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On behalf of the Cancer Support Community (CSC), an international nonprofit organization that provides support, education, and hope to cancer patients, survivors, and their loved ones, we are writing today to express opposition to step therapy, also known as “fail-first” policies.

As the largest direct provider of social and emotional support services for people impacted by cancer, and the largest nonprofit employer of psychosocial oncology professionals in the United States, CSC has a unique understanding of the cancer patient experience. Each year, CSC serves more than one million people affected by cancer through its network of 50 licensed affiliates, more than 120 satellite locations, and a dynamic online community of individuals receiving social support services. Overall, we deliver more than \$40 million in free, personalized services each year to individuals and families affected by cancer nationwide and internationally.

Step therapy policies are mechanisms designed to force patients to try less costly medications or tests first and only once they have “failed” (or see no disease improvement), may they be allowed to obtain the original prescription of their provider. In 2012, 54% of health plans reported using step therapy for cancer drugs. Given that patients have unique genetic profiles, comorbid conditions, and other personalized considerations, these policies can be short sighted and cause both medical and psychosocial repercussions for patients. For cancer patients, step therapy policies have the potential to cause significant harm as they may delay access to therapies that are the most appropriate and most effective. Patients have differing responses to treatments and personalized medicine is offering more targeted options. It is critical that providers have the autonomy to exercise discretion in treatment recommendations, incorporating both clinical evidence as well as patient input through shared decision making.

In our recent report, “Access to Care in Cancer 2016: Barriers and Challenges” which surveyed over 800 people, 14% of respondents were required by their insurance company to take another medication first before they could receive the medication originally prescribed by their doctor. Step therapy was used most often for oral medicines (75%) and least often for IV infusion treatment (8.7%).

Step therapy can cause people to delay care, pay higher out-of-pocket costs, and at times, forego treatment altogether. Among respondents who experienced a step therapy mandate:

- 52.9% experienced unexpected out-of-pocket costs due to the insurance company mandated treatment for prescription drugs and 71.2% of them did not seek financial assistance for the unexpected costs, half indicating that they did not know that assistance was an option
- 52.6% of those who were prescribed treatment by their doctor, had to wait 7-30 days to receive the originally prescribed medication

- 52.4% felt that step therapy delayed their treatment
- 49.1% worked with their doctor's office to request an exemption from the insurance company and half of those individuals reported not receiving the treatment originally prescribed by their doctor
- 32.1% reporting starting the medication required by the insurance company instead of taking the medication that was originally prescribed to them
- 18.9% started the medication required by the insurance company while simultaneously requesting an exception
- 16% delayed treatment by deciding not to take the medication and waiting until an exception was granted
- 8.5% decided not to start any medication

In conclusion, we have heard directly from patients that step therapy can cause delays in treatment, increased distress, and unexpected costs. Step therapy policies also have the potential to pose administrative burdens for health care providers who according to Caslino et al. (2009) already spend a considerable amount of time on insurance requirements each year. In conjunction with other cost containment strategies such as prior authorizations and narrow networks, patients face numerous barriers in accessing timely care.

As such, CSC opposes step therapy policies for individuals being treated for cancer, and supports the following:

- Treatment that is based on clinical guidelines and shared decision making, not solely cost to health plans
- Safeguards to protect patients from the harmful impacts step therapy policies
- A transparent exceptions and appeals process for prescribing health care providers and patients
- An exception and appeal timeline of 24 hours for emergency cases and 72 hours for non-emergency cases
- Established policies for when the prescribing health care provider can override step therapy when medically appropriate for a patient.

Thank you for your attention to this important matter. Please feel free to contact me at efranklin@cancersupportcommunity.org or 202.650.5369 if you have questions or if we can serve as a resource to your work.

Sincerely,



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