Advocacy Insights

STEP THERAPY

With Kelly Barta



What's the best way to define step therapy?

I have found people respond better to the term "fail first." It's more intuitive for patients. When they hear "fail first," it clicks with them that they are being forced by their insurer to try a different medication and only get the one they were prescribed if the first "fails" to help.

Step therapy reform can be a nuanced issue. How should advocates handle that?

We make it clear that we're not trying to abolish step therapy. There are times when it is appropriate. But there need to be exceptions, and treatment choices should be a decision between providers and patients.

What holds patients back from being their own advocates?

Patients are not aware, or unsure of how to get started. Some simply give up because they are under the impression that it's too complicated. I like to remind people that they can, and should, push back on their insurance companies.

What resources have you found helpful for understanding step therapy?

Patient advocacy groups have done a tremendous amount of work to empower and provide tools for people living with a chronic condition. I have found that educational materials in the form of short videos are a really effective way to help people understand complicated access barriers in a short amount of time.

How do you advise patients to talk about step therapy when they visit legislators to seek reform?

Share your story. Story telling is incredibly valuable. I like to remind myself and others that policymakers and insurers are people too. We as humans are compassionate at our core. When we hear suffering, we want to help.

Patient advocates also need a leavebehind for the legislator or staff member. They should have a document with their story, their name and their photo, and what they are seeking. Organizations like the Patient Access Collaborative can help by providing leave-behinds and other tools.



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