## Dear Colleagues,

My name is April Armstrong, and I hope to serve you as a member of the AAD Board of Directors. I am a dermatologist specializing in inflammatory skin diseases including psoriasis and atopic dermatitis. Trained in epidemiology and clinical trials, I also have a passion for designing and conducting studies that help tackle clinically important questions. For example, my research team has studied topics ranging from comorbidities associated with skin diseases to factors contributing to patient satisfaction. I have been to Capitol Hill multiple times to advocate for increasing



federal funding to study skin diseases. I have also served on several AAD committees and task forces over the years.

I am running because I would like to continue serve you through advocacy and research. Specifically, I would like to help reduce the burden of prior authorizations. Dermatologists spend too much time obtaining prior authorizations and appealing denials for medically necessary treatments. Recently, the burden of obtaining insurer approval has increased even further as some insurers require prior authorizations for generic topical medications where there are no obvious inexpensive alternatives. As a result of these onerous processes, dermatologists spend less time in direct patient care, and patients often do not receive treatments in a timely manner. While approaches such as AADA's prior authorization appeal letter tool have been useful, additional efforts are necessary to address the problem upstream at a policy level.

I will work to promote greater transparency and efficiency of the prior authorization process. First, I will advocate for legislation that mandates disclosure of prior authorization requirements and sets time limits for payers to make determinations. While some states have already passed such legislation, many have not. Second, I will advocate for eliminating prior authorization requirements for *specific* medications where inexpensive alternatives with similar efficacy/safety profiles do not exist. For example, I will advocate for eliminating prior authorizations for generic topical corticosteroids.

Third, I have seen disruptions in my patients' medication coverage when they change health plans. I will urge insurers to offer patient protection that minimizes such disruptions. Specifically, it is important that insurers eliminate requirements to use previously failed therapies. I will work hard with others in AAD to curb this unchecked expansion of prior authorizations because it negatively impacts our work satisfaction and productivity. I look forward to the opportunity of tackling this key issue as a member of the AAD Board of Directors.

Let's do this together,

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April Armstrong, MD MPH FAAD