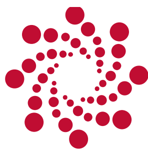

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*Research Excellence & Personalized Patient Care*

Andrew Blauvelt, M.D., M.B.A.
Benjamin D. Ehst, M.D., Ph.D.
Robert T. Matheson, M.D.

March 2, 2021

RE: Support for HB 2517
Dear Chair Prusak and members of the House Committee on Health Care,

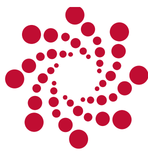
I am a board-certified dermatologist, President of Oregon Medical Research Center in Portland, a member of the National Psoriasis Foundation's Scientific Advisory Committee, and an elected member of the International Psoriasis Council, a group of the world's leading psoriasis experts. As a dermatologist, I know first-hand how step therapy/prior authorization delay access to treatments that psoriasis patients need. That is why I write to you today in support of HB 2517, which will help patients access the right treatment at the right time, by creating common sense guardrails for step therapy and prior authorization.

Psoriasis (occurring in 2-3% of the US population) is a common chronic inflammatory condition with prominent skin and joint manifestations. Approximately one-third of patients have widespread skin disease and/or joint disease (i.e., psoriatic arthritis), which necessitates systemic therapy. Older systemic therapies for these types of patients include methotrexate (popularized in the 1970's) and phototherapy (popularized in the 1980's). Methotrexate has black box warnings against its use, including potential bone marrow, liver, lung, skin, and fetal toxicities, while phototherapy requires visits to the doctor's office 2-3 times per week and can cause skin cancer over time. By contrast, newer biologic agents for systemic use in moderate-to-severe psoriasis and psoriatic arthritis patients do not have organ toxicities, require little-to-no blood test monitoring, and have far better efficacy than both methotrexate and phototherapy. More specifically, the most effective biologics offer success (clear or almost clear skin) in 90% of treated patients, compared to less than 25% in methotrexate-treated patients.[i] Indeed, all leading medical authorities agree that biologic therapies have revolutionized the care of psoriasis patients over the past 20 years.

**Yet, still today in 2021, dermatologists are invariably posed with the non-scientific practice of being forced to have their psoriasis patients try and fail 20th century treatments (methotrexate and/or phototherapy) before being allowed to prescribe targeted 21st century medicines (biologics).** I am not inherently against older medicines, especially if they are the best treatments for my patients, but in the case of psoriasis, requirements to use older (and cheaper) treatments first do not meet current practice guidelines, especially given the far superior safety and efficacy of biologics.

**It is critical for providers to have a clear pathway to request a step therapy exception so their patients can use more targeted treatments, especially when the medication required by step therapy would cause patients harm.** HB 2517 will require step therapy protocols to be brought in line with up-to-date clinical evidence and allow for step therapy exceptions when the required step therapy drug is not appropriate for the patient.

I want to emphasize that getting the right medicine at the right time is not just about clearance of inflammatory skin disease in psoriasis patients, which some archaically and incorrectly view as a cosmetic problem. Scientific evidence has continually demonstrated that psoriatic skin disease is associated with higher rates of anxiety, depression, suicidality, substance abuse, and functional impairment at work and at home. But most importantly, psoriasis has been linked to higher rates of heart attacks and strokes, given that skin inflammation leads to circulating inflammatory mediators, which in turn are linked with atherosclerosis. **In recent years, more improvement in skin disease associated with biologic use has been shown to decrease rates of atherosclerosis and cardiovascular disease. So, being clear, when payors require patients to try and fail less effective and less safe treatments, patients with moderate-to-severe psoriasis are put at higher risk of heart attack and stroke.**



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Simply put, step therapy and prior authorization are utilization management tools used by payers to contain costs by steering patients to cheaper treatment options first. This would be fine for most physicians and patients if the cheaper medications were comparable in efficacy and safety to more expensive medications, but this is not the case for patients with psoriasis. **Payer-mandated step therapy for psoriasis patients focus more on cost containment than on the well-being of patients, which can ultimately contribute to higher overall health care costs.** These programs create layers of paperwork for providers and cause delays in patients getting the treatment originally prescribed by their physician.

HB 2517 will improve step therapy and prior authorization protocols by streamlining the process and creating clear guidelines on when patients must be granted an exception to a step therapy protocol. Under HB 2517, patients would be granted a step therapy exception in the following common sense cases:

- If the drug required by step therapy is contraindicated or will likely cause an adverse reaction;
- If the drug required by step therapy is expected to be ineffective;
- If the patient has already tried and failed the required drug or one in the same pharmacologic class;
- If the patient has been stable on another treatment for the past 90 days and changing to the step therapy drug may cause an adverse reaction;
- If the drug required by step therapy is not in the best interest of the patient.

Chronic conditions like psoriasis are complex, and the one-size-fits-all approach of step therapy does not always work. **In fact, the doctor-patient interaction creates a sacred bond, one where the physician does everything in his or her power to help the person sitting in front of them who has come to the office in need of help. Step therapy breaks that sacred bond, taking important life-changing and sometimes life-saving medical decisions out of the hands of the physician and into the hands of the payer.** Without HB 2517, payers will continue to override doctors' best judgment at the expense of our patients. The common sense step therapy exceptions and prior authorization standards outlined in HB 2517 are critical for all Oregonians. Therefore, I respectfully ask for you to support HB 2517.

Thank you,

**Andrew Blauvelt, M.D., M.B.A.**
*President*

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[i] Blauvelt et al, Essential truths for the care and management of moderate-to-severe psoriasis, *J Drugs Dermatol*, 2015.
Blauvelt et al, Importance of complete skin clearance in psoriasis as a treatment goal: implications for patient-reported outcomes, *J Drugs Dermatol*, 2020.
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