

#FixFailFirst to help protect patients

2023 STEP THERAPY REFORM

S.1267/A.901

Prohibit plans and utilization review agents from requiring the following when establishing a step therapy protocol:

- Stepping through an off-label medication;
- Trying and failing on more than one drug before covering the prescribed medication;
- Using the insurance plan's preferred drug for longer than 30 days;
- Imposing step therapy if the patient has been on the prescribed drug within the past year;
- Repeating step therapy for a prescribed drug if the patient already completed step therapy for the drug under a prior health plan; and
- Imposing step therapy for a previously approved drug after the plan implements a formulary change impacting the prescribed drug.

Additionally, this legislation would require plans to:

- Accept an attestation from the patient's prescriber that the required drug has failed as evidence of such failure; and
- Honor a step therapy override for 12 months following an override approval or renewal of the plan, whichever is longer.

S.2677/A.463:

Would require plans to establish a written procedure to ensure that notice of an adverse step therapy determination includes:

- The reason for the determination;
- Instructions to appeal; and
- Information on alternative covered medications, applicable clinical review criteria, and other necessary information.

S.2800/A.1384:

This legislation would require insurers and utilization review agents to report to the Department of Financial Services (DFS) and make publicly available certain information on step therapy override requests, appeals, and their outcomes, including:

- Number of step therapy override requests, approvals, and reversals;
- Results of appeals;
- Specialties impacted; and
- Any savings the plan received from step therapy.

