



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

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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

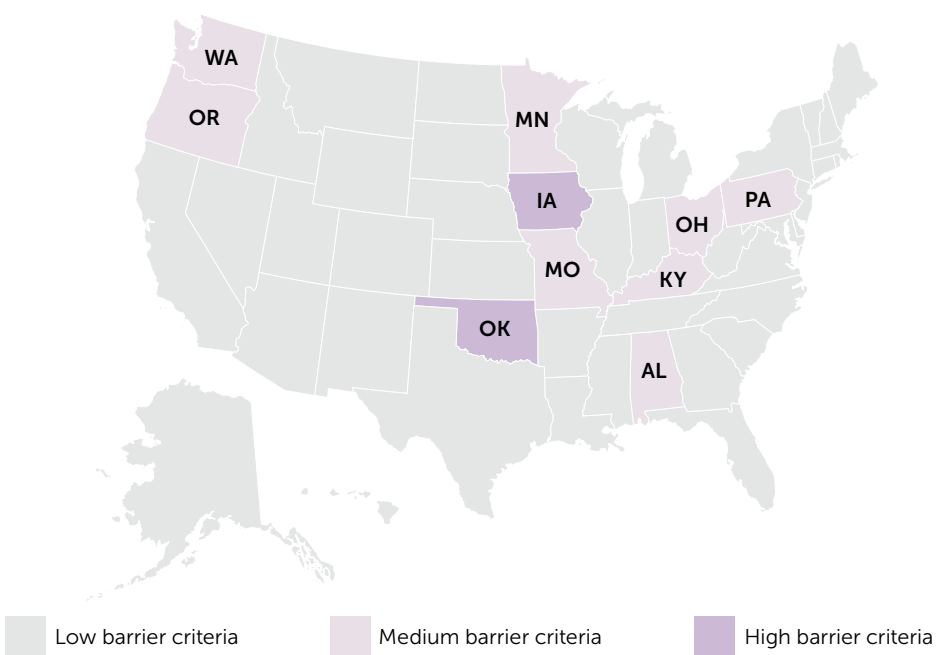


Table 1 Stratification of US states by Medicaid criteria from the UM policies

| 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 ≥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.

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

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

| Oklahoma | |
|-----------|--|
| | Severity |
| HS | Moderate to severe HS with Hurley Stage II/III ≥3 abscesses or inflammatory nodules |
| Psoriasis | No criteria |

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 | No age restrictions |
| 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 |
| Negative tuberculosis test | 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 |

| Health Insurance Plans with Medium Barrier Criteria | Health Insurance Plans with High Barrier Criteria | |
|---|--|--|
| Centene | CareSource | Molina Healthcare |
| Age restrictions ^a | Age restrictions ^a | No age restrictions |
| 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 |
| No restrictions on coexisting morbidities | Negative tuberculosis test | No restrictions on coexisting morbidities |
| Prescribed by specialist | 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.

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.

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