Breakthrough Drugs in Dermatology

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LIFE CHANGING MEDICATIONS

• New psoriasis therapies
  • Dupilumab
  • Omalizumab
  • Vismodegib/Sonidegib
  • JAK inhibitors
  • New vitiligo therapies
Drugs for Psoriasis and Psoriatic Arthritis

- ETANERCEPT
- ADAлимумаб
- INFликимаб
- CERTолизумаб
- GОлимумаб
- UСТЕКИнумаб
- SECУKИнумаб
- IXEKИzумаб
- APРЕMИLAST
- METHOTREXATE
- CYCLOSPORINE
- ACITREТIN

- BROДALUMAB
- GУSEЛKУMAB
- TИLDRAKИZUMAB
- RИSANKИZUMAB
- LY3074828
Drugs for Psoriasis and Psoriatic Arthritis-ORAL

- ETANERCEPT
- ADAHIMAB
- INFILXIMAB
- CERTOLIZUMAB
- GOLIMUMAB
- USTEKINUMAB
- SECUKINUMAB
- IREKIZUMAB
- APREMILAST
- METHOTREXATE
- CYCLOSPORINE
- ACITRETIN
- BRODALUMAB
- GUSELKUMAB
- TILDRAKIZUMAB
- RISANKIZUMAB
- LY3074828
Drugs for Psoriasis and Psoriatic Arthritis - FEW INJECTIONS

- ETANERCEPT
- ADALIMUMAB
- INFLIXIMAB
- CERTOLIZUMAB
- GOLIMUMAB
- USTEKINUMAB
- SECUKINUMAB
- IXEKIZUMAB
- APREMILAST
- METHOTREXATE
- CYCLOSPORINE
- ACITRETIN
- BRODALUMAB
- GUSELKUMAB
- TILDRAKIZUMAB
- RISANKIZUMAB
- LY3074828
Drugs for Psoriasis and Psoriatic Arthritis – LONG Hx & ↓ CARDIAC DISEASE

- ETANERCEPT
- ADALIMUMAB
- INFLIXIMAB
- CERTOLIZUMAB
- GOLIMUMAB
  - USTEKINUMAB
  - SECUKINUMAB
  - IXEKIZUMAB
  - APREMILAST
  - METHOTREXATE
  - CYCLOSPORINE
  - ACITRETIN
Drugs for Psoriasis and Psoriatic Arthritis – OBESITY

- ETANERCEPT
- ADAлимMУMAB
- INFЛИXIMAB
- CERTOLIZUMAB
- GOLIMUMAB
- USTEKINUMAB
- SECUKINUMAB
- IXEKIZUMAB
- АPREMILAST
- МЕTHОТРЕКСАТЕ
- CYCLOSPORINE

- BRODALUMAB
- GUSELKUMAB
- TILDRAKIZUMAB
- RISANKIZUMAB
- LY3074828
Drugs for Psoriasis and Psoriatic Arthritis-PSA

• ETANERCEPT
• ADALIMUMAB
• INFLIXIMAB
• CERTOLIZUMAB
• GOLIMUMAB
• USTEKINUMAB
• SECUKINUMAB
• IXEKIZUMAB
• APREMILAST
• METHOTREXATE
• CYCLOSPORINE
• ACITRETIN

• BRODALUMAB
• GUSELKUMAB
  • TILDRAKIZUMAB
  • RISANKIZUMAB
  • LY3074828
Drugs for Psoriasis and Psoriatic Arthritis - FAST

- ETANERCEPT
- ADALIMUMAB
- INFILIXIMAB
- CERTOLIZUMAB
- GOLIMUMAB
- USTEKINUMAB
- SECUKINUMAB
- IXEKIZUMAB
- APREMILAST
- METHOTREXATE
- CYCLOSPORINE
- ACITRETIN

- BRODALUMAB
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SPEED
Dupilumab Phase 2b Study: Mean Percent Change In EASI at Week 16 (LOCF†)

EASI: Eczema andSeverity Index; LOCF: last observation carried forward; q2w: every 2 weeks; q4w: every 4 weeks.


†LOCF imputation method for missing data and patients who received rescue medications.
Omalizumab treatment reduced mean weekly Itch Severity Score by Week 1

- Rapid-onset, dose-response, sustained efficacy at Wk 24 compared with Wk 12

Maurer M, et al. EADV 2013: FC09.1. Sponsored by Genentech, Inc. and Novartis
Inhibition of the hedgehog pathway in advanced basal-cell carcinoma.
Von Hoff DD et al.

• 33 patients – metastatic or advanced BCC
• GDC – 044a → 16 partial and 2 complete responses
• fatigue, hyponatremia, muscle spasm, afib
Randomized, double-blind study of sonidegib (LDE225) in patients with locally advanced or metastatic basal-cell carcinoma

J Clin Oncol 32:5s, 2014 (suppl; abstr 9009a^)
MR Migden, etal

SONIDEGIB
Comparison of **tofacitinib** vs ETN or PBO in moderate to severe chronic plaque psoriasis: Phase 3 RCT

% patients achieving a PASI 75 response through Week 12 (NRI)

% patients achieving a PASI 90 response through Week 12 (NRI)

% patients achieving a PGA response through Week 12 (NRI)

Valenzuela F, et al. AAD 2014,
Oral ruxolitinib induces hair regrowth in patients with moderate-to-severe alopecia areata.


Reversal of Alopecia Areata Following Treatment With the JAK1/2 Inhibitor Baricitinib.
Preliminary clinical activity of a topical JAK1/2 inhibitor in the treatment of psoriasis.

Punwani N, et al.

The efficacy of afamelanotide and narrowband UV-B phototherapy for repigmentation of vitiligo.

Grimes PE, Hamzavi I, Lebwohl M, Ortonne JP, Lim HW.
AAD Practice Management Center
Office of Access to Care and Treatment
Rachna Chaudhari
www.aad.org/priorauth
Prior Authorization Assistance Center

Prior Authorization Assistance

We've combined time-saving tools and personalized service to help you navigate medication denials, prior authorizations, and step therapy challenges. Reduce administrative burden and stress on you and your staff, and get patients the medications they need.

Reduce burden and improve access

The Academy has created several resources to reduce administrative burden and help your patients gain access to medications, including:

- Easily create prior-authorization letters to help your patients get the medication approvals they need from insurers.
- Practical tips to help you and your staff navigate prior authorization issues.
- COMING SOON! A help hotline for members, One-on-one help provided by the Academy's expert staff — complimentary for a limited time.

Prior authorization requires providers to obtain advance approval before performing a service to qualify for payment coverage. Prior authorization for medications usually involve brand-name products for which there is no generic equivalent, or a drug that a patient has taken for years but for which the insurance carrier now requires annual re-authorization.

Most physicians consider prior authorization to be an expensive and time-consuming process that questions their clinical judgment and siphons resources away from patient care. Even more concerning are the treatment delays and negative patient health outcomes that can be caused by prior authorization.

Common prior authorization drugs

In early 2016 the AAD sent surveys to a total of 208 AAO members and 500 Association of Dermatology Administrators & Managers (ADAM) members. Survey recipients were requested to forward the survey to those responsible for completing prior authorizations in their practices. A total of 72 AAO members and another 156 members of ADAM
Prior Authorization Letter Tool

Prior Authorization
Drug Denial Letter Template

Complete the following steps to create an individualized letter appealing a denial for a prescribed treatment for your patient.
Prior Authorization Letter Tool

TREATMENT INFORMATION

Select the disease for which your patient is being treated and the prescribed drug below.

Dermatologic disease with ICD-10 diagnosis code
Psoriasis Vulgaris (L40.0)

Name of drug
Enbrel

Alternative Treatment Drug Options
For step therapy protocols, select drug/treatment the insurance company is requiring you to prescribe your patient as an alternative treatment (skip if not applicable)

- Acitretin
- Cosentyx
- Cyclosporine
- Humira
- Methotrexate
- Phototherapy
- Remicade
- Siliq
- Stelara
- Taltz
<table>
<thead>
<tr>
<th><strong>PATIENT INFORMATION</strong></th>
<th>Step 3 of 4</th>
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<tbody>
<tr>
<td><strong>Patient name</strong></td>
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<td></td>
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<tr>
<td><strong>Patient health insurance identification number</strong></td>
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<td><strong>Patient date of birth</strong></td>
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<td><strong>Date of prior authorization</strong></td>
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<tr>
<td><strong>I have previously prescribed this patient the following therapies</strong></td>
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<td><strong>Name of medication</strong></td>
<td><strong>Start date</strong></td>
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<td><strong>List reason for stopping medication</strong></td>
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**ADD ITEM**
TEMPLATE COMPLETE

Click the button below to download your prior-authorization letter template.

DOWNLOAD DOCUMENT

START OVER  PREVIOUS  NEXT