Position Statement on Access to Care
(Considered by the National Psoriasis Foundation Medical Board on March 20, 2014; Approved by the Medical Board July 2014; Revised October 2018)

The National Psoriasis Foundation (NPF) supports the following policy statement:

Physicians should have the entire panoply of treatment options available when treating individuals with psoriatic disease as well as the freedom to determine the course of treatment based on individual considerations including disease severity and prior treatments attempted, overlapping medical and immune conditions, and safety considerations. It is well documented that treatments including similar agents do not confer equivalent adherence, safety, and tolerability profiles. Policies which result in forced drug switching, treatment gaps, and cessation of effective therapy pose a danger to the patient in lost access to therapy and disease flares, as well as immunogenicity, adverse effects, and secondary nonresponse. Downstream effects of this restricted access lead to the complications of uncontrolled disease for the patient, disabilities, and increased health care costs.

The National Psoriasis Foundation supports efforts to reduce impediments to accessing care. Specifically the NPF:

- Supports federal and state policies that promote adequate, affordable, and accessible health care for our community.
- Supports patient and provider friendly guardrails on step therapy, or fail first policies, and the tiering of biologics and novel therapies to ensure patients have timely access to the most medically appropriate treatment.
- Supports policies that lead to an adequate and well-trained dermatology and rheumatology workforce and opposes efforts to restrict the already limited access patients experience, including physician tiering.
- Supports reigning in and limiting the maximum co-insurance and out of pocket expenses for patients to enable patients to have real access to affordable medications.
- Supports the development and use of standardized prior authorization forms. Standardized prior authorization forms will improve efficient, quality patient care. Standardized forms that easily interface with Electronic Health Records and reduce the administrative burden for practices and insurance companies will ensure timely delivery of care.
- Supports prior authorizations and specialty pharmacy treatment distribution to occur in a reasonable time frame with a clear explanation of coverage to the patient and prescribing physician.
- Opposes unnecessary and restrictive bureaucratic barriers to federal and state programs that provide health care to vulnerable individuals and their caregivers.
• Opposes the switching of stable patients from treatment courses for non-medically necessary reasons, as it is both unethical and violates the standard of care. All treatment decisions should remain between the patient and prescribing provider.

• Supports the use of copay assistance programs and their ability to limit health care expenses

• Opposes policies that intentionally discriminate based on psoriatic disease status or individual characteristics

The National Psoriasis Foundation exists to drive efforts toward a cure for psoriasis and psoriatic arthritis and to dramatically improve the health outcomes of individuals living with psoriatic disease. Psoriasis is an immune-mediated disease that affects approximately three percent of the adult U.S. population, totaling more than eight million individuals in the United States.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. In addition, those living with psoriasis have a 39 percent increased risk of being diagnosed with depression than those without the disease, while the risk of an anxiety diagnosis is 31 percent higher.13

As heterogeneous chronic immune-mediated diseases, psoriasis and psoriatic arthritis require sophisticated medical care. Without medical management by dermatologists and rheumatologists as well as 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 timely patient access to effective treatment options.14 Additionally, treatments that work for one person may not work for others, and many patients cycle through numerous accepted treatment options.15 As medicine becomes increasingly more personalized, we anticipate that far more patients will encounter such situations.

Further, the economic consequences of psoriasis, both for individuals and the health care system, are significant. The annual cost of psoriasis in the U.S. is estimated at $135 billion due to medical expenses and lost wages.12 The National Psoriasis Foundation is committed to supporting policies and programs aimed at curing psoriatic diseases and dramatically improving the health outcomes for all individual with psoriasis and psoriatic arthritis. Ending restrictive health care policies that are harmful to individuals with psoriatic disease is critical to improving outcomes. Many insured patients are unable to afford the medical care and the full range of treatments necessary to manage serious, chronic and potentially debilitating diseases including psoriasis and psoriatic arthritis.

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