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**New Study: Healthcare Clinicians Raise Concerns About Step Therapy Practices
In Medicare Advantage Plans**

94% of respondents said that step therapy limits access to their preferred Part B treatments

WASHINGTON – Today the Part B Access for Seniors and Physicians (ASP) Coalition released the results of a [new study conducted by Avalere Health](#) examining clinician experiences with step therapy policies in Medicare Advantage plans. The results shed light on the negative impact these policies can have on clinicians and patients. Step therapy policies, sometimes called “fail-first policies,” force patients into a one-size-fits-all model of care that prioritizes potential cost saving over individualized treatment and patient health outcomes. In 2018, the Trump Administration implemented a policy to allow Medicare Advantage plans to implement step therapy for Part B drugs. This study examines the impact on frontline clinicians, with the following findings:

- The overwhelming majority of doctors, nurses, and other providers surveyed (94%) report that step therapy requirements limit their ability to prescribe a Part B drug that they deem the most clinically appropriate for patients, with the majority (53%) saying it often or always limits this ability.
- Nearly three-quarters of physicians (74%) report that the Medicare Advantage step therapy requirements for Part B drugs are not always aligned with clinical guidelines and best practices, with 29% believing that the requirements are rarely or never aligned.
- The majority (56%) of providers report that step therapy requirements always or often interfere with physician and patient decision-making around Part B drugs. Nearly all surveyed providers (94%) indicate that they experience moderate to extremely high levels of burden when navigating the requirements for Part B drugs prescribed to patients in Medicare Advantage plans.

Seven years into this policy, it’s clear that Medicare Advantage’s step therapy requirements are interfering with the provider-patient relationship, putting insurers before seniors. These requirements also add extra administrative burden for providers, taking away critical time that could be spent treating their patients. This results in negative outcomes for all stakeholders. These fail-first policies hinder patients’ access to the most innovative, potentially effective treatment options, potentially exacerbating healthcare spending as patients’ conditions continue to be improperly managed. Now is the time for the Administration to reform the use of step therapy in Medicare Advantage.

About the study:

- The survey was conducted by Avalere between 1/21/2025-1/29/2025. Nearly all 300 respondents (97%) reported that they were a physician, with the remaining respondents indicating they were either a nurse, physician assistant, or practice administrator.

For more information, please visit www.PartBAccess.org



- Respondents represent 10 key specialties: general practice/family practice (21%), dermatology (17%), ophthalmology (14%), internal medicine (10%), cardiology (7%), gastroenterology (7%), immunology (6%), oncology (5%), rheumatology (5%), and neurology (5%). Another 3% identified as “other specialty.”
- 64% of provider respondents indicated that they saw more than 80 patients per week. Another 31% indicated that they saw between 40-80 patients per week, with only 5% reporting fewer than 40 patients.
- Nearly 70% of respondents have over 11 years of experience prescribing Part B drugs to MA patients or navigating MA coverage requirements for their practice.
- Nearly 40% of respondents indicated that more than half of their MA patients face step therapy requirements for one or more classes of Part B drugs. Another 42% of respondents indicated that between 26-50% of their patients face these requirements for Part B drugs.

The Part B ASP Coalition represents over 300 patient and provider organizations across the country. For more information, please visit www.PartBAccess.org.

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