

Step Therapy: Key Talking Points

- Step therapy is a common tool used by health plans to limit the cost of patients' medications. Under step therapy, a patient must try one or more drugs selected by their health plan – primarily based on financial considerations - before coverage is granted for the prescribed drug by the patient's health care provider.
- Step therapy is applied to treat a wide range of disease and chronic conditions, including but not limited to, Alzheimer's disease, autoimmune diseases, cancer, diabetes, epilepsy, glaucoma, hemophilia, HIV/AIDs, and mental health, among others.
- The use of step therapy steadily increases, and by 2010, nearly 60% of commercial health plans were using step therapy. ¹ Among just oncology products, the percentage of health plans applying step therapy has jumped in one year from 36% to 54% between 2011 and 2012.²
- Step therapy has been shown in some cases to hinder a patient's ability to access their medications and can lead to adverse outcomes for patients if duration and effectiveness of required step therapy protocols are not carefully managed.
 - Step therapy has caused delays in optimal treatment for patients, increased risk factors and disease progression, which can have especially serious outcomes for those living with life-altering and life-threatening illnesses.
 - Step therapy can also prevent patients from receiving any treatment at all. Studies have shown this to be true for 1 in 5 patients.³⁻⁶
- Because there is no assurance that step therapy protocols are based on the most appropriate clinical practices, HB 3549 would increase the safety and effectiveness of step therapy protocols to ensure patients have access to: 1) a transparent process and exceptions that patients can use to override a step therapy protocol to access the most effective treatment: and 2) treatment decisions that are based on a patient's medical history and recognized clinical practice guidelines.
- Health care providers know what is best for patients, and HB 3549 allows health care providers and their patients to have input on treatment decisions.
- HB 3549 does NOT:
 - Prevent insurers from using step therapy or limit the number of steps allowed.
 - Prevent insurers from requiring prior authorization before covering a drug.
 - Prevent insurers from requiring patients to try a generic drug if it is equivalent to a brand drug.

¹ Pharmaceutical Step-Therapy Interventions: A Critical Review of the Literature," J Manag Care Pharm. 2011;17(2):143-55.

²Health Strategies Group Report, published in Managed Care Oncology, 4th quarter of 2012.

³ Cox ER et al. "Health plan member experience with point-of-service prescription step-therapy," J Manag Care Pharm. 2004;10(4):291-98.

⁴ Clinical and financial outcomes associated with proton pump inhibitors prior-authorization program in a Medicaid population," Am J Manag Care. 2005;11(1):29-36.

⁵ Motheral B.R. "Pharmaceutical Step-Therapy Interventions: A Critical Review of the Literature," J Manag Care Pharm. 2011;17(2):143-55.

⁶ Yokohama K et al. "Effects of step-therapy program for angiotensin receptor blockers on antihypertensive medication utilization patterns and cost of drug therapy," J Manag Care Pharm. 2007;13(3)235-44.