



# STEP THERAPY

A Policy Panel Discussion

November 2018







## *Devastating. Awful. Miserable.*

That's how patients and advocates described the experience of step therapy at a Derma Care Access Network policy panel discussion in Washington, DC.

Held November 15, 2018 on Capitol Hill, the event highlighted the experience of step therapy from the perspective of patients, advocates, health care providers and medical staff. **David Charles, MD**, chairman of the Alliance for Patient Access, moderated the panel discussion.

Often called “fail first,” step therapy occurs when a health plan requires patients to try and fail on older or lower-cost treatments before getting the medication their doctor prescribed. For insurers, the approach aims to control expenses.

**But at what cost to patients and physicians?**

# PATIENT EXPERIENCE



Panelist **Sarah Hager** described the exhausting process of finding a medicine that effectively treated her psoriasis. When her dermatologist prescribed a targeted

therapy, Hager’s insurer demanded she try two other medicines first. Neither worked.

Hager finally got the medicine her doctor had prescribed. After years of “hiding” her skin, she found relief.

But it was short-lived. When Hager changed jobs, she landed with a new insurer. “Back to square one,” she recalled.

The insurer again required her to try different medicines through step therapy. Even though she had tried them previously. Even though she and her dermatologist knew they wouldn’t work for her. Even though she had only just – finally – gotten her psoriasis under control.



Panelist **Cara Ellis** recalled similar frustrations with her own step therapy experience.

Her son Walker was born with eczema, initiating “a struggle from day one,”

Ellis recalled. Her insurer required step therapy for the medication the family’s pediatrician prescribed. So for six months, Ellis treated her son with a series of creams dictated by the health plan – to no avail. The period was “miserable,” Ellis recalled.

“As a new parent, it’s devastating,” Ellis explained, adding, “You want nothing more than for your child to be comfortable. To be better. To be well. And they can’t be better if they’re suffering.”

When little Walker finally got the medication prescribed, he had “instant success.” That brought him and his parents relief. But it also underscored the unnecessary pain imposed by the step therapy process.





# HEALTH CARE PROVIDER EXPERIENCE

It's not just patients and their families who feel the impact.



**Adam Friedman, MD**, who serves as medical director for the Derma Care Access Network, described how step therapy can erode the relationship a physician has with his or

her patient. Step therapy “diverts attention” from the real purpose of a patient visit, Dr. Friedman argued, explaining that physicians spend the visit explaining insurance coverage rather than exploring the patients’ experience and progress.

Sometimes patients are told it’s their physician’s fault, Dr. Friedman explained. “They’re told that I chose a medication that’s too expensive for them,” he noted. The loss of trust can hurt the physician-patient relationships...which is “age-old, sacred,” Dr. Friedman explained.



**Linda Markham, RN**, echoed Dr. Friedman’s sentiments about the use of staff time. “You spend a lot of time on phone calls, letters, fighting with insurance companies,”

Markham explained, “time that you otherwise could be devoting to that patient.”



Panelist **Courtney Clayton**, a medical assistant, knows more than she would like about the drain that insurance hurdles have on physician’s office staff. She described grappling with

“about 22 messages every 48 hours from insurance companies or patients” related to prescription medications.

On the one hand, Clayton is pressing insurers: Why can’t patients get the medication? Why do they have to try four creams before they can get it? Making matters worse, it can be difficult to connect with an insurance representative with in-depth knowledge about the condition. “Sometimes, they can’t even pronounce the disease I’m asking medication for,” Clayton explained, “or the medication I’m talking about.”

Meantime, Clayton’s also dealing with frustrated patients. “You’re paying \$200, \$300, \$400 a month on your insurance,” Clayton described, “And now they’re telling you that you can’t have your medication.”

# TRENDS & POLICY SOLUTIONS

Step therapy isn't going away anytime soon.

Rather, it's growing - "at an alarming rate," Dr. Friedman observed. He added that, "Medications that I didn't use to have to worry about being covered are now using prior authorization."

While step therapy can have a legitimate clinical use, the experiences described by the panelists suggest misuse and abuse of the process, explained moderator David Charles, MD. He noted that at least 27 states have taken up legislation to deal with "abusive twisting" of step therapy.

He also advised the audience, which included staffers to members of Congress, that the Restoring the Patient's Voice

Act, H.R. 2077, aims to address employer-sponsored health plans' use of step therapy. The bill requires clear criteria for exemption from step therapy. It also requires health plans to provide an exemption decision within a reasonable timeline.





The Derma Care Access Network sponsors educational initiatives and advocacy programs designed to encourage informed policymaking about the benefits of access to approved therapies and appropriate clinical care.

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