



December 11, 2015

The Honorable David R. Lewis
Chairman
House Select Committee on Step Therapy
North Carolina House of Representatives
16 W. Jones Street, Room 2301
Raleigh, NC 27601-1096

Re: House Select Committee on Step Therapy

Dear Chairman Lewis:

On behalf of the Alliance for Patient Access (AfPA), we congratulate you on your appointment as chairman of the House Select Committee on Step Therapy. The Alliance for Patient Access is a national network of physicians, including prescribers in North Carolina, dedicated to ensuring patient access to approved therapies and appropriate clinical care. AfPA looks forward to working with you and members of the newly-formed committee as you review the practice of step therapy.

As you know, legislation to limit step therapy, or so-called "fail first" policies, could not be more timely. Step therapy represents a long-running challenge for patients and has become all too common as a barrier to prescription medications. Requiring patients to take and fail less expensive medications before gaining access to their originally prescribed therapies prolongs patient suffering unnecessarily. It also undermines prescribers' ability to make decisions for and with patients under their care.

Designed to contain costs, step therapy hinders timely access to vital medications and may lead to a recurrence of hospitalizations. AfPA fully supports you and your colleagues as you examine legislation that would impose limits for step therapy and fail-first protocols.

In addition, AfPA is pleased to know that your committee will also consider step therapy's impact on access to abuse-deterrent opioid analgesics. Abuse-deterrent formulations represent an innovative tool in the widespread effort to reduce prescription opioid misuse. Patients' ability to access abuse-deterrent forms when prescribed, however, largely determines this technology's impact on the national opioid abuse epidemic.



NC Patient Advocates Praise General Assembly for Step Therapy Study

*Lawmakers will Review Legislation to Curb Insurance Protocols that Force Patients to Try & Fail on Treatments Other than what Doctor Prescribes;
First Hearing Dec. 14 in Raleigh*

(RALEIGH, N.C.) – Dec. 8, 2015 – A coalition of patient advocacy organizations from across North Carolina, including the National Psoriasis Foundation, the Arthritis Foundation, U.S. Pain Foundation, the National Patient Advocate Foundation, and the Alliance for Patient Access, today applauded state lawmakers for taking action on the issue of step therapy – a health insurance practice which forces patients to try and fail on a series of medications before they can access the treatment their doctor has prescribed.

The House Select Committee on Step Therapy, which was announced today by House Speaker Tim Moore (R-Cleveland), will hold a series of hearings on the issue and consider the limits outlined in [House Bill 321](#), introduced earlier this year. The first committee hearing will take place Monday, December 14, in room 544 of the Legislative Office Building.

While step therapy can happen to any North Carolinian, it can be especially harmful for patients living with cancer, multiple sclerosis, diabetes, psoriasis, arthritis and a range of other chronic and life-threatening medical conditions.

“Step therapy protocols in many instances fail to recognize the unique and ever changing treatment methods for diseases like psoriasis and psoriatic arthritis. We are excited to have patients, doctors, and insurers engage in a discussion with legislators about step therapy,” said Patrick Stone, Manager of State Government Relations for the National Psoriasis Foundation. “Ultimately our goal is twofold – to ensure that patients receive the treatment that is best for them according to their physician and to drive down health care costs by increasing drug adherence and decreasing hospital visits, because when patients are treated properly they impact the system in a positive fashion.”

“Step therapy can have serious, long term medical consequences for patients,” said Paul Gileno, President and Founder of the U.S. Pain Foundation. “We are grateful that Representative David Lewis continues to champion this legislation to help protect patients.”

House Bill 821 would impose limits for step therapy and fail-first protocols based on clinical practice guidelines that meet a range of patient- and provider-centered requirements. It also establishes a clear process for health care providers to request exceptions for step therapy protocols, and requires the exception to be provided if the physician determines that the insurer-required drug is not in the best interest of the patient.

Rep. Lewis continued, "HB 821 goes a long way toward making sure that treatment decisions stay in the hands of physicians and their patients. The legislation helps guarantee that insured North Carolinians will be able to access the treatments they need without delay."

HB 821 establishes limits for step therapy and fail-first protocols by requiring that each step therapy or fail-first protocol be based on clinical practice guidelines that meet a range of patient- and provider-centered requirements. It also establishes a clear process for health care providers to request exceptions for step therapy protocols, and requires the exception to be provided if the physician determines that the insurer-required drug is not in the best interest of the patient.

House Bill 821 Proper Administration of Step Therapy has been referred to the Health Committee in the North Carolina House of Representatives for consideration. Rep. David R. Lewis is the Chairman of the Committee on Rules, Calendar, and Operations of the House.

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PRESS RELEASE

Office of the Rules Chairman, Representative David R. Lewis

53rd House District

Contact: Mark Coggins

Room 2301, Legislative

Building

Phone Number: (919) 715-3015

North Carolina House of

Representatives

Raleigh, NC

27601-3015

FOR IMMEDIATE RELEASE
2015

April 15,

**Rep. David Lewis and Rep. Michael Wray Introduce Legislation to Limit
Insurer Practices that Keep Patients from Accessing Medications**

*HB 821 Imposes Limits on Step Therapy & Fail-First Practices Limiting Treatment
for MS, Diabetes, Psoriasis, Arthritis & Other Conditions*

(RALEIGH, N.C.) – April 15, 2015 – Rep. David R. Lewis and Rep. Michael H. Wray today announced the introduction of legislation aimed at ensuring that thousands of North Carolina patients have access to the medications prescribed by their physicians. [HB 821 Proper Administration of Step Therapy](#) limits insurance industry practices known as step therapy or fail-first protocols, whereby patients are forced to try and fail on a series of treatments before they are given access to the medication recommended by their physician.

“Step therapy and fail-first protocols have become increasingly pervasive tactics to discourage access to the most effective treatments for multiple sclerosis, diabetes, psoriasis, arthritis and a range of other chronic and even life-threatening medical conditions,” said Rep. Lewis. “Instead of taking the treatment originally prescribed by their doctors, patients across North Carolina are being required to try and fail on a variety of less effective medications. Meanwhile, their conditions can get worse or even require hospitalization.”

House Bill 821, to be Heard Today before House Insurance Committee, Would Limit Insurer Practices Restricting Treatment for MS, Diabetes, Psoriasis, Arthritis & More

(RALEIGH, N.C.) – April 28, 2015 – North Carolina's leading patient and provider groups—including the [National Alliance on Mental Illness](#) North Carolina (NAMI-NC), [American Cancer Society Cancer Action Network](#) (ACS CAN), [North Carolina Rheumatology Association](#) (NCRA), [National Patient Advocate Foundation](#) (NPAF), [National Psoriasis Foundation](#) (NPF), [U.S. Pain Foundation](#) and [Alliance for Patient Access](#) (AfPA)—today urged state lawmakers to pass legislation aimed at helping thousands of insured North Carolina families access the medications prescribed by their physicians.

[House Bill 821](#)—which will be heard today by the N.C. House Insurance Committee—limits insurance industry practices known as step therapy or fail-first protocols, which require patients to try and fail on one or more older treatments assigned by their health plans before they can receive treatments selected by their doctors. The bill must be passed today by the House Insurance Committee before it can go to the full N.C. House of Representatives.

Thousands of insured North Carolinians are being denied access to the treatments their doctors prescribe until they fail on older medications, which are often ineffective and may even cause serious complications. Step therapy and fail-first practices are aimed at cost containment with no medical justification, and they can lead to adverse reactions, debilitating side effects and hospitalizations that could have been avoided.

House Bill 821 promotes greater transparency and understanding by establishing limits for step therapy and fail-first protocols which are based on clinical practice guidelines that meet a range of patient- and provider-centered requirements. It also establishes a clear process for health care providers to request exceptions for step therapy protocols, and requires the exception to be provided if the physician determines that the insurer-required drug is not in the best interest of the patient.

###

 **USPAINFOUNDATION** @US_Pain 2h

We're urging the #NCLeg to pass HB 821 so North Carolinians aren't denied access to treat pain w/ meds prescribed by their docs.

NPAF State Project Leader Doris Ann Price, from North Carolina, wrote a powerful op-ed in the News & Observer about her experience with breast cancer. Unfortunately, while battling cancer, Doris Ann also had to battle her insurer's step therapy, or "fail first" requirements. Read about her journey below.

The News & Observer

When fighting cancer in NC means fighting insurers, too

Doris Ann Price: My oncologist and I campaigned to gain access to an innovative FDA-approved therapy to treat late-stage breast cancer. Before I could be treated,...

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Michael Motherway Business is a contest. Sick? You lose.

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FOR IMMEDIATE RELEASE

Patient & Provider Groups Urge Passage of Bipartisan NC Legislation to Improve Treatment Access

Blue Shield is not Prices' insurance company. It strongly opposes the bill. Representatives say Step Therapy reduces the cost of care."

Estay Greene, "This is a cost effective way for us to control prices which ultimately controls premium increases for our costumers."

Renee Chou, "Blue Cross says the bill would erode it's negotiating power with drug manufacturers. Then everyone's premiums would go up. Price says she tried the cheaper drug for months. It did not work. Now she is on what her doctor originally recommended and calling for Step Therapy to change."

Doris Ann Price, "It's so important that the prescribing physician be in control of what medications or treatments the patient receives. Not the insurer."

Renee Chou, WRAL news.

Female anchor, "The bill only applies to private insurers and calls for an independent board to approve step therapy only for clinical reasons. Blue Cross Blue Shield says it has a flexible process in place for doctors to request exemptions.

WRAL (CBS Raleigh) Story on HB821/Step Therapy

<http://www.newsobserver.com/opinion/op-ed/article22948641.html>

NPAF **NPAF**
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Following

NPAF volunteer Doris Ann Price on battling cancer & insurers at once in [#northcarolina newsobserver.com/opinion/op-ed/...](http://www.newsobserver.com/opinion/op-ed/article22948641.html)
[#steptherapy](#) [#failfirst](#)

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11:43 AM - 3 Jun 2015



Legislation would limit use of 'step therapy'

June 4th - Male anchor, "It could happen to you. Just because your doctor prescribes the medication doesn't mean your insurance will cover it. "

Female anchor, "Sometimes you are required to try other cheaper drugs first. State lawmakers are considering a bill, which would change this common practice among private insurance companies. WRAL Renee Chou looks into the issue

Doris Ann Price, "I have nothing to lose to speak my peace."

Renee Chou, "The button on her hat says it all. Cancer is in her lungs and liver, bones and brain. Doris Ann Price says her doctor prescribed a new cutting edge treatment, her insurance company said no."

Doris Ann Price, "to think the insurance company is playing God here and that it can override the professional judgment of an oncologist who is trying to save a person's life, that is just wrong, wrong, wrong.

Renee Chou, "Instead the insurance company said she had to try a cheaper treatment first. It's a common practice called step therapy. Here's how it works. You start with the cheapest drug. If drug A doesn't work, and then drug B doesn't work —only then will insurance cover your prescribed treatment."

Doris Ann Price, "You go to a doctor, you don't go to an insurance company for your treatment. The doctor prescribes what you need for your condition and the insurance company should follow suit."

Renee Chou, "Some lawmakers agree. A House Bill limits step therapy to clinical research only, not cost. It would also make it easier for doctors to override insurance objections. Blue Cross

My oncologist and I actively campaigned for two years to gain access to an innovative conjugate therapy that was specifically approved by the Food and Drug Administration to treat late-stage breast cancer like mine. Before I could be treated with this drug, my insurer required me to first try and fail on another therapy – one that was much less targeted and more systemically toxic to my body. Despite appeals by my oncologist, I had to waste valuable time taking the other treatment before I could access the drug that could work best.

Had my insurer let me have the new treatment originally prescribed by my oncologist instead of making me wait two years and fail first on older drug, my cancer might not have spread so quickly.

My story isn't an isolated incident. It's happening to thousands of North Carolinians living with cancer, as well as multiple sclerosis, diabetes, psoriasis, arthritis and a range of other medical conditions.

To remedy this problem, state lawmakers are considering a proposal to help limit such health plan protocols and a health care provider's right to make treatment decisions in the best interest of the patient. Most importantly, the proposal would establish a transparent and timely process for appealing insurer decisions if a physician deems them detrimental to the patient's health, as my oncologist did.

The reality is that time is not on your side when you're living with stage four cancer. You don't have the luxury of trying a less-effective drug first. North Carolinians shouldn't have to pay health insurance premiums only to have treatments withheld when we need it most.

Doris Ann Price of Raleigh is the North Carolina project leader for the National Patient Advocate Foundation.

WRAL (CBS Raleigh) Story on HB821/Step Therapy

BY DORIS ANN PRICE

June 2nd - Every day, women like me are living life to the fullest, despite the odds. We are going to work. We are caring for our families. And all the while, we are battling cancer.

Thanks to medical advances, metastatic breast cancer – a disease I've lived with for nine years – doesn't have to be an immediate death sentence. While the cancer is now in my bones, brain, lungs, liver and just about every lymph node in my body, I'm still here.

I've learned that living with stage four breast cancer is a marathon. While this terminal cancer isn't beatable, it is potentially treatable with timely access to front-line medications. As a result, I have to try new drugs – and often.

Treatments may control the disease for a period of time, but cancer is smart. Eventually the disease shows signs of progression, and I must move on to a different treatment regimen.

The sad truth, however, is that many insured North Carolinians simply can't access the treatments they need to live with cancer.

Insurance companies in our state are actively erecting barriers that keep patients like me from obtaining what our physicians prescribe. Health plans are requiring us to "fail first" on one or more medications before we can gain access to the most effective treatments. In the meantime, the cancer can progress, becoming even tougher to fight.

I know this because cancer isn't the only thing I've had to battle over the past nine years. I've had to fight with my insurance company just to obtain the treatment prescribed to me.

"I've seen a definite trend in the last two to three years on step therapy changes," Dr. Jill Zouzoulas says. "It used to be much easier to move from drug to drug, and now there's a definitive this drug first, that drug next. Which is based not in medicine, but based on money."

"So the insurance companies are dictating the drugs you prescribe to patients?"

"In some cases, yes."

In Israel's case, she had to try and fail five drugs. The time wasted getting to the drug she needed meant the arthritis got worse.

"It delays moving to an effective therapy, and all the data on rheumatoid arthritis shows the sooner you get the disease under control, the better they're going to do right then and 10 years from now," says Dr. Zouzoulas.

"It makes us feel like everything is about a dollar and not our lives. My life has a number on it, there is not a dollar bill you can put on my life," Israel says. "If something ever happens to me, I have a 4-year-old without a parent."

Tarheel legislators are working right now to introduce a bill to get rid of step therapy and it could be voted on in the 2016 session.

The logo for The News & Observer, featuring the text "The News & Observer" in a white serif font on a red rectangular background.

When fighting cancer in NC means fighting
insurers, too



NC legislators take on insurance companies on step therapy

CHARLOTTE, N.C. – Tarheel legislators fighting insurance companies to get patients care they need

Imagine the medicine you need is available, your doctor prescribes it, but your insurance company won't allow it. It's a growing problem, and one legislators are now tackling.

Being a mom, is all Arloishia Israel ever wanted.

"All my life all I wanted is a child. I look at this little person, and I say emotionally, every day I go through a crying spell because I can't do the things that I want to do."

Doctors diagnosed her with rheumatoid arthritis two years ago.

"I was working doing psychiatric assessments in the ER and going back to my office I just collapsed. My legs stopped working, I couldn't get off the floor and I knew something was wrong."

The pain was unbearable-- so bad she can't work, sometimes she needed a walker, and now she can't help teach her son to ride a bike.

"I'm not able to play with him, he likes to go outside and ride the bike, due to my flare-ups it's hard for me to walk, so when he rides his bike I'm way back behind."

Her doctor knew the medication that would help her, but Israel's insurance company required her to try others first. It's called step therapy– you have to climb each step in the process, meaning you can't skip right to the one you need.



The Facts About Step Therapy & How It Harms Patients



Step Therapy (ST) is a policy widely used by health insurers that forces patients to try one or more alternative prescription drugs that are typically of lower cost to the insurer, even though they may not be the best therapy for the patient. It is applied to prescription drugs used to treat a range of life-threatening diseases and chronic conditions including cancer, diabetes, mental health, multiple sclerosis, among others.

"Step Therapy is not widely used by insurers."

60%-75%

Step therapy use has steadily increased since 1993, with almost 80 percent of commercial insurers implementing, nationally, by 2010. In 2010, 73 percent of large employers reported offering employees plans that require step therapy.^{1,2}

54%

The trend is even growing within coverage of therapies used in trial centers, where traditionally insurers have not extensively used step therapy. In 2012, 54 percent of plans applied step therapy to anti-cancer treatments, up from 34 percent the year before.^{3,4}

#1

"Step Therapy is used responsibly by insurers."

Black Box Warning

A recent analysis of medications included on prescription drug lists of the 10 largest US health insurers showed that 18 of these required step therapy, along with a warning, such as "Black Box Warning" for adverse events such as serious infections, tuberculosis, and cancer, before allowing patients to access medications that do not carry any such black box warnings.

A black box warning is the strongest warning label required by the FDA, suggesting that a medication carries a significant risk of serious or life-threatening events.

#2

"Step therapy is safe for patients."

Serious Side Effects

Patients have reported serious side effects from medications they were required to take as part of step therapy. In many of these cases, the insurer was notified of an expected adverse reaction but still required the patient to follow the step process.

67%

Total percentage of patients that do not receive alternate medication, within 30 days, after original drug prescribed by physician rejected under step therapy.^{5,6}

#3

"Health insurers not 'practicing medicine' by using Step Therapy."

Harsh Realities

In theory, an insurer's step therapy protocols do not prevent healthcare providers from writing prescriptions as they see fit. However, the reality is that most patients are unable to fill a prescription if the insurer will not fully reimburse for the prescribed medication. While requiring patients to undergo step therapy does not qualify as "practicing medicine," it does give insurers extensive control over a patient's course of treatment. This bill bans that and ensures that patients and their physicians can choose the best, medically necessary treatment.

#4

"Insurers already have exceptions processes, as well as internal & external appeals procedures. These are effective when addressing concerns related to step therapy."

More Needed to Help Patients

A policy change in North Carolina would allow patients and providers to use existing guidelines to request a step therapy exception. Insurers could choose to establish a separate, stand-alone process to be used only for step therapy requests, but this bill would not require them to do so.

Additionally, under certain conditions, patients have the right to seek an independent, or "external," appeal when denied coverage for a particular benefit. This process should be streamlined and easy for patients to navigate. An insurer may use its existing medical exceptions process, but should make details of the process easily available to patients and providers.

#5

"According to the Affordable Care Act (ACA), this bill is considered a mandate, which will cost the state money, should it become law."

This is not a mandate.

The Affordable Care Act prohibits requiring states to defray the cost of recently enacted insurance mandates that do not apply to this bill. According to federal regulations 42, it only applies to state laws that require the coverage of new benefits and/or services. This regulation addresses arbitrary rules set by insurers and applied to drugs that are already available in a patient's health plan.

#6

"Prohibiting insurers from using step therapy will lead to increases in cost."

Step Therapy does not increase costs.

Legislation in North Carolina would not prohibit insurers from using step therapy; it simply requires them to follow certain standards when doing so. Specifically:

"Exceptions are only granted if a provider demonstrates that the initially prescribed treatment is medically necessary.

"Effective case-control is best achieved by allowing clinical consultations and medical expertise to allow treatment decisions. This will help avoid the extra expense of care that stems from unnecessary delays in therapy, side effects, multiple drug discontinuances.

For more information about efforts to help North Carolina patients struggling with the impact of step therapy, please contact:

Don Barrett at donbarrett@sigmail.com

#7

1. National Health Care Access Foundation, "Step Therapy: A Review of the Current Landscape," 2010.
2. "Step Therapy: A Review of the Current Landscape," 2010.
3. "Step Therapy: A Review of the Current Landscape," 2010.
4. "Step Therapy: A Review of the Current Landscape," 2010.
5. "Step Therapy: A Review of the Current Landscape," 2010.
6. "Step Therapy: A Review of the Current Landscape," 2010.

Impact of Step Therapy

Spotlight on Patients



*Step Therapy (ST) is a tool used by insurers to limit spending on patients' medications.

*ST requires patients to try one or more drugs chosen by the health plan – usually based on financial, not medical, considerations – before coverage is approved for the drug prescribed by the patient's health care provider.

*Despite insurers' claims that ST helps lower health care costs while maintaining, and in some cases improving the quality of care, data & the patient experience show otherwise.



Doris Ann Price - Raleigh, NC

Doris Ann Price is one of thousands of North Carolinians battling stage four cancer. The terminal disease has spread to her bones, brain, lungs, liver and just about every lymph node in her body. While Doris Ann will never be cured, she has been able to survive for nine years, thanks to timely access to front-line medications. She and her oncologist must stay one step ahead of the cancer, and that means trying new drugs—and often.

But it hasn't always been easy for Doris Ann to get the treatments she needs. She and her oncologist actively campaigned for two years to gain access to an innovative conjugate therapy that was specifically approved by the Food and Drug Administration to treat late-stage cancer. Before Doris Ann could be treated with this drug, her insurer required her to first try and fail on another therapy – one which was much less targeted and more systemically toxic to her body. Despite appeals by Doris Ann's oncologist, she had to waste valuable time taking the other treatment before she could access the drug that could work best.

Doris Ann says that, had her insurer allowed the new treatment originally prescribed by her oncologist instead of making her wait two years and fail first on older drugs, her cancer might not have spread so quickly. "The reality is that time is not on your side when you're living with stage four cancer. You don't have the luxury of trying a less effective drug first," she says.



Arloishia Israel - Matthews, NC

Arloishia Israel has spent the last year in near-constant pain—all because her health insurance company decided it wouldn't cover the medication that my doctor prescribed to treat her chronic rheumatoid arthritis. Instead, her insurer required her to "fail first" on five other medications in a process that took over a year.

During her step therapy, Arloishia lost her job, could no longer drive or care for her son without help, and needed assistance with simple tasks like taking a bath. The medications her insurance company required also came with their own side effects, including dangerously high blood pressure, eyesight issues, nausea, and hair loss. As a result, Arloishia was hospitalized multiple times.

Just a few months ago, Arloishia's doctor provided proof that the final insurer-mandated treatment did nothing to help her, and she finally was granted access to the treatment that her doctor originally prescribed. And while the new treatment is starting to work, Arloishia says she can't help but think about what the step therapy caused her to lose: precious time with her son, her independence, her career and so much more.

For more information about legislation to address Step Therapy policies in North Carolina, please contact: Jim Harrell at jimharrell3@gmail.com.

Step Rx Therapy

State policies & how they can protect patients.

FAST FACTS

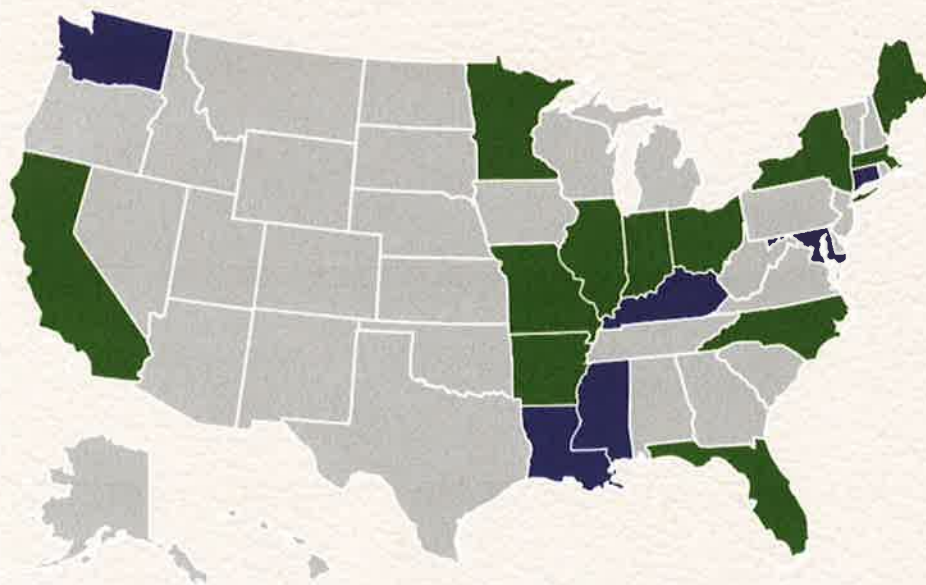
***Step Therapy is a tool used by insurers to limit spending on patients' medications..**

***As of 2013, 75% of large employers offered plans that use Step Therapy.**

***Step Therapy is applied by insurers to drugs used to treat psoriatic & rheumatoid arthritis, multiple sclerosis & epilepsy, among others.**

***Step Therapy undermines physicians' ability to effectively treat patients, can lower quality of care, increase costs & lead to set backs & disease progression, for patients.**

***State policymakers should take action to increase oversight of insurers' use of Step Therapy. establish minimum exceptions rules & ensure transparency in exceptions process.**



Existing State Laws

CT, KY, LA,
MD, MS,
WA



2015-16 States Considering Legislation

AR, CA,
FL, IL, IN,
MA, ME,
MN, MO,
NC, NY,
OH

To learn more about Step Therapy in North Carolina, please contact:
Jim Harrell at jimharrell3@gmail.com.

- When a health insurance plan changes formulary design, the plan cannot limit or exclude coverage for a drug for an insured if the drug previously had been approved for coverage by the plan for a medical condition of the person and the plan's prescribing provider continues to prescribe the drug for the medical condition.

October 2014

Arthritis Foundation Position Statement on Step Therapy/Fail First

Issue

An increasing number of insurers are utilizing step therapy or fail first policies that require patients to try and fail one or more formulary covered medications before providing coverage for the originally prescribed non-formulary or non-preferred medication.

Background

Step therapy or “fail first” is the practice by insurers of requiring patients to test use of a safe lower cost drug or service before permitting more expensive drugs or services. Step therapy is an established benefit management tool that is used by commercial carriers, self-insured employers, Medicare Advantage/Part D programs, and Medicaid.

When a patient changes insurers or a drug they are currently taking is moved to a non-preferred status patients may be put through the step therapy process again. Some step therapy protocols impose these requirements on stable patients.

Our Position

The Arthritis Foundation supports legislation that provides limitations on step therapy/fail first protocols and believes the following provisions are essential to protect patients:

- Permit a prescriber to override the step therapy when patients are stable on a prescribed medication.
- Permit a physician to override the step therapy if the physician expects the treatment to be ineffective based on the known relevant physical characteristics of the patient and the known characteristics of the drug regimen; will cause or will likely cause an adverse reaction by or physical harm to the patient; or is not in the best interest of the patient, based on medical necessity.
- Require health insurance plans to incorporate step therapy approval and override processes in their preauthorization applications.
- Prohibit insurers from requiring insured patients from having to fail a prescription medication more than once.
- Limit any single step therapy protocol to a maximum of 60 days.
- In circumstances where an insured is changing health insurance plans, the new plan may not require the patient to repeat step therapy when that person is already being treated for a medical condition by a prescription drug provided that the drug is appropriately prescribed and is considered safe and effective for the patient’s condition.



Our Mission: To drive efforts to cure psoriatic disease and improve the lives of those affected.

A Position Statement from the NPF Medical Board: Access to Treatment

Psoriatic disease currently affects more than 7 million Americans, exacting a debilitating toll on quality of life and associated with life-threatening comorbidities. Good treatment options exist, including phototherapy, topical medications, oral agents, and targeted biologics. The greatest challenge for a physician is often in the alignment of patients with the most appropriate treatment. The Medical Board of the National Psoriasis Foundation urges insurance companies to make an active contribution to the effort to improve the lives of those suffering from psoriatic disease by ceasing practices that prohibit or otherwise impede physicians from achieving this goal for patients.

Meeting Individual Needs

The Medical Board of the National Psoriasis Foundation asserts that patients have a right to receive the treatment most appropriate for the unique presentation of their disease, in terms of both efficacy and affordability. Treating physicians, in consultation with their patients, are the most qualified individuals to determine what this treatment is. Limitations resulting from exclusivity contracts between insurance companies and pharmacy benefit managers or drug tiering schemes are not in the best interest of the patient, and therefore are strongly discouraged.

Fair and Efficient Access to Treatment

The Medical Board of the National Psoriasis Foundation asserts that the onus is on insurance companies to have procedures in place by which patients can gain access to safe and effective treatments prescribed by their physicians. Current practice places an unreasonable demand on the physician's already busy schedule with an unacceptably poor rate of success. To gain access to reasonable therapies for their patients, physicians are required to go through an onerous appeal process that is then subjected to a financially-motivated review which is often not in the best interest of the patient.

Step Therapy

The Medical Board of the National Psoriasis Foundation asserts that insurance company-mandated step therapy protocols are not in the best interest of the patient. By grouping patients into large categories without regard for unique features of their disease impedes patient care, resulting in a negative impact on quality of life and detrimental effects on health. As systemic diseases associated with life-threatening comorbidities, the timely treatment of psoriasis and psoriatic arthritis is of the utmost importance to managing patient health in the long-term. Subjecting patients to arbitrary, drawn out, and often costly step therapies compromises patient well-being.

The Medical Board of the National Psoriasis Foundation acknowledges the difficulty of insurance companies to maintain a healthy business and uncertainty for the future. However, the best interest of the patient must be the priority for physicians and insurers alike.

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