

Medicare Advantage Plans Block Patients From Accessing Clinically Preferred Medicines via Harmful Step Therapy Policies

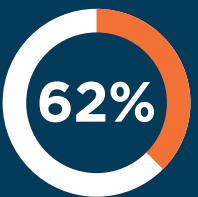
A new nationwide survey¹ shows that step therapy (ST) policies required by Medicare Advantage (MA) plans creates burden and access barriers for doctors and patients who need physician-administered medicines.



Step Therapy: MA plans use this utilization management practice to require patients to **fail first** on one or more medicines before covering a medicine that is preferred by their physician.



Step therapy requirements can undermine the physician/ patient relationship, clinical guidelines, and best practices: 94% of providers report that ST requirements interfere with their ability to prescribe the medicine that they deem **most clinically appropriate** for their patients. 53% say that **ST often or always limits their clinical decision-making.**



Patients with chronic and complex conditions like cancer often do not have time to wait weeks or months for the right treatment: The majority of providers (62%) observe that their patients experience **high or extremely high levels of burden** as a result of their MA plans' ST requirements for their medicines.

Navigating MA plans' ST requirements for physician-administered drugs adds **significant burden** on independent and community practices, which could lead doctors to **stop stocking certain medicines** and further **drive health system consolidation.**

94%

Of providers experience **high or extremely high administrative burden** when navigating different MA plans' ST policies, necessitating investments in additional staff and adding hours of practice administrative work per week.

51%

Of providers report that MA ST policies for physician-administered medicines **influence practice decisions on which medicines to stock.**

Decisions about which treatment is best should be left to physicians, patients, and their caregivers. MA plans should not use step therapy to interfere with that decision making.