

## Step Edits Unlocked: Strategies to Mitigate Impact & Improve Access in Oncology

The question is no longer only whether step edits cause harm. The data now suggest they are becoming more prevalent, more labor-intensive, and more embedded in oncology access workflows.

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*Clinical harm and administrative harm now move together.*



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## Step therapy is becoming more operationally entrenched

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## The trend line is moving in one direction: More requests, more denials, more friction

Five-year physician survey results and the latest Medicare Advantage counts point to growing operational entrenchment.

**Over the last five years**

- 84%** of physicians report prescription medication PAs increased
- 93%** report care delays
- 75%** say PA denials increased
- 92.1%** of oncology respondents say step therapy made utilization management more time-consuming

**Medicare Advantage, 2024**  
Prior authorization determinations continue to climb

Year	Count
2023	48,324
2024	52,294

**4.1M** fully or partially denied

**Interpretation**  
Step edits increasingly look less like isolated payer rules and more like embedded operating requirements inside oncology access workflows.

**The key policy frame:** this is not just about whether step edits are harmful - it is about whether they are becoming normalized infrastructure.



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