WAKE FOREST UNIVERSITY HEALTH SCIENCES

INSURANCE COVERAGE FOR BIOLOGICS AND PHOTOTHERAPY FOR SEVERE PSORIASIS

Poster presented at American Academy of Dermatology 56th annual convention, February 2-6, 2007

Christopher B. Yelverton, MD, MBA[1]; Greg Simpson, MD[1]; Steven R. Feldman, MD, PhD[1-3], Departments of Dermatology[1], Pathology[2], and Public Health Sciences[3], Wake Forest University Health Sciences, Winston Salem, NC

INTRODUCTION

Psoriasis is a complex, lifelong disease that affects over 5 million Americans. Approximately 1.5 million people are considered moderately to severely affected based on Body Surface Area measurements and require systemic therapy due to extent of plaques and quality of life issues. While there are multiple treatment options and several different strategies for implementing them, all physicians' goals for treatments are the same. The goals are as follows: to gain control of the disease quickly and effectively; to decrease scaling, erythema, and the thickness of the individual plaques; to decrease total body surface area involvement; to maintain remission and avoid relapse; to minimize side effects; and most importantly, to improve a patient's quality of life.

Mild and localized psoriasis are often treated with topical agents (steroids and vitamin D derivatives). However, more severe or extensive forms of disease are generally treated with combination therapies which may involve topicals, systemic therapies (such as methotrexate, acitretin, and injected/infused biologics) and phototherapy.

Ultraviolet phototherapy is one of the safest and most effective therapies for psoriasis. Broad and narrow-band UVB, PUVA, and selected laser and light devices can all be used. While most phototherapy is delivered in a physician's office, home UVB devices are also available. Home phototherapy is generally more convenient and less costly compared to office-based phototherapy or other systemic treatments.

Insurance companies vary widely in their coverage policies for severe psoriasis therapies and the range of treatment options may fall under multiple portions of a patient's health benefits package (medical, pharmacy, durable medical equipment) with some options not being covered at all. These variations in coverage options may be a significant hindrance to the selection of an ideal treatment plan than other well-studied, less-expensive options.

PURPOSE

To explore and summarize insurance policies and prior authorization requirements for treating severe psoriasis with phototherapy and biologics.

METHODS

We reviewed insurance policy bulletins, statements of coverage/medical necessity, and prior authorization forms for three large insurance carriers regarding psoriasis treatment with biologic agents and phototherapy, available online via the National Psoriasis Foundation (http://www.psoriasis.org/medical/practice/insurers/links.php).

Specific attention was placed on body surface area requirements and need for prior treatment failures.

RESULTS

See Table 1.

TABLE 1: INSURANCE REQUIREMENTS FOR SEVERE PSORIASIS

Carrier	Phototherapy Available	Specific Requirements	Biologics Available	Specific Requirements
Aetna	PUVA	>= 30% BSA	Alefacept Efalizumab Etanercept Adalinumab Infliximab	>= 10% BSA, psoriasis for >1 year, failure/intolerance/ contraindication to 3 mos of phototherapy with PUVA or Goeckerman
	UVA/UBA Goeckerman Home	>= 10% BSA		
	Excimer Laser	<= 10% BSA and failure of at least 3 different topicals		
BCBS of California	UVA/UVB/PUVA		Etanercept Infliximab	> 10% BSA or 10% BSA in certain body areas AND failure/intolerance of other systemic therapies or phototherapy
	Home Phototherapy	After failure of "standard" treatments		
	Excimer Laser	<10% BSA and failure of 2 mos of topical and/or other phototherapy		
Cigna	UVA/UVB/PUVA	Only after: failure/ intolerance/contraindication to medical management	Etanercept Alefacept Infliximab	>= 10% BSA and 6 mos of at least one topical therapy
	Home Phototherapy	Above, plus pt homebound or office phototherapy trial successful **and** long-term treatment required		
	Excimer Laser	<= 10% BSA and failed topicals and/or phototherapy		

DISCUSSION

We looked at 3 large insurance carriers' (Aetna, Cigna, and BCBS of California) coverage for biologics and phototherapy. Several other states BCBS plans had similar policies to California. Requirements for treatment with biologic therapies appear to be less stringent under some plans than that for either office-based or home phototherapies. The actuarial science behind these policies is beyond the scope of this review. However, such positions may hinder access to appropriate treatment and shift patients toward more expensive treatments with less long-term safety and efficacy data.

While it may seem intuitive that disease coverage of larger body surface areas would be warranted for phototherapy, as it treats large areas, such requirements may be detrimental to both patients and insurers. Given that there are several phototherapy devices specifically designed for smaller area treatments, and that phototherapy is significantly less costly than biologics, these policies are neither medically nor financially viable. Likewise, requirement for demonstrated efficacy of office-based phototherapy prior to prescription may take several sessions. Given that a single month's supply of a typical biologic exceeds the cost of a standard home phototherapy unit, this restriction is not justified. The insurance plans examined do not represent an exhaustive list, and coverage may vary among different plans offered by a carrier.