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Senior Medical Director  
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*Sent via email to [PritzkerJ@AETNA.com](mailto:PritzkerJ@AETNA.com)*

The American Academy of Dermatology Association (AADA) represents over 17,500 dermatologists nationwide. We call upon Aetna to reconsider its 2025 formulary change effective March 1, 2025 that will remove the entire class of IL-17 inhibitors for the treatment of psoriasis.

We greatly appreciate the working relationship between Aetna and the AADA and the information provided to the AADA on our recent quarterly call. While Aetna provided notification to plan members and physicians of the planned formulary change, we are concerned about the decision to remove an entire class of drugs as not all patients can switch to IL-23 drugs. While agents targeting IL-17, IL 12/23, and IL-23 demonstrate efficacy in treating psoriasis and psoriatic arthritis (PsA), with generally higher skin efficacy and less frequent dosing than tumor necrosis factor inhibitor (TNFi), choice of effective treatment is based the domain(s) of the disease involved, presence of co-morbidities and patient preferences within a collaborative, shared decision-making framework between the patient and physician.<sup>1</sup>

While Aetna plans to have a process for those currently on IL-17 inhibitors to remain until expiration of their prior approval, we urge Aetna to allow those patients who are stable on their current medication to continue to remain on it without being required to go through an exception process in order to maintain full benefits coverage. Additionally, for any prior authorization process, we ask that Aetna make fully transparent the approval criteria that will be used.

The AADA acknowledges the concerns about the cost of specialty medications and notes the serious concerns over non-medical switching and its impact to patient care. Those concerns

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stem from the fact that there is strong evidence to support that non-medical switching is associated with a negative impact on clinical and economic well-being, healthcare utilization and medication-taking behavior. Patient symptoms may flare and some take several months to return to the level of clearance they had before switching. Exposing patients to an increasing number of biologics decreases their efficacy and may lead to poorly controlled disease management. Switching stable patients from one biologic to another requires coordination of care, counseling and often requires an additional office visit. For those reasons, the AADA urges Aetna to delay implementation of the non-medical switching to protect patients who are stable on their current medication regimen.

We welcome the opportunity to speak with you about this issue. Please contact Lou Terranova, Associate Director, Practice and Payment Policy at [lterranova@aad.org](mailto:lterranova@aad.org) or at 202-340-2875, if there are any questions about the recommendations in this letter. We appreciate the opportunity to work with Aetna to ensure patients' access to high quality dermatologic care.

Sincerely,

A handwritten signature in black ink that reads "Seemal R. Desai MD FAAD". The signature is written in a cursive, flowing style.

Seemal R. Desai, MD, FAAD

President, American Academy of Dermatology / Association

Reference

<sup>1</sup> Elman SA, Perez-Chada LM, Armstrong A, Gottlieb AB, Merola JF, Psoriatic Arthritis: A Comprehensive Review for the Dermatologist. Part II: Screening and Management, Journal of the American Academy of Dermatology (2024), doi: <https://doi.org/10.1016/j.jaad.2024.03.059>