



Insurance Companies and PBMs Continue to “Fail” Patients with Psoriasis and Psoriatic Arthritis

Individuals living with autoimmune conditions rely upon their health insurance plans to access needed medicines. Unfortunately, many Americans are forced to deal with harmful utilization management policies before they can get access to the medications their doctors prescribe. These harmful practices limit patient access to much-medicines, causing delays in treatments that can damage health and worsen disease conditions.

A recent [national scorecard](#) from Let My Doctors Decide (LMDD) examines how much insurers and pharmacy benefit managers (PBMs) restrict access to medicines for patients living with several autoimmune conditions covered under Medicare or private insurance obtained through an employer or health exchange. The scorecard examined three access barriers: restrictive formulary placement, step therapy, and prior authorization. Data analytics firm [MMIT](#) performed the analysis using health plan formulary information (Q4 2022) and evaluated the medical benefit and pharmacy benefit for [several autoimmune diseases](#) including psoriasis and psoriatic arthritis.

The researchers developed a point system based on the restrictions – one point was assigned if the plan had a step therapy requirement, with another point added for a prior authorization restriction. Points were also assigned for each FDA-approved therapy for each condition based on whether and where a drug appeared on a plan’s formulary, which dictates what a patient ends up paying out of pocket for a prescription. Each medication received a score on a scale from 0 to 4, with lower scores reflecting fewer access restrictions and higher scores reflecting multiple barriers or no coverage at all. Those results were then averaged across the formulary for a condition- specific score. The health plans were then matched to the formulary the plan uses to determine the plan’s score by condition.

Let My Doctors Decide converted numeric scores ranging from 0 to 4 to letter grades to reflect the magnitude of differences in access represented by the scores plans achieved.

Criteria	Plan Score	Letter Grade
The plan covers a variety of drugs and has few restrictions on access	Less than 1	A
The plan covers fewer drugs and/or has more restrictions on access	Less than 2 and greater than/equal to 1	B
The plan has far fewer drugs covered and/or places significant restrictions on access	Less than 3 and greater than/equal to 2	C
The plan covers significantly fewer drugs and/or places severe restrictions on access	Greater than/equal to 3	F

The dermatology-specific research found that health insurance plans and PBMs receive poor grades for patients with psoriasis and psoriatic arthritis, leaving patients with extremely limited options when it comes to health insurance plans without significant access barriers.

9 in **10**

health plans imposed significant to severe access restrictions on medication coverage.



Insurance plans often ignore the clinical decisions made by treating physicians for medicines administered in a physician's office for psoriasis or psoriatic arthritis.



More than 70 percent of Medicare Advantage plans and **more than 85 percent** of commercial plans received failing scores on patient access to medicines for psoriasis and psoriatic arthritis.

Key Finding #1: Medicare Advantage and Part D – Pharmacy Benefit

Medicines covered by Medicare that a patient receives through a local or mail-order pharmacy. Analysis includes more than 2050 plans.

- For people living with psoriasis or psoriatic arthritis with Medicare coverage, 88% of the Medicare plans they can choose from involve significant to severe access barriers.
- Across both conditions, four in ten plans achieved a failing score and 9 in 10 plans scored a C or worse.

Key Finding #2: Medicare Part B & Medicare Advantage – Medical Benefit

Medicines covered by Medicare that are administered in a doctor's office. Analysis includes more than 2100 plans.

- Across both conditions, all of the 2100 of the Medicare Advantage plans analyzed placed significant to severe access restrictions on physician-administered medications.
- For both psoriasis and psoriatic arthritis, more than 70% of plans place severe limitations on the clinical decision-making of treating physicians for medications administered in the physician's office.
- For psoriasis, 8 in 10 plans achieved failing scores because of their severe limitations on medication coverage.

Key Finding #3: Commercial Pharmacy Benefit

Medicines covered by private insurance that a patient receives through a local or mail-order pharmacy. Analysis includes more than 2750 plans.

- Across more than 2,750 plans and considering all conditions, 3 out of 4 plans impose significant to severe access barriers to medicines for psoriasis and psoriatic arthritis.
- For psoriasis, 75% of commercial insurance plans scored a C or worse for coverage offered because of the significant to severe barriers to access for medicines. People with psoriatic arthritis had even fewer options with 81% of plans scoring a C or worse because of the significant to severe barriers on access they imposed.

Key Finding #4: Commercial Medical Benefit

Medicines covered by private insurance that are administered at a doctor's office. Analysis includes more than 1130 plans.

- More than 8 in 10 health plans achieved failing scores because of the severe access barriers imposed for psoriatic arthritis.
- More than 9 in 10 health plans achieved failing scores because of the severe access barriers imposed for psoriasis.
- Plans provide no deference to the clinical decisions made by treating physicians for medicines administered in a physician's office for psoriasis or psoriatic arthritis.

In response to disturbing trends indicating significant barriers and financial burdens, policymakers at the state and federal levels are considering legislative and regulatory changes that could facilitate or further restrict patient access to medicines. These results can and should help guide policymaking efforts to improve access for people living with serious medical conditions.

[LMDD 2023 Principles Patient Principles and Call to Action](#) provide meaningful reforms and strongly encourage the adoption of straightforward principles that address the barriers that prevent patients and doctors from making treatment decisions.

Scorecard results for all seven autoimmune diseases included in the analysis can be found [here](#).

It's time to put patients first.

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About Let My Doctors Decide

Let My Doctors Decide is a national partnership – convened by the Autoimmune Association in 2017 – of leaders across health care working in support of a simple goal: treatment decisions should always be made by patients and trusted health care professionals, not insurance companies or pharmacy benefit managers. Founded in 2017, Let My Doctors Decide (LMDD) brings together patients, providers, and advocates – especially those from the autoimmune disease community – to raise awareness about affordability and access issues. Learn more at www.letmydoctorsdecide.org.

About the Autoimmune Association

For over 30 years, the Autoimmune Association has been a pioneer in serving autoimmune patients, sponsoring research, advocating for access to healthcare, and fostering collaboration to identify and explore the common threads that link autoimmune diseases. Established through the remarkable determination of Founder Virginia T. Ladd, the Autoimmune Association has transformed into an internationally recognized leader, reaching over 60 countries worldwide. To mark its 30-year legacy and global impact on the autoimmune community, the name of the organization was changed from its original name, the American Autoimmune Related Diseases Association (AARDA). Learn more at: <https://autoimmune.org>.