May 24, 2010

Medicaid State Director
Address
XState

Dear Director,

On behalf of the National Psoriasis Foundation, I am writing to express concern regarding access to medical care in the XState Medicaid program for people with psoriasis and psoriatic arthritis. After discussions with psoriasis and psoriatic arthritis Medicaid patients and with dermatologists and rheumatologists who care for them, we have identified aspects of Medicaid policies nationwide that are onerous and provide barriers to care for these patients. This is not uncommon in insurance policy as psoriasis is often misunderstood as a cosmetic problem and its impact minimized. We have addressed these issues successfully with private insurers, who generally are responsive. It has been an education for them to understand the serious impacts of psoriasis, the risk of non-treatment when comorbidities such as psoriatic arthritis are involved, and the relative low financial impact to their companies when it is mainly the moderate-to-severe psoriasis population affected by these onerous policies.

Psoriasis is a noncontagious, chronic, inflammatory, painful, disfiguring and disabling autoimmune disease for which there is no cure. It is the most prevalent autoimmune disease in the country and is estimated to affect approximately 7.5 million Americans, or X people in XState. About a quarter of these, or X, would be people with moderate to severe disease. The corresponding numbers for the XState Medicaid program would be an estimated X individuals with psoriasis, and X of these would have moderate to severe disease. The Foundation serves as the world’s largest non-profit, voluntary organization serving about 1.5 million people a year and committed to finding a cure for and eliminating the devastating effects of psoriasis and psoriatic arthritis through research, advocacy and education.

Individuals covered by state Medicaid programs encounter medical policies and prior authorization requirements that significantly delay treatment, and in some cases prevent patients from receiving any care at all. We believe state Medicaid programs should proactively address these barriers, due to demonstrated correlations between psoriasis, poverty, and serious comorbid conditions. People with severe psoriasis are significantly more likely to be considered “low-income” than those with mild disease, and to report that psoriasis is the reason they are not working. Up to 30 percent of people with psoriasis also develop psoriatic arthritis. Additionally, psoriasis is connected with an elevated risk for range of other serious, chronic and life-threatening conditions, including cardiovascular disease, diabetes, hypertension, and stroke.

While recognizing the fiscal constraints experienced by state government, the National Psoriasis Foundation asks you to consider that reasonable Medicaid policies may improve members’ health status

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and ability to work. Access to treatment is important to prevent much of the disability and psychosocial impacts of the disease. Psoriasis poses a severe hardship, both in terms of direct economic costs as well as substantial physical and psychological burden. Total direct and indirect health care costs of psoriasis for patients with insurance are calculated at $11.25 billion annually with work loss accounting for 40 percent of the cost burden.\(^3\) Approximately 60 percent of psoriasis patients missed an average of 26 days of work a year due to their disease.\(^4\) It is in the best interests of all concerned that psoriasis patients and their physicians have the resources to find the treatment that enables people to fully participate in society.

The National Psoriasis Foundation is concerned that state Medicaid policies are restricting access to certain medications and treatments for psoriasis and psoriatic arthritis patients. We provide here enclosed an outline of common, onerous trends in medical policy or prior authorization requirements, and troublesome issues that prevent people with psoriasis and psoriatic arthritis from accessing the care they need. As the Medicaid Director of XState, we urge you to re-evaluate current medical policies, and to take steps to ensure that Medicaid patients in XState have reasonable access to appropriate medical treatment.

We hope that we can work together to create patient-centered policies and would request a copy of your psoriasis and psoriatic arthritis policies so that we can better understand the details. Leading experts in the field from the National Psoriasis Foundation medical board are available to offer additional expertise and insight at your request. We also would like to share with you treatment protocols and other standards for the treatment of psoriasis. Please contact Bethany Wofford, health policy manager, at bwofford@psoriasis.org or 503.546.5550 with questions and to continue this dialogue.

Sincerely,

Sheila Rittenberg
Sr. Director, Advocacy and External Affairs
National Psoriasis Foundation

Enclosures: Issues and barriers for patients with psoriasis and psoriatic arthritis
Treatment options for psoriasis and psoriatic arthritis
Psoriasis and comorbid conditions issue brief
Photographs of psoriasis

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