

Hidradenitis Suppurativa Policy Brief

Restrictive Insurance Policies Impede Access to HS Therapies

What is Hidradenitis Suppurativa?

Hidradenitis Suppurativa (HS) is a chronic, stigmatizing, and disabling skin condition that affects approximately 1 – 4% of people in the United States, though the true prevalence is still yet to be confirmed, and disproportionately impacts women of color. HS manifests as painful abscesses under the skin and can occur anywhere hair follicles are present on a person's body.¹ Although it can present anywhere, HS is most commonly seen in the armpits, groin, buttocks, and breasts.^{2,3} These deeply seated lesions may develop into odorous pus-filled abscesses, indiscriminately bursting. Even with timely treatment, significant scarring often develops. The intense physical pain and social isolation due to symptoms may cause mental health comorbidities including depression, anxiety, substance use disorders, psychiatric disorders, sexual dysfunction, and increased risk of suicide.⁴

There is no cure for HS. Management of HS may include lifelong use of oral medications, injectable biologics, surgery, pain management, and specialized wound care.

Utilization Barriers

There are currently a limited number of biologic treatments available to people living with HS. Because of a process called step therapy, many patients, not just those living with HS, often must try numerous, sometimes expensive or less effective treatments before they biologic treatments for their disease.⁵ HS patient advocates have also called for a reform of the step therapy system, pointing to the impact of failed treatments on not only their physical health but also their mental well-being. These worse outcomes are attributed to being forced to take drugs that are known to be less effective, or in many cases, ineffective while dealing with a wide range of unnecessary side effects.⁶

Given the prominence of commercial payers and Medicaid for covering HS patient care, working to address restrictive policies is critical to improving HS patient access to medication. **72% of commercial plans and 80% of Medicare Advantage plans nationally mandate step therapy⁷ for biologics and other drugs**, meaning patients must begin taking the payer's most preferred medication for a condition before progressing to other therapies.⁸ This delayed access to effective treatments is destructive for people with chronic diseases like HS. Additionally, many physicians are directly opposed to step therapy and other restrictive policies that deny patients access to the therapy that an expert may deem most appropriate because an insurance provider will not cover the drug.⁹

Other restrictive policies include prior authorization, formulary restrictions, or prescription drug lists (PDLs), which may create barriers to access the proper treatments but without having to try other medications first.

Policy Solutions

- Request that state or federal regulators repeal/revise the step therapy requirements specifically for HS.
- Request that the FDA grant accelerated approval for HS treatments to increase the number of available treatments.
- Direct HHS/NIH to fund additional research beyond biologics into new treatments for HS to increase the types of treatments for patients.

References

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