



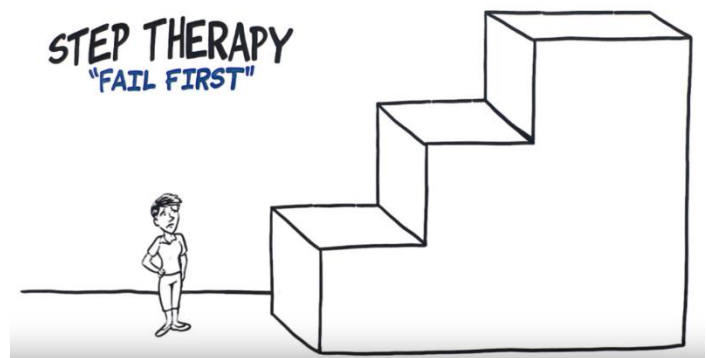
Patient Resources

Step Therapy (“Fail First”) FAQs

Step Therapy protocol, commonly known as “Fail First,” is comprised of policies that establish a specific order in which prescription drugs for a medical condition are approved for coverage by a health insurance plan for a patient.

What is the purpose of Step Therapy?

Insurance companies work to keep healthcare costs lower by verifying the less expensive drug options are ineffective before allowing physicians to prescribe the more expensive option to a patient. Often, the prescription drugs at the “top of the steps” are more expensive.



Who does Step Therapy affect?

Step Therapy policies affect patients and physicians. Patients may not be able to receive the medication their physician deems most appropriate, which can delay effective treatment to slow the progress of autoimmune conditions. When the insurance company denies the prescribed drug, physicians must appeal to the insurance company multiple times over the course of days or weeks. The appeal process can take valuable time away from both patients and physicians.

Who benefits from Step Therapy?

This is a subjective question. Insurance companies believe they are fulfilling a commitment to reducing unnecessary healthcare costs, whereas physicians believe Step Therapy limits their ability to effectively treat their patients. Patients often feel like victims of Step Therapy, as some are required to ‘fail’ many medications before their insurance companies approve the one that will help. The time that it takes to ‘fail’ medications can be very precious depending on the progression of a patient’s disease.

Where can I learn more about Step Therapy?

To learn more about Step Therapy, visit the following sites:

[BlueCross Blue Shield](#)

[Cigna Health and Life Insurance](#)

[Fail First Hurts](#)

[The Arthritis Foundation](#)

[The Alliance for Patient Access- Understanding Step Therapy Video](#)