March 5, 2019

Dear Chairwoman Osten and Chairwoman Walker,

In regard to H.B 7148 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH, 2010, AND MAKING APPROPRIATIONS THEREFOR.

On behalf of the Derma Care Access Network, I am writing to share concerns about disruptions in dermatological patient care caused by step therapy.

The Derma Care Access Network (DCAN) is a non-profit advocacy organization of diverse stakeholders that includes patients, patient advocates, physicians and scientists. Its members recognize that all skin conditions can have a tremendous impact on quality of life. For example, chronic urticaria, which causes red, itchy welts, affects 15-20 percent of the population, and skin cancer, the most common cancer in the U.S., affects 5.4 million people, with an estimated 9,500 diagnoses every day.

It is also important to note that these conditions are much more than skin deep, that many inflammatory skin diseases for example, have multiple associated comorbidities such as chronic pulmonary disease, diabetes, renal disease and rheumatic disease. On behalf of dermatological patients, DCAN promotes better skin health through informed public policies that further access to appropriate prevention and treatment options.

Step therapy is a serious impediment to these goals. Also called “fail first,” the process forces patients to fail on another, possibly not mechanistically relevant, plan-preferred treatment before allowing patients to proceed with the course of treatment prescribed by their doctor. While DCAN recognizes the expense of some innovative treatments, the process of trying and failing is time intensive for both patients and providers, and one could argue the cost of managing the downstream comorbidities from untreated disease is even more obtrusive.
Step therapy requires patients to visit their provider between every failed attempt, prolonging their dermatologic condition—even allowing it to worsen. Meanwhile, doctors expend endless hours filling out prior authorization requests and appealing denials, time that could otherwise be spent treating patients.

Finally, mandating the use of lower-cost alternatives ahead of approving the prescribed treatment undermines the physician-patient relationship, which is the cornerstone of health care. Physicians should determine the course of care for their patients, not a one-size-fits-all policy.

In closing, the Derma Care Access Network urges you to consider reviewing the harmful step therapy proposals included in the pharma provisions in the budget. Untreated patients with psoriasis, eczema, skin cancer or other skin conditions bear the effect not only on their appearance, but also on their overall health and ability to function at school, work and around the community.

Members of the DCAN welcome the opportunity to discuss step therapy protocols and their wide-ranging effects on dermatological patients. Please contact Mike Walsh, Executive Director of DCAN, at mwalsh@allianceforpatientaccess.org or by phone at (617) 501-4079 should you wish to set up a meeting.

Sincerely,

Michael Walsh
Executive Director
Derma Care Access Network
617-501-4079