

Fail-First Reform in Iowa

*Improving Step-Therapy Protocols*

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| One of IOMA’s advocacy goals is to reduce and prevent burdensome and potentially harmful requirements on physicians and patients, such as fail first protocols. Fail-first protocols are used by health plans to control the order and use of prescription drugs. A patient may be required to try, and then fail on lower-cost or older medications selected by their health plan before coverage is granted for the medication prescribed by the patient’s physician.  According to the Pharmacy Benefit Management Institute, employer sponsored health insurance plans using step-therapy grew from 27% in 2005 to 67% in 2013, and we expect the trend to continue, resulting in further treatment delays for patients.  **What HF 233 will ensure ---**  Fail First protocols are based on widely-accepted clinical guidelines so that medicine – not cost – dictate requirements. | That the exceptions process for Fail First protocols is transparent and accessible to patients and physicians.  Common sense guardrails to fail first protocols to enable physicians and patients to override a health plan’s fail first protocols when it is medically appropriate for a patient, including if a patient is stable and doing well on a prescription drug prescribed by their physician, the required fail first drug could cause an adverse reaction, including physical or mental harm and is expected to be ineffective, a patient has previously tried and failed the required fail first drug, and the required fail first drug is not in the best interest of the patient based on medical necessity.  **What HF 233 will not do –**  \*Will NOT ban health plans from utilizing fail first protocols nor limit the required steps.  \*Will NOT require health plans to create new clinical guidelines for fail first protocols.  \*Will NOT prevent health plans from requiring prior authorization before covering a prescription. | \*Will NOT prevent health plans from requiring patients to try a generic version of a drug if it is equivalent to the brand-name prescription.  Fail first protocols limit a physician’s ability to tailor care to individual patient needs. **For patients living with serious or chronic illnesses, prolonging ineffective treatment (and delaying access to the right treatment) may result in possible irreversible progression of disease, loss of function, and adverse effects, which ultimately leads to increases in unnecessary health care costs with patients back to see their physician, ER visits, hospitalizations, out of work and other costs associated when patients are not well.** |



1. Contact your legislators to educate them on the negative impacts of fail first protocols. Need to find your legislator or want to schedule time to visit the Capitol with our Legislative Team? Call IOMA at 515-283-0002 or email Leah McWilliams at [leah@ioma.org](mailto:leah@ioma.org).
2. Submit your stories regarding fail-first issues to: [leah@ioma.org](mailto:leah@ioma.org).
3. Inform your patients of this issue and ask them to advocate on their own behalf.