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Part B Drug Access, Step Therapy Focus of Capitol Hill Briefing

Providers, Patient Advocates, and Policy Experts Discuss How Step Therapy Harms Patient Access, Delays Needed Treatment

Washington, DC — Amid a recent decision from the Centers for Medicare & Medicaid Services (CMS) allowing Medicare Advantage (MA) plans to implement step therapy, advocates took to Capitol Hill to discuss the implications this policy would have on patient access to treatments covered under the Medicare Part B drug program. Hosted by the Part B Access for Seniors and Physicians (ASP) Coalition, the briefing provided an opportunity for lawmakers and their staff to learn about the difficulties and delays patients face in accessing needed treatment – and what can be done to ensure treatment access under the Medicare Part B program is protected in the future.

Step therapy, sometimes known as “fail first,” is a troubling practice employed by insurers that forces patients to try treatments preferred by the insurance company before receiving the one recommended as the first choice by their provider. This process effectively puts treatment decisions in the hands of insurance companies, undercutting provider’s clinical expertise and threatening access to life-saving medicines for patients with serious conditions.

Many private insurers, as well as Medicare Part D prescription drug plans, currently use step therapy as a means to control treatment costs. In an August memo to plan sponsors, CMS announced that beginning next year, MA plans will now be able to implement step therapy protocols that include Part B drugs.

Unlike other prescription drugs, Part B drugs are not available in commercial pharmacies and are typically administered in the office setting under the supervision of a physician or other healthcare professional. These treatments must be individually tailored, and many patients try multiple therapies before finding one that works best for them. Step therapy draws out this process by requiring patients to try older, less expensive medications that may not only be ineffective but could also lead to pain and adverse side effects.

Advocates highlighted their first-hand experience with step therapy and the access issues it creates for patients.

“Far too many of my patients with Medicare prescription drug plans have experienced frustrating delays in getting treatment due to step therapy,” said Dr. Angus Worthing, FACP, FACR, a practicing rheumatologist, chair of the American College of Rheumatology’s Government Affairs Committee and a panelist at today’s briefing. “Expanding step therapy to MA plans will only add more people to the list of those who will face difficulties accessing the care prescribed by their physician as the best course of care.”

“As an individual living with psoriatic arthritis, I am unfortunately all too familiar with how even seemingly brief delays in treatment can make a crucial difference in a patient’s life. Had I not been able to access the biologic therapies needed to control my condition, I probably wouldn’t be here today,” said Katie Roberts, a patient advocate with the Arthritis Foundation. “Lawmakers must understand that this policy change will do real harm to individuals with chronic diseases by delaying treatment access at time when it is most critically needed.”

Advocates also debunked the notion that the current Part B reimbursement methodology is responsible for high drug costs. A growing body of research, including a new report from Xcenda, a policy research and consulting firm, demonstrates that drug payment rates in the program have almost no significant impact on the utilization of high-cost drugs. The report, titled [Medicare Physician-Administered Drugs: Do Providers Choose Treatment Based on Payment Amount?](#) analyzed physicians’ prescribing behavior through the Medicare Part B program and concluded that the majority of drug utilization in office settings cannot be attributed to high drug prices, but rather other factors.

“Critics have long argued, with little supporting evidence, that the current reimbursement system for Part B drugs encourages doctors to prescribe more expensive therapies in order to receive a higher add-on payment,” said Jennifer Snow, MPH, Senior Director of Policy Insights at Xcenda. “But all the facts point to the contrary. The ASP +6% methodology is not a significant driver of healthcare costs in the United States, and in fact, is working to ensure access to physician-prescribed for beneficiaries under the Medicare Part B program.”

Earlier this month, the Part B Access for Seniors and Physicians (ASP) Coalition organized 240 patient and provider groups in sending a letter to Congressional leaders asking them to urge CMS to reconsider its proposal. The full text of the letter can be viewed [here](#).

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About the Part B Access for Seniors and Physicians (ASP) Coalition

The Part B Access for Seniors and Physicians (ASP) Coalition is opposed to harmful changes to the program that would exacerbate health care consolidation, increase access restrictions, decrease choice of therapy, and stifle future innovation for physician-administered treatments. To learn more, partbaccess.org.