

Fail First Fact Sheet

What is “Fail First”/Step Therapy?

- Fail First policies (also known as Step Therapy) are insurance and payor policies that require patients to try and fail a certain medication prior to being provided coverage for an alternative medication that is more expensive, even if clinicians believe a different therapy is medically in the best interest of the patient.
 - The policies are used to control costs and often prevent the use of a drug or therapy that a physician originally prescribed for a patient.
 - The “fail first” policy may be instituted more than once before a patient is granted access to the drug prescribed by their doctor and if a patient’s insurance changes they are often forced to go through the “fail first” process all over again.

“Fail First” Impact

- “Fail First” practices can result in serious negative consequences for patients, doctors, consumers and the overall public health system.
- “Fail First” policies serve as barriers to comprehensive treatment options. By limiting the array of medication options, both physicians and consumers are forced to compromise their treatment decisions in a way that can be dangerous, time-consuming and more expensive in the long-term.
 - **Creates Delays in Treatment:** Time is a luxury most patients facing ‘fail first’ policies don’t have. Whether they are suffering from crippling chronic pain or battling addiction, ‘fail first’ policies can force patients onto an insurer-preferred medication and result in increased symptoms, side effects and even relapse.
 - **Forces ‘Compromises’ in Treatment:** By limiting the array of medication options, both physicians and consumers are forced to compromise their treatment decisions in a way that can be dangerous, time-consuming and more expensive in the long-term.
 - **Cost:** “Fail First” policies can potentially prove to be more expensive in the long-term for the public health system and beyond as it relates to the criminal justice system and social services. The time spent by the physician, the pharmacy, and the patient, prescribing, filling, and testing medications equate to money spent.
 - **Impact on Practicing Medicine:** “Fail First” policies impact the ability for physicians and medical staff to do their jobs. Staff time spent can range anywhere from 21 to 60 hours per month interacting with insurers to obtain necessary paperwork and prior authorizations.

“Fail First” Impact on Prescribing Abuse-Deterrent Formulation Opioids

- Abuse-Deterrent Formulation opioids (ADFs) can serve as an innovative part of a complex solution for ‘at risk’ patients as well as those around them such as teenagers and substance abusers.
 - **Creates risk in treatment:** Payor “Fail First” policies require that a patient, for whom a clinician deems an ADF necessary, fail two (sometimes three) non-ADF opioids and potentially places that person and those around them at unnecessary risk.
 - **ADFs can serve as a preventative measure:** ADFs can be part of the solution to help prevent and lower risk of opioid abuse, misuse and diversion. A patient who is on the verge of losing control of their drug taking and may be inclined to alter a formulation to get high, will have to ‘fail’ two opportunities before an abuse deterrent can be made available. This delay can have dire consequences.
 - **ALL possible solutions should be explored:** Payors will often insist that the supporting data are not yet available on the impact of ADFs and their true ability to help prevent abuse, therefore “Fail First” policies are justified. Despite this limitation, promising data exists on the prevention of abuse and diversion where ADFs have been utilized. Meanwhile, payor policies are serving as a barrier to actually getting the needed data to examine whether ADFs will fulfill their promise in real world use.