• Qualifying psoriasis patients for treatments based on prescribed Body Surface Area (BSA)

Medicaid programs and managed care plans often require patients to meet pre-authorization requirements based on BSA of 10 percent or higher for some treatments, such as biologic drugs. Although the percentage of BSA affected is one objective criterion that can be used to define the extent of the disease, we caution strongly against using this as a definitive line for determining an appropriate course of treatment. In dermatology practice, there are other considerations that factor into the physician’s decision for prescribing a treatment, such as disease location, thickness and symptoms. The American Academy of Dermatology guidelines of care, which we urge you to review, reflect the consensus of academic and practicing dermatologists that psoriasis is defined as moderate to severe when it affects more than 5 percent BSA or crucial body areas such as the hands, feet, face or genitals. The critical point here is that a patient with less than 5 percent BSA can also experience severe dysfunction in attempting to perform daily activities, and his/her physician may determine that a treatment approved by the FDA for “moderate to severe psoriasis” is the appropriate therapy. It is critical to assess your program’s definition of “moderate to severe” so that patients with psoriasis can access the full range of treatment options indicated for psoriasis.

• Requiring a patient to try and fail treatments not prescribed by the treating physician

Many policies impose “step therapy” requirements in the pre-authorization process that demand a patient try, and fail, a treatment or a sequence of treatments prior to gaining approval for the treatment originally prescribed. Step therapy often does not take into account previous failed therapies, contraindications, side-effects, or the logistical challenges involved for the patient. Requiring patients to cycle through two or more “steps” may take substantial time, and serves only to impede access to the appropriate treatment. As an example, requiring patients with moderate to severe psoriasis to undergo a regimen of applying topical medications to a large body surface area is not practical or effective. Enclosed, please find photographs of patients with varying levels of body surface area (BSA), so that you may see what applying topical medications would involve. Our review of private health plans across the country indicates that most insurers are moving to require treatment failure of either phototherapy or traditional systemic medications before approving a biologic medication.

These requirements result in additional paperwork and administrative tasks for all parties involved. While correspondence is exchanged between Medicaid programs and treating physicians as to whether or not requirements have been fulfilled, the patient is waiting—with potentially serious and debilitating disease—for an appropriate treatment program. In addition, we also strongly urge you to carefully consider requests by treating physicians to bypass step therapy requirements completely. Though rare, this occurs in the case of severe disease, including erythrodermic and acute pustular psoriasis, when immediate treatment with more sophisticated, targeted therapies is required.

1 The palm of the hand equals about one percent of the skin.
2 See attached overview of treatment options for psoriasis and psoriatic arthritis
4 National Psoriasis Foundation Health Plan Audit, updated 2010.
• **Rationing the course and amount of treatment**

Treatments for psoriasis are sometimes subjected to time limits (e.g., six months or one year) for the course of certain therapies, quantity limits for necessary medications, or restrictions on the number of phototherapy treatments. Psoriasis is not a one-time illness. It is a chronic, lifelong disease and it is critical that access be maintained to treatments that are proving successful for patients in order to effectively manage it.

Rationing is also carried out by requiring patients to have the disease symptoms for a certain period of time before prescribed medications will be covered in the first place. As a chronic disease, psoriasis does not necessarily start in small amounts and build over time, thus reaching a point where one could technically “qualify” for a more serious medication. Doctors and patients wish that psoriasis were that predictable. While a phased treatment approach is a reasonable and accepted practice, it is important for patients to have a range of treatment options available to them at every stage of their disease – at onset and through the years – to account for the diverse ways in which the disease presents itself.

Finally, we are aware that some state Medicaid programs only allow treatment of disease considered to reach a certain level of severity. Coverage for appropriate medical treatment is also important for patients whose disease may be categorized as “mild”. The burden of the disease on health-related quality of life and daily activities can be as substantial for patients with mild disease as it is for those with severe disease\(^5\), causing physical pain or discomfort, as well as psychosocial impacts.

• **Sequencing biologics by requiring failure of one biologic before another**

Sequencing of biologics is arbitrary, unsupported by clinical data, and unrelated to the best interests of the patient. There are many factors at play in deciding on the appropriate treatment for a patient, and this contributes to the difficulty in making any therapy the one treatment that is appropriate for all. A relentless and unpredictable disease, psoriasis requires an ever-evolving treatment program that factors in the unique characteristics of the individual, including comorbid conditions that may contraindicate some treatments. Physicians need access to an array of treatment tools and need flexibility in the trial and maintenance of multiple therapeutic options, including new drugs as they become available. There is no “cookbook approach” to treating psoriasis and it is critical that people with moderate to severe psoriasis have access to the full range of options. Many patients have difficult, recalcitrant psoriasis and have struggled, sometimes their entire lives, to find a treatment that works for them.

• **Limiting access to specialists**

Treatment by dermatologists and rheumatologists is the standard for people with moderate to severe psoriasis and/or psoriatic arthritis, yet we hear frequently from patients and doctors that access to specialists through the Medicaid program is a significant problem. Reasons for limited specialist availability may vary, such as low reimbursement rates or program restrictions on specialist visits. We recommend state Medicaid programs assess the availability of specialists and take steps to ensure that patients have adequate access to the appropriate health care provider.