

Massachusetts Cancer Patients Can't Afford To Fail First



What are fail first policies?

Fail first policies require patients to try, and fail on a lower-cost medication for a period of time before gaining coverage for the appropriate medication prescribed by their own physician. This process is also sometimes called step therapy. Insurance companies employ protocols like this largely to save money. However, this practice can delay more effective treatment or increase risk factors and disease progression in the meantime. Fail first requirements can result in unnecessary discomfort to patients themselves and potential increased costs in the form of unplanned emergency room, doctor visits or other health complications.

Fail first policies can undermine physicians' ability to effectively treat patients, can lower quality of care, and lead to setbacks and disease progression for patients.

How would fail first legislation help cancer patients?

The proposed fail first legislation defines the process by which fail first protocols can be developed by a health plan and defines the conditions under which a patient must be exempt from a fail first protocol. The bill puts limits on when fail first can be utilized and makes the process more transparent. It also provides an exemption from the fail first process if the prescription drug is not the right fit, if the patient has tried and failed on the drug previously or if the patient is stable on their current prescription medication.



Scientific breakthroughs mean that, in many cases, a cancer diagnosis now can be more easily managed and treated. Patients need the ability to quickly assess their condition with their doctors and find the best course of treatment for their individual medical needs. Once a cancer patient has found a treatment that is successfully treating their cancer, they should not be required to suspend that treatment, simply because there is a less expensive drug that treats the same type of cancer. In addition, if a cancer patient has already tried and failed on one or multiple drugs in a fail first protocol, they should not be required to try these drugs a second time.

ACS CAN supports this measure because it balances protecting patients when a fail first protocol would produce an adverse health outcome, with allowing for the use of a fail first protocol when it is appropriate for controlling costs.

The ask:

Please support *An Act relative to fail first and patient safety* and help provide appropriate patient protections for when fail first protocols can be used.