



Our Mission: To drive efforts to cure psoriatic disease and improve the lives of those affected.

October 19, 2023

RE: Maryland Prescription Drug Affordability Board (MD PDAB) Voluntary Information Submission

Dear Prescription Drug Affordability Members,

On behalf of the National Psoriasis Foundation, and the more than 8 million individuals living with psoriatic disease, we thank you for the opportunity to provide comment on the Maryland Prescription Drug Affordability Board (PDAB) affordability reviews.

Psoriasis is an immune-mediated disease that causes inflammation in the body. There may be visible signs of inflammation such as raised plaques and scales on the skin, which may look different for different skin types. The symptoms associated with psoriasis, including itch, pain, and flaking skin, can directly impact patient wellbeing, patient sleep, and ability to complete activities of daily living. Psoriasis is also well known to have systemic medical associations including metabolic syndrome, cardiovascular disease, mental health conditions like depression and anxiety, and psoriatic arthritis (PsA), a potentially debilitating inflammatory arthritis. In fact, one in three people with psoriasis may develop psoriatic arthritis.¹ Signs of PsA include swelling, stiffness and pain in the joints and areas surrounding the joints. Scientific research on PsA progression has demonstrated that it is important for patients with PsA to begin treatment for PsA shortly after the onset of symptoms to avoid (or at least minimize) permanent joint damage.

Below we have outlined two areas of policy recommendation we encourage the Maryland PDAB to consider:

Assessing the Value of Therapies

The NPF has been a leading voice in the patient community to help stakeholders understand the value of a therapy. We believe that PDABs, insurers, policy analysts, and other stakeholders interested in evaluated value and cost-efficacy of various treatments must treat patient insights, preferences, and testimonials as more than simple background considerations. Although tools for this work are still being developed, the NPF believes that these reflections of patients' real-world experiences must be weighed as meaningful data inputs in value calculations in order for these formulas to yield useful insight. In the last several years, NPF has worked to bring this message to value assessment organizations by participating in two Institute for Clinical and Economic Review (ICER) value assessments for psoriasis therapies (in 2016 and 2018), to health insurers and pharmacy benefit managers via five years of payer roundtables and numerous individual dialogues, and to academics and others engaged in expanding the role of value assessment through collaborations, partnerships, and conferences.

¹Mease, Philip J et al. "Prevalence of rheumatologist psoriatic arthritis in patients with psoriasis in European/North American dermatology clinics." *Journal of the American Academy of Dermatology* vol. 69,5 (2013): 729-735. doi:10.1016/j.jaad.2013.07.023



We understand the challenges of measuring chronic diseases with the available tools today (QALY, PASI, BSA, etc.). When conducting affordability reviews, we want to ensure that patient voice and experience is at the heart of decision making and ensure that the information considered does not discriminate against any patient group. We encourage the use of models that extend into disease-specific measures to consider symptom improvement, treatment-related adverse events, health-related quality of life, and systemic manifestations of disease. In the case of psoriatic disease, for instance, this might mean weighing factors such as the comparative effectiveness of the targeted immunomodulatory in affecting domains such as itch, scaling, pain, quality of life, work productivity, and satisfaction with treatment. This expansion of evidence is critical to ensuring that the data reviewed by the PDAB during value assessments accurately reflects the challenges of living with chronic disease.²

Protecting Physician and Patient Choice

The introduction of biologic products for the treatment of psoriasis and psoriatic arthritis has allowed many in our community to achieve a level of clearance never before possible. New systemic treatments, including biologics, have provided many patients with an effective therapy for the first time in their lives. Biologics have also opened a new world of combination therapies, being used alongside systemic treatments, phototherapy and/or topical treatments.

Each patient is unique in the way they respond to various therapies, however, and there is no 'one size fits all' approach to managing psoriasis. The NPF believes that patients who are stable on one medication should not be switched to a different treatment unless prescribed by their physician or where the alternative is a generic or biosimilar. Payer mandated switching (or non-medical switching) can be dangerous to patients because it exposes them to the risk of disease progression or return. In some cases, the patient may not even be able to return to the treatment that was originally working for them without experiencing a loss of response due to immunogenicity.

The extreme heterogeneity of this disease makes physician and patient access to the full range of therapies particularly important given that a treatment that may work for one may fail for another and because patients often cycle through several treatments during their lifetime. Only when physicians can access all the tools in their treatment toolbox will they be able to provide individual patients with the care that will maximize their health outcomes.

Because of this unique set of considerations, we caution the PDAB to be on guard against creating scenarios in which prescribing behaviors are unduly influenced by reimbursement, which may itself be indirectly a function of drug pricing. Given the diversity of drugs that can plausibly be used to treat psoriatic disease for one patient but not another, the NPF is concerned that decisions made by the PDAB may create an incentive structure that leads insurers to re-tier,

²Howard, L. (2019). ICER Proposed Updates to 2020 Value Assessment Framework Methods and Procedures. [d09351e8-c668-4358-9ec9-1ab5f81aa9bd_npf_icer_comment_letter_fy_2020_framework.pdf](https://www.prismic.io/documents/uuid/d09351e8-c668-4358-9ec9-1ab5f81aa9bd_npf_icer_comment_letter_fy_2020_framework.pdf) (prismic.io)



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restrict access to, or even eliminate certain drugs from their formularies due to UPL or other PDAB-related considerations.

On behalf of National Psoriasis Foundation, thank you for your consideration of these comments which we hope will positively inform this review. We again invite you to call upon us, our Medical Board, and our patient community as you move forward. Please contact Will Hubbert, State Government Relations Manager, East at whubbert@psoriasis.org with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Harris".

Jason Harris
Vice President, Government Relations and Advocacy