing the likelihood of hospitalizations and emergency department visits for patients who have symptoms crises or other distressing complications. Often, patients and physicians are unaware of the particular treatments that are subject to step therapy, and little is understood on the processes that trigger an insurer’s step therapy requirements.

Step Therapy Legislative Activity as of May 2017



Source: State Access to Innovative Medicine Coalition, May 2017

The Solution

Prescribed treatments - medications, diagnostic tests, or other therapies - should be the result of shared-decision making between patients and their physicians based on what best meets the patient's particular needs and circumstances. Step therapy protocols should be clear, understandable, and allow flexibility for considering the judgment and expertise of medical professionals and the impact on patients. While step therapy may be a useful strategy to reduce health care costs, it's imperative to apply these policies in a way that improves quality care rather than impedes it.

NPAF supports policies that:

1. **Ensure** step therapy protocols are clear, understandable, flexible, and evidence-based.
2. **Standardize** and simplify step therapy requirements and all other forms of prior authorization, as well as appeals processes.
3. **Require** health plan determinations for urgent medical needs within 24 hours, and within 48 to 72 hours for all other medical needs.
4. **Inform** patients and medical professionals of coverage changes that may result in changes to prescribed treatments.

ABOUT NATIONAL PATIENT ADVOCATE FOUNDATION

The National Patient Advocate Foundation, the advocacy affiliate of the Patient Advocate Foundation, represents patient voices, both the powerful stories of individuals and the collective needs of the community. Our staff and advocates work at the local, regional, and national level to promote equitable access to affordable, quality health care for people with serious and chronic illnesses. We are thought leaders in developing person-centered policies that promote communication, shared-decision making, quality care improvement, and safety-net services navigation supporting quality of life for all patients and caregivers.