

Navigating the Insurance Maze of Biologics Tx

BY CAROLINE HELWICK
Contributing Writer

NEW ORLEANS — Dermatologists who prescribe biologics for psoriasis need to be able to navigate the insurance maze so that most patients can benefit.

It is important to fully understand the patient and his or her needs, to adequately document the patient's condition, to submit adequate documentation to the insurer, to know the specifics of the insurance company and the patient copayments, and to be able to make a strong appeal when claims are denied, Carol F. Guidry, R.N., said at a dermatology update sponsored by Tulane University.

Each patient should complete a psoriasis questionnaire that describes his or her condition, comorbidities, and prior treatments, said Ms. Guidry of the department of dermatology at Tulane University, New Orleans, where she helps procure coverage for psoriasis patients needing biologics. This helps select the most appropriate agent and provides information that will be useful in seeking preauthorization. Body surface area should be adequately calculated, as many companies use this number to approve or deny a drug. Patients should expose palms, soles, and genital areas, which might be missed.

Because almost all insurance companies require prior authorization for injectables, forms for preauthorization

should be completed while the patient is in the office; the patient's next visit should be scheduled no sooner than 2 weeks later to allow time for a response.

To submit a request, the nurse or office staff will need the chart and physician's notes, lab work and x-ray results, insurance demographics sheet, psoriasis questionnaire, and specific drug paperwork.

"Because most insurance clerks receiving this lack medical knowledge, I recommend completing the form yourself, rather than having the clerk take the information over the phone," Ms. Guidry said.

Most insurers require that the following criteria be met for approval of biologics: diagnosis of chronic moderate to severe plaque psoriasis; failure of phototherapy and/or at least one systemic therapy; for psoriatic arthritis, failure on at least one disease-modifying agent; and documentation of a negative tuberculin skin test. Most will deny injectables for plaque psoriasis in pediatric patients, she said.

"Make sure [body surface area] is written or dictated in the physician's documentation or referral form, and make sure to specify if the condition is plaque or guttate," she said. "Also, document dactylitis, enthesitis, and joint pain for psoriatic arthritis patients. Submit any x-ray findings that document erosions, joint deformities, and so forth, and submit laboratory values."

Ms. Guidry emphasized the need to be

proactive and fully informative about the patient. Insurance companies will generally push for conventional systemic therapies to be administered instead of biologics. This should be anticipated, and the preauthorization request should present a strong case against it.

"Note preexisting comorbidities that may be contraindications for systemic therapy. You can make comorbidities [such as obesity and fatty liver] work in your favor," she said. "If the patient has to commute more than 50 miles for phototherapy, or if the patient's occupation requires travel or shift work that would make monthly monitoring difficult, this should be stated."

Although Medicaid does pay for injectables, Medicare is not likely to. Medicare patients usually cannot afford biologics because they must meet their initial yearly deductible, and after the deductible is met, the patient must satisfy the "doughnut hole"—the \$2,200 out-of-pocket gap. After the gap is satisfied, the patient is eligible to receive the drug, but 10% of the cost is the patient's responsibility.

Medicare recipients also are not eligible to use copay cards. They must go through the chosen drug company and complete that company's paperwork. The drug company will contract out for patient assistance. This process can take 6 weeks or longer. Infliximab might be an option for Medicare patients because it is usually considered under the major medical plan.

More Prescribing Tips for Biologics

- ▶ To save time, check the patient's insurance coverage before starting to complete forms.
- ▶ Get to know drug company representatives who can help obtain copay assistance for patients.
- ▶ For infliximab, use an infusion center if possible; they do the leg-work with the insurance company. Find one at www.2infuse.com.
- ▶ Use specialty pharmacies when possible. They help with paperwork, ship the drug to the patient (keeping physicians informed), and help obtain copay assistance.
- ▶ Use drug samples to augment treatment when response is waning.

Source: Ms. Guidry

When preauthorization is denied, find out why. If conventional therapies have not been pursued, the patient might need to undergo a trial of these and then reapply. Decisions can be appealed, or physicians can request a "peer-to-peer" review if a decision seems unjust. The benefit of this is an immediate answer from the medical director. ■

McCain's Health Plan Focuses on Tax Changes, Cost Control

BY MARY ELLEN SCHNEIDER
New York Bureau

While the Democrats continue to debate the need for individual mandates for health coverage, Sen. John McCain recently unveiled a starkly different plan for reforming the health care system.

At the heart of Sen. McCain's health proposal is a plan to eliminate the tax exclusion that allows employees to avoid paying income tax on the value of their health benefits. Sen. McCain, the presumptive Republican presidential nominee, is proposing to replace that tax break with a refundable tax credit of \$2,500 for individuals and \$5,000 for families.

For those who remain in their employer-sponsored plan, the tax credit would roughly offset the increased income tax burden. For those seeking to buy their own health coverage on the individual market, the tax credit would be used to pay their premiums, according to Sen. McCain's plan.

Sen. McCain also espouses creating a national market for health insurance by allowing Americans to buy coverage across state lines.

"Insurance companies could no longer take your business for granted, offering narrow plans with escalating costs," Sen. McCain said during a recent Tampa speech to announce details of his health care proposal. "It would help change the

whole dynamic of the current system, putting individuals and families back in charge, and forcing companies to respond with better service at lower cost."

For those with preexisting conditions, Sen. McCain is proposing a Guaranteed Access Plan. The GAP would reflect the best practices of the more than 30 states that have a "high-risk" pool for individuals who cannot obtain health insurance. Sen. McCain pledged to work with Congress, governors, and industry to ensure that the initiative was adequately funded

and included disease management programs, individual case management, and health and wellness programs.

The tax changes would not occur in a vacuum, said Crystal Benton, a spokeswoman for the McCain campaign. The idea is to reform the marketplace and drive down costs overall.

Grace-Marie Turner, a McCain campaign adviser and president of the Galen Institute, which favors free-market approaches to health care, said that Sen. McCain recognizes that the first step to expanding coverage is to make health care more affordable. The cornerstones of that approach include giving consumers more coverage options, paying for wellness and



Sen. McCain proposes replacing tax exclusions on the value of health benefits with a tax credit.

prevention, and getting rid of waste in the system.

But critics say the McCain plan would essentially destroy the employer-based health insurance system in the United States. "We are pretty amazed at how extreme a plan Mr. McCain has staked out," said Roger Hickey, codirector of the Campaign for America's Future, a progressive think tank.

The elimination of the employee health benefits tax exclusion would be an excuse for employers of all sizes to get out of providing health insurance, leaving many workers to purchase coverage in the individual market where coverage is expensive and difficult to obtain. "Our prediction is a race to the bottom," he said.

And a \$5,000 tax credit wouldn't be enough to cover the cost of family coverage, which the Kaiser Family Foundation

estimates costs on average nearly \$12,000, he said.

It's hard to predict exactly what will happen with employer-based coverage under this proposal, said Sara R. Collins, Ph.D., assistant vice president for the Program on the Future of Health Insurance at the Commonwealth Fund. The question is whether individuals who currently have comprehensive coverage through their employer would end up underinsured after moving into the individual market.

In the areas of health information technology and medical research funding, Sen. McCain's proposal is actually similar to the plans put forth by the Democratic candidates Sen. Hillary Clinton (D-N.Y.) and Sen. Barack Obama (D-Ill.), said Naomi Senkeeto, a health policy analyst at the American College of Physicians.

For example, Sen. McCain plans to dedicate federal research dollars on the basis of "sound science" and a put a greater emphasis on chronic disease care and management.

ACP does not endorse candidates but has performed an analysis of how the presidential candidates compare with one another on guaranteeing access to affordable coverage, providing everyone with a primary care physician, increasing investment in health information technology, reducing administrative expenses, and increasing funding for research. The side-by-side comparison is available online at www.acponline.org/advocacy/where_we_stand/election/. ■

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