



What is Step Therapy (Fail First)?

Step therapy, also known as Fail First, is a process that requires patients to try and fail one or more medications chosen by their insurer before they can access the treatment prescribed by their healthcare provider.

LB 337 will address step therapy protocols required by health plans in connection with prescription drug access.

Step therapy protocols limit a provider's ability to tailor care to individual patient needs and interferes with the patient-provider relationship. Step therapy protocols can vary widely from the number of "steps" a patient must cycle through or the duration a patient must be on the insurer's selected medication.

Health plans' appeal procedures can take patients and their healthcare providers weeks or months to navigate.

For patients living with serious or chronic illnesses, prolonging ineffective treatment (and delaying access to the right treatment) may result in increased disease activity, loss of function and possible irreversible progression of their condition.

The legislation WILL:



Ensure step therapy protocols are based on widely-accepted medical and clinical practice guidelines.



Create a clear and expeditious process to request a medical exception and requires a response by the patient's health plan within 5 days for non-emergency and 3 days for emergency situations.



Provides certain circumstances for a patient to override the step therapy protocol when the drug required under the step therapy protocol: **1)** Is contraindicated or likely to cause an adverse reaction or physical or mental harm to the patient; **2)** Is expected to be ineffective based on the patient's clinical characteristics; **3)** Was previously tried and discontinued due to lack of effectiveness or an adverse event for the patient; **4)** Or if the patient is currently stable on a medication prescribed by their health care provider.



The legislation WILL NOT:



Require a health plan to cover any prescription drug not already on formulary and does not make any changes to the benefit design, formulary coverage, tiering of drugs or out of pocket requirements of the patient.



Prevent insurers from requiring prior authorization before covering a prescription.



Prevent insurance companies from using step therapy or limit the number of required steps.



Prevent insurers from requiring patients to try a generic version of a drug if it is equivalent to the brand-name prescription.

The following organizations have joined together to ensure patients have timely access to medications prescribed by their healthcare provider:

