March 1, 2019

The Honorable Senator Lamar Alexander
Chairman
U.S. Senate Committee on Health, Education, Labor and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

RE: Lowering Health Care Cost Request for Information

Dear Senator Alexander,

On behalf of the more than eight million Americans living with psoriasis and psoriatic arthritis, the National Psoriasis Foundation (NPF) appreciates the opportunity to provide specific recommendations to improve Americans’ access to timely and affordable health care.

As the patient advocacy organization for the psoriatic disease community for more than 50 years, the NPF is keenly aware of the improvements in health outcomes that have resulted from advances in treatment innovation. Therefore, the NPF remains committed to ensuring beneficiaries with psoriasis and psoriatic arthritis have access to the full range of treatments and therapies necessary to successfully manage their disease. Understanding that cost can be one of the biggest barriers to this critical access, we commend the Administration and the Senate Committee on Health, Education, Labor, and Pensions (Senate HELP Committee) for focusing on reducing the financial burden for our community and improving access to care.

Below we have highlighted patient safeguards that Congress can implement to reduce cost and incentive care that will improve health outcomes for patients with chronic illnesses, like psoriasis and psoriatic arthritis.

Enact Federal Legislation to Ensure Patient Protections within Step Therapy:

As I am sure you are aware, step therapy is a tool used by insurers to control costs, which requires patients to “fail first” on cheaper and less efficient medication before accessing more effective and expensive drugs. Although insurers justify the use of this tool as a way to manage costs, there is little evidence to support that step therapy achieves savings in the long run. Often times, patients with chronic illnesses are forced to undergo treatment or take a drug that has proven to be ineffective or is against their providers recommendation – which can result in delayed treatment and potentially cause in repairable harm to the patient’s health.
Unfortunately, the psoriatic disease community that NPF represents is intimately familiar with step therapy practices and has a direct understanding of how these policies impact their care, health outcomes, and overall well-being. Each day, psoriasis and psoriatic arthritis patients and providers face this one-size-fits-all practice and its impact on managing their chronic disease. This approach is particularly harmful to patients with psoriasis and psoriatic arthritis who are likely managing comorbidities as a result of their psoriatic disease. As indicated in the joint American Academy of Dermatology (AAD) and NPF guidelines released earlier this year, individuals with psoriatic disease are at a heightened risk of developing a number of comorbid conditions including cardiovascular disease and stroke, diabetes and hypertension, as well as depression and anxiety.1

When these policies interfere with the patient-physician relationship, they can result in delayed treatment, increased disease activity and loss of function. This is particularly true among patients with psoriasis, at least 30 percent of individuals with the disease will also develop psoriatic arthritis, an inflammatory form of arthritis that can lead to irreversible joint damage if left untreated.2

For providers, step therapy exacerbates administrative burdens as they help patients navigate complicated and often opaque coverage determination processes. Step therapy protocols are not required to follow clinical practice guidelines, creating unnecessary and harmful hurdles to accessing accepted standards of care.

Equally alarming as delayed access to care and interference in the doctor-patient relationship is the increasingly expanded use of step therapy by health insurers. Wide-spread use of step therapy is abundantly apparent in the employer-sponsored market where step therapy usage has increased three-fold over just two years. In 2017, 56 percent of plans were utilizing step therapy, whereas only 18 percent of plans used on step therapy in 2015.3

As step therapy continues to be a consistent barrier for patients to access quality health care, it is extremely important that we ensure specific protections and guardrails that are necessary for patients living with psoriatic disease to safely manage their chronic conditions. Specifically, when faced with step therapy, it is critical that patients with chronic illnesses receive an exception to one of the required steps when the plan-directed medication is inappropriate. A recent study shows that step therapy protocols are inconsistent across plans, creating additional confusion and frustration for patients and the providers acting on their behalf. NPF recognizes that a balance needs to be struck so the exceptions process is not overly prescriptive. However, NPF believes patients should have access to a patient- and provider-friendly exception process when:

1. the treatment is contraindicated;
2. the treatment is expected to be ineffective based on the physical or mental characteristics of the patient or the nature of the treatment;
3. the treatment will cause or is likely to cause an adverse reaction to the individual;

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1 https://www.aad.org/practicecenter/quality/clinical-guidelines/psoriasis
3 June 2018 State Access to Innovative Medicines: Study on Formulary Coverage and Utilization Management
(4) the treatment is not in the best medical interest of the patient because the provider is already following applicable clinical practice guidelines or because the treatment is expected to decrease the individual’s ability either to perform daily activities, occupational responsibilities, or adhere to the treatment plan; or
(5) the individual is stable on another drug to treat his or her condition.

This step therapy reform model is already in place in numerous states across the country, including Illinois, Minnesota, Indiana, Texas, Iowa, and West Virginia. In 2018 alone, two additional states enacted robust step therapy protection laws. A recent impact assessment of state step therapy legislation on US payers found that several insurers preferred a federal mandate to provide consistency among step therapy policies. The survey included responses from many large insurers and at least one respondent said, “It would be nice if the legislation for step edits...would come out centrally, or come out as a federal mandate, so you wouldn’t have to juggle all these different ideas [policies].” To this end, a federal model is currently being considered in Congress with the “Restoring Patient’s Voice Act” and has received overwhelming bi-partisan support in the U.S. House of Representatives. Upon introduction of a Senate companion bill, it is our hope that the “Restoring Patient’s Voice Act” will receive strong bi-partisan consideration by the Senate HELP Committee. These commonsense guardrails on step therapy recognize the primacy of the patient-provider relationship while maintaining the ability for insurers to use this tool to manage utilization. NPF believes that Congress would be well-served by implementing this cost-saving and common-sense proposal.

NPF welcomes the opportunity to further discuss this step therapy reform proposal with you. For additional information, please contact Matthew Moran, Federal Government Relations & Health Policy Manager with the National Psoriasis Foundation, at mmoran@psoriasis.org.

Respectfully,

Patrick Stone
Vice President of Government Relations & Advocacy
National Psoriasis Foundation

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5 Impact Assessment of State-specific Step Therapy Legislation on US Payers: Summary of Findings – April 2018
6 Impact Assessment of State-specific Step Therapy Legislation on US Payers: Summary of Findings – April 2018