

NJ Step Therapy Health Care Professional Sign on Letter

Dear Policymaker,

On behalf of the undersigned health care providers who practice in New Jersey, we would like to express our support and recommend that the New Jersey Assembly and Senate pass **A4815/S3051**. This legislation provides important patient protections on a practice known as step therapy or fail first an issue we feel is impeding access to medications for our patients.

When selecting medications for our patients, the physicians and nurse practitioners in our practices weigh a multitude of factors as we explore options for best treatment. Some of the factors that we consider include:

- 1) What are the potential side effects of a medication and could it complicate the underlying chronic conditions and other coexisting medical conditions;
- 2) What treatment is the patient ultimately going to be able to be compliant with – can they manage the number of doses daily; do they have the physical and emotional strength to self-administer an injectable therapy;
- 3) What underlying medical, financial, social, and psychological issues does the patient have that might be negatively impacted by a treatment choice?

The treatment identification process is in-depth and requires years of ongoing education and healthcare experience to determine the best options. Our patient conversations are often hours in length and over multiple encounters to determine the best option and to achieve patient buy-in with what may be lifelong treatment, as no treatment can be effective without the patient accepting personal accountability for it. In no case is it ever “one medication fits all.” Unfortunately, our treatment considerations often come to a halt when insurance companies intervene and practice what is called “step therapy” or “fail first”.

Step therapy protocols (sometimes referred to as “fail first”) require patients to try and fail at least one medication chosen by the health plan before the plan will cover the medication that was originally prescribed. For those with diseases such as rheumatoid arthritis, psoriatic arthritis, lupus, multiple sclerosis, diabetes, cancer, and others, prolonging ineffective treatment (and delaying access to the right treatment) may result in disease progression, relapses and worsening disability, or other damage from the disease.

We have no incentive to prescribe any drug, other than to follow the basic tenet of “first, do no harm” to determine to the best of our ability what is in the patient’s best treatment interest. Prescribing the most appropriate treatment for a patient is not as simple as writing the prescription.

Step therapy can undermine the recommended treatment plan and interfere with the healthcare provider – patient relationship. We are forced to “defend” a treatment that was not recommended initially to a patient or in some cases, sadly, to start them on medication that

that likely will not provide the same benefit. Defending our decision through the appeal process, is a complicated and time-consuming process. Our practices spend a significant amount of time, filling out authorization forms, writing letters of medical necessity and conducting peer-to-peer reviews in order to appeal step therapy requirements, which could be more valuable and worthwhile to be spent on taking care of patients.

It is not unusual to spend weeks to months trying to get a patient on therapy because of step therapy. Delays in treatment might, in the short-term, save insurance dollars in the medication bucket, but these delays can shift healthcare costs to increased physician office visits, hospitalizations, potential disability that we cannot treat, as well as decreasing the patient's productivity in society. Lower cost medications do not necessarily equate to lower cost healthcare when costs are shifted to other medical problems potentially created by this lower cost medication. The potential downstream healthcare costs of delayed treatment are very real.

We support **A4815/S3051** because it protects patients by establishing common sense protocols to govern the step therapy practice in New Jersey. This legislation does not prohibit insurers from using step therapy but seeks to balance cost containment with patient needs.

Our patients with Arthritis, Autoimmune Disorders, Cancer, Diabetes, Epilepsy, Heart Disease, HIV/AIDS, Mental Illness, Multiple Sclerosis, Psoriasis, or other diseases and chronic conditions have it hard enough. Patients need the right medicine at the right time. It is time for step therapy reform in New Jersey.

A4815/S3051 will create appropriate exceptions to step therapy to improve patient care, reduce unnecessary treatments, and ultimately reduce health care costs by returning prescription decision-making back to health care providers and their patients.

Twenty-six states already regulate step therapy practices in their states. It is time for New Jersey to do the same. We, the undersigned organizations, respectfully ask that the New Jersey Assembly and Senate pass A4815/S3051.

Sincerely,

11/13/2020