



What is Step Therapy or “Fail First” and Why Do We Need to Reform It?

Step therapy, often called “fail first,” is a process that requires patients to try and fail on one or more medications chosen by their insurer before they can access the optimal treatment recommended and prescribed by their healthcare provider.

We need to reform step therapy protocols. They can interfere with the patient-provider relationship and limit a healthcare provider’s ability to tailor care to an individual patient’s needs based on the provider’s clinical assessment and knowledge of the patient’s medical condition.

Step therapy protocols vary widely among insurers, from the number of steps a patient must cycle through, to the duration a patient must try the insurer’s selected medication(s) before they can access their healthcare provider’s first choice of treatment.

Health plans’ exemption criteria and appeal procedures are not transparent, and it can take patients and their healthcare providers weeks or months to navigate an appeal, leading to setbacks and threatening the patient’s health and well-being.

For patients living with serious or chronic illnesses, step therapy may prolong ineffective treatments and delay access to the right treatment, resulting in increased disease activity, loss of function and progression of their condition.

HB 0677 by Rep. Mark Hall and SB 1310 by Sen. Hensley will address step therapy protocols required by health plans in connection with prescription drug access.

HB 0677/SB 1310 will:

- ✓ Ensure step therapy protocols are based on standard medical and clinical guidelines.
- ✓ Create a clear and expeditious appeals process – requiring a 24 hour reply for an emergency or 72 hours for a non-emergency – to protect patients from being forced to try or stay on a step therapy drug if it is: 1) contraindicated or likely will cause an adverse reaction or harm to the patient; or 2) expected to be ineffective based on the patient’s known clinical characteristics and known characteristics of the drug.
- ✓ Protect patients who have already tried and failed on a drug in the same pharmacologic class or mechanism of action in their current or previous health plan.
- ✓ Protect patients when their provider recommends a drug due to medical necessity.
- ✓ Protect patients whose conditions are well-controlled on a prescription from being required to try a new medication against their provider’s recommendation.

HB 677/SB 1310 will not:

- ✓ Prevent insurance companies from using step therapy or limit the number of steps.
- ✓ Prevent insurers from requiring prior authorization before covering a prescription.
- ✓ Prevent insurers from requiring patients to try a generic version of a drug if it is equivalent to the brand-name prescription.

To learn more about Tennesseans for Affordable Access to Medicine, please contact:
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Tennesseans for Affordable Access to Medicine represents thousands of patients, healthcare providers and caregivers who share a commitment to ensuring Tennessee patients have access to treatments they are prescribed to keep them healthy. The coalition includes the following member organizations:





Improving Step Therapy for Tennessee

More than 20 states, including Georgia and Arkansas, have enacted legislation limiting step therapy in critical situations, while still allowing insurers to use step therapy when it is medically appropriate.

Step Therapy Reform Legislation Map

