

Barriers and Facilitators to Quality HS Biologic Care and Outcomes for the Medicaid Population Across US States

Steven Daveluy,¹ Brindley Brooks,² Brent Hazelett,³ Iltefat Hamzavi,⁴ Ginette A. Okoye,⁵ Laura Bush,⁶ Jasmine I. Espy,⁷ Danuta Marchi,⁸ Matthew Rudberg,⁹ Tae Oh,¹⁰ Stephanie Goldberg¹¹

Synopsis

- Hidradenitis suppurativa (HS) is a chronic, inflammatory skin disease characterized by skin lesions such as dermal abscesses.¹
- Patients with HS living in the US are largely covered by Medicaid (22–31%)²⁻⁵ with substantial state-by-state variations in coverage.
- Barriers to accessing biologic treatment for HS play a role in treatment delays and poor patient outcomes.

Objective

To report differences in Medicaid criteria presenting barriers to access biologic treatment for HS across US states and identify opportunities to address these barriers.

Methods

- A qualitative review of each state's Medicaid fee for service Utilization Management (UM) policy and the Managed Medicaid UM policies for biologic use in HS was conducted. Managed Medicaid plans are administered by private healthcare insurers.
- Data were collected from each state's Medicaid UM policies, Medicaid websites, and Managed Medicaid UM policies in February 2024.
- The analysis stratified the criteria of each state or Managed Medicaid plan for biologics (adalimumab and secukinumab) use in HS into low, medium, and high barrier levels.
- For high barrier level states, comparisons of criteria against those for psoriasis were made.

Results

- The UM policies varied widely across the US based on the stratification of Medicaid criteria (Figure 1; Table 1).
 - No/low barrier:** Forty states.
 - Medium barrier:** Eight states whose criteria may be reduced to align with those of the low barrier states.
 - High barrier:** Two states (Iowa and Oklahoma) required higher numbers of therapy failures and had higher criteria regarding disease severity compared with the other states.
- The approval criteria of biologics for psoriasis in Iowa and Oklahoma were less stringent than for HS; neither state included criteria conditional on the severity of psoriasis or response to treatment, with fewer failures of therapies required (Figure 2).
- The criteria for the seven Managed Medicaid plans varied substantially (Table 2).
 - Low barrier:** Four plans required few failures of therapies.
 - Medium barrier:** One plan required failure of therapies from different therapeutic classes.
 - High barrier:** Two plans required counseling on supportive measures and/or a greater number of therapy failures compared to other plans.

Conclusions

Substantial state-by-state variations between Medicaid criteria and between Managed Medicaid plans were observed. Ten states and three plans had medium to high barriers to accessing biologic treatment for HS based on their respective criteria.

In Iowa and Oklahoma, Medicaid criteria for accessing biologic treatment for HS presented substantially higher barriers compared with those for psoriasis.

HS coalition efforts at the state level, with a goal to update insurance policies across US states, may improve access to biologics and patient outcomes.⁶

Plain Language Summary



Why was this study needed?

Medicaid criteria to access biologic treatments for HS differ across US states, making it challenging for patients with HS to receive the treatments they need.



What did the study find?

There were substantial state-by-state variations in Medicaid criteria to access biologic treatment. In two states, the criteria to receive treatment for HS were more restrictive than for psoriasis.



Where do we go from here?

A goal of the HS coalition is to address the disparities in access to biologic treatments, dressings, and multiple other treatments for HS, beginning with identifying barriers to treatment that may be removed.

Figure 1 Levels of barriers of Medicaid criteria across all 50 US states

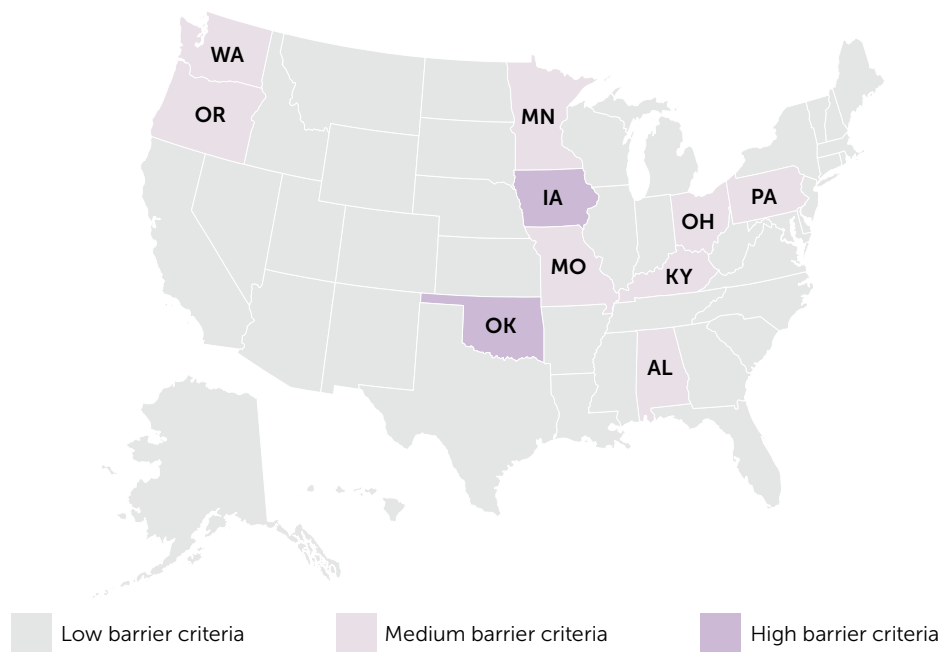


Table 1 Stratification of US states by Medicaid criteria from the UM policies

Criteria Item	No/Low Barrier Criteria	Medium Barrier Criteria	High Barrier Criteria
Diagnosis of HS	Yes	Yes	Yes
Prior authorization	Some states	Yes	Yes
Number of failed therapies	0 to ≥ 1	1 to ≥ 2	2 to ≥ 3
Hurley Stage II/III	Some states	Yes	Yes
Response to treatment ^a	No	No	Yes
Restrictions on coexisting morbidities ^b	Some states	Some states	Yes
Minimum lesion count ^c	No	No	Yes
Number of states within each criteria	40	8	2

^a Eligible requests received three months treatment, with additional authorizations contingent upon $\geq 50\%$ reduction in abscess and nodule count and no increase in abscess count or draining fistula count from the initiation of therapy; ^b Negative diagnoses for tuberculosis and malignancies; ^c Patient has at least three abscesses or inflammatory nodules.

AL: Alabama; HS: hidradenitis suppurativa; IA: Iowa; KY: Kentucky; MN: Minnesota; MO: Missouri; OH: Ohio; OK: Oklahoma; OR: Oregon; PA: Pennsylvania; UM: utilization management; WA: Washington.

Institutions: ¹Wayne State University, Detroit, MI, USA; ²HS Connect; ³HS foundation Apex, NC, USA; ⁴Henry Ford Hospital, Detroit, MI, USA; ⁵Howard University College of Medicine, WA, USA; ⁶Fayette Area Dermatology, Fayetteville, GA, USA; ⁷Association of Hidradenitis Suppurativa and Inflammatory Diseases, Ypsilanti, MI, USA; ⁸UCB, Brussels, Belgium; ⁹UCB, Minneapolis, MN, USA; ¹⁰UCB, Smyrna, GA, USA; ¹¹Mary Washington Healthcare, Fredericksburg, VA, USA.
References: ¹Zouboulis CC et al. J Eur Acad Dermatol Venerol 2015;29:619–44; ²Marvel J et al. BMJ Open 2019;9:e030579; ³Garg A et al. Dermatology 2017;233:396–8; ⁴Garg et al. Dermatol Ther (Heidelb) 2023;13:581–94; ⁵Wang et al. JAMA Dermatol 2022;158(12):1378–86; ⁶Hidradenitis Suppurativa Coalition. <https://hscoalition.org/> [accessed September 2024]. **Author Disclosures:** SD: Speaker for AbbVie and UCB; consultant for AbbVie, Novartis and UCB; research grants from AbbVie, Pfizer, and UCB. BB: Novartis, Sanofi, and UCB have provided previous payments to institution; UCB has provided previous payments for lectures, presentations, speakers, bureaus, manuscript writing, and educational events. BH: No disclosures. IH: Consultant for AbbVie, Avita, Boehringer Ingelheim, Galderma, Incyte, Janssen, Novartis, Pfizer, Sonoma, UCB, and Union Therapeutics; investigator for Avita, Incyte, Lenicira, L'Oréal/La Roche-Posay, and Pfizer; board member and past-president of the HS Foundation and Global Vitiligo Foundation. GAO: Consultant for AbbVie, Incyte, Janssen, L'Oréal, Novartis, Pfizer, Sandoz, Sanofi-Genzyme, UCB, and Unilever; received grants from Janssen and Pfizer; board member for Dermatology Foundation, HS Foundation and Vaseline Healing Program. LB: Advisory roles for Arcutis, Bristol Myers Squibb, Dermavant, Ferndale, Janssen, LEO Pharma, Ortho, Sanofi, and UCB; board member of the Society of Dermatology Physician Associates (SDPA); manuscript writing for Incyte and Eli Lilly and Company; HS Coalition member, past president SDPA. JIE: UCB Corporate Sponsor, consultant/speaker/advocate for AbbVie, Novartis, and UCB; member of the Coalition for Skin Diseases and GlobalSkin, CEO/Executive Director of the Association of Hidradenitis Suppurativa and Inflammatory Diseases. DM, MR, TO: Employees and shareholders of UCB Pharma. SG: Consultant for Novartis & UCB; board member of HS Foundation; member of HS Coalition. **Acknowledgments:** This study was conducted by Artia, with support and funding from UCB. The authors acknowledge Susanne Wiegatz, MSc, UCB, Monheim, Germany for publication coordination; Natasha Trujillo, UCB, GA, USA; Margaret Alabi, UCB, GA, Regeneron, NY, USA for project conception; May-Li MacKinnon, PhD, Costello Medical for medical writing and editorial assistance, and the Costello Medical Creative team for graphic design assistance. All costs associated with development of this poster were funded by UCB.

Figure 2 Discrepancies between HS and psoriasis criteria in Iowa and Oklahoma

	Iowa		
	Severity	Treatment Failures	Treatment Response
HS	Moderate to severe HS with Hurley Stage II/III ≥ 3 abscesses or inflammatory nodules	≥ 3	Additional requests contingent upon $>50\%$ reduction in total abscess and inflammatory nodule count
Psoriasis	No criteria	≥ 2	No criteria

	Oklahoma	
	Severity	Treatment Failures
HS	Moderate to severe HS with Hurley Stage II/III ≥ 3 abscesses or inflammatory nodules	≥ 2
Psoriasis	No criteria	≥ 1

Table 2 Criteria for access to biologics for HS between Managed Medicaid Plans

	Health Insurance Plans with Low Barrier Criteria			
	aetna	AmeriHealth	Elevance Health	UnitedHealthCare
Age restrictions ^a	Age restrictions ^a	Age restrictions ^a	Age restrictions ^a	No age restrictions
No severity requirements	No severity requirements	No severity requirements	Hurley Stage II/III	Hurley Stage II/III
≥ 1 failures of therapy for ≥ 3 months	Failure of therapies of lower steps, with exceptions	≥ 1 failures of therapy	≥ 1 failures of therapy	≥ 1 failures of therapy
Negative tuberculosis test	No restrictions on coexisting morbidities	No restrictions on coexisting morbidities	No restrictions on coexisting morbidities	No restrictions on coexisting morbidities
Prescribed by specialist	Prescribed by specialist	No restrictions to prescriber	Prescribed by specialist	Prescribed by specialist

	Health Insurance Plans with Medium Barrier Criteria	Health Insurance Plans with High Barrier Criteria	
	Centene	CareSource	Molina Healthcare
Age restrictions ^a	Age restrictions ^a	Age restrictions ^a	No age restrictions
Hurley Stage II/III	Hurley Stage II/III	Hurley Stage II/III	Hurley Stage II/III
≥ 2 failures of therapy from different therapeutic classes	≥ 1 failures of therapy for ≥ 3 months	≥ 4 failures of therapy	≥ 4 failures of therapy
No restrictions on coexisting morbidities	Negative tuberculosis test	No restrictions on coexisting morbidities	No restrictions on coexisting morbidities
Prescribed by specialist	Prescribed by specialist & counseled on supportive measures ^b	Prescribed by specialist & counseled on supportive measures ^b	Prescribed by specialist & counseled on supportive measures ^b

^a The recipient is 12 years of age or older; ^b Prescriber attestation that the member has been counseled regarding the benefits of smoking cessation and/or connected with a program to support smoking cessation, if the member is a smoker. Documentation that the member has been counseled to avoid skin trauma, hygiene, dressings, weight management, and diet.



To receive a copy of this poster, scan the QR code or visit [UCBposters.com/FC24](https://www.ucbposters.com/FC24)
 Poster ID: FC24_10
 Link expiration: November 10, 2024