August 3, 2018

Jim L. Ridling, Commissioner
Alabama Department of Insurance
P O Box 303351
Montgomery, AL 36130-3351

Re: Request to Revise Alabama’s EHB - benchmark plan for PY 2020

Dear Commissioner Ridling:

On behalf of the more than 8 million Americans living with psoriasis and psoriatic arthritis, the National Psoriasis Foundation (NPF) appreciates the opportunity to comment on the proposed revisions to your Essential Health Benefit (EHB) benchmark plan for Plan Year (PY) 2020. We applaud the state’s goal of reducing premiums. However, the NPF has concerns that some of the proposed changes in the waiver amendment could lead to reduced access and diminished quality of care for the more than 156,000 psoriatic disease patients in the state. We offer the following comments on the proposed benchmark plan revisions.

Background on Psoriasis
The National Psoriasis Foundation exists to find a cure for psoriasis and psoriatic arthritis and to eliminate the devastating effects of psoriatic disease by supporting research, advocacy and education. Psoriasis is the most prevalent autoimmune disease in the United States, affecting approximately 3 percent of the adult U.S. population.¹ Up to 30 percent of individuals with psoriasis may also develop psoriatic arthritis, an inflammatory form of arthritis that can lead to irreversible joint damage if left untreated.² Beyond the physical pain and discomfort of these diseases, individuals living with psoriatic disease also face higher incidence of comorbid health conditions including cardiovascular disease,³ diabetes⁴, hypertension⁵, and stroke⁶. A higher prevalence of atherosclerosis⁷, Crohn’s disease⁸, cancer⁹, metabolic syndrome¹⁰, obesity¹¹ and liver disease¹² are also found in people with psoriasis, as compared to the general population.

As a heterogeneous chronic autoimmune disease, psoriatic disease requires sophisticated medical care. Without the tools to control their symptoms, people with psoriatic disease cycle through periods of intense pain; fatigue; unbearable itch; whole-body inflammation; flaking and bleeding of large swaths of the skin; and joint degradation. Recent research also suggests that the risk for comorbidities such as cardiovascular disease may increase with the severity of psoriatic disease, thereby magnifying the critical need for patient access to effective treatment options.¹³ Additionally, treatments that work for one person may not work for others, and many patients cycle through numerous accepted treatment options.¹⁴ Adding to the burden of the disease are insurance policies and practices that erect barriers for patients in urgent need of treatment including narrowing networks of providers, step therapy, increased patient cost-sharing, and a lack of transparency in benefit design.
Potential Revisions to Alabama’s EHB benchmark plan for PY 2020

We are concerned with the proposal to limit prescription drug requirements on Alabama’s PY 2020 EHB benchmark plan. As stated previously, psoriasis and psoriatic arthritis are heterogeneous chronic diseases that require tailored treatment plans. Treatments that work for one person may not be effective for others. Many patients cycle through a variety of accepted treatment options before finding the most effective therapies, or combination of therapies. Our community often experiences changes in the effectiveness of medications, which can fluctuate or diminish over time, leaving patients with the need to try new alternatives.

Currently, Alabama’s benchmark plan covers more than two dozen medications classified as “immunological agents” and a separate two dozen “Anti-inflammatory Agents/Glucocorticoids” medications that are approved to treat psoriasis and/or psoriatic arthritis. Reducing the immunological agents by 12 prescription drugs and glucocorticoids by 9 treatments could have devastating implications for patients across the state. We understand the implications of rising drug costs and appreciate the state’s commitment to ensuring quality and effective therapies are offered through throughout Alabama. However, a 2016 Institute for Clinical and Economic Review (ICER) report found that, at the time of the report publication, all currently approved advanced therapies for psoriasis offer a good value. Ultimately, treatment decisions should be at the discretion of providers and patients and this reform could substantially limit the ability for physicians to prescribe the most appropriate medications for those living with psoriasis.

As many psoriatic disease patients know, the exceptions process to access medications restricted by formularies can be overly burdensome, cause significant delays in treatment, and can lead to worse health outcomes. Currently, an internal appeal can take up to thirty days and an external appeal taking up to an additional 60 days. Therefore, we believe a review of the current exception process, criteria for granting an exception, and the turnaround time for approval should be conducted. These processes need to be clinically grounded with patient-centric guardrails if patients are not to experience harmful delays in necessary care. The ICER report referenced above also cautions against barriers to accessing treatments, including these kinds of utilization management protocols, which can prevent patients from accessing the therapy recommended by their doctor.

We thank you for your attention to this important matter and hope that our feedback will help inform your discussions with CMS and ensure changes to the Alabama benchmark plan maintain critical patient protections for those living with psoriasis. If you have any questions about these comments, please contact Amy Prentice, State Government Relations Manager (aprentice@psoriasis.org, 503-546-5551).

Thank you in advance for your consideration.

Sincerely,

Patrick Stone
Vice President, Government Relations and Advocacy
National Psoriasis Foundation


