



Access and coverage

Written for the clinician who has to navigate prior authorization and step therapy, and for the record of what that takes.

GUIDELINE TEXT CLINICIAN SERIES FROM THE HS FOUNDATION

WHAT THE GUIDELINE SAYS ABOUT STEP THERAPY

Step therapy, an insurance requirement that patients complete a sequence of insurer-designated treatments before coverage is approved for a physician-prescribed therapy, lacks evidence of clinical benefit and is associated with treatment delays, reduced access to guideline-concordant care, and worse clinical outcomes.

JOINT AAD AND HSF GUIDELINES, RECOMMENDATIONS

NO SEVERITY SCORE IS REQUIRED FIRST

HS recommendations specific to moderate to severe HS should not be interpreted as requirements for documenting HS severity using specific measures before patients should access HS treatments.

JOINT AAD AND HSF GUIDELINES, DEFINITION

The guideline notes that HS research-specific measures are not feasible or specifically validated for routine clinical use.

HOW TO READ A RECOMMENDATION IN A COVERAGE CONVERSATION

Strong or conditional recommendations should be interpreted as affirmative clinical guidance, even when supported by low or very low certainty of evidence. Clinicians should interpret the strength of recommendation as the primary clinical directives and consider the certainty of evidence as important context.

JOINT AAD AND HSF GUIDELINES, RECOMMENDATIONS

THE ACCESS BARRIERS THE GUIDELINE NAMES ITSELF

The guideline names these barriers therapy by therapy. Condensed below.

THERAPY	WHAT THE GUIDELINE SAYS STANDS IN THE WAY
Ertapenem	Infectious diseases specialist approval, IV access, home nursing for daily infusions, and limitations to patient activities may limit treatment access.
Infliximab	IV infusion requirements may limit outpatient access. It remains accessible in publicly funded systems and may be covered under special drug programs.
Isotretinoin	Monthly visits and pregnancy monitoring requirements of the United States iPLEDGE program may limit access.
Hyperbaric oxygen therapy	High cost, travel and time burdens, and limited geographic access to hyperbaric centers.

WHAT THE GUIDELINE SAYS ABOUT COST

Effective treatments may reduce long-term economic burdens for payers and the healthcare system, and direct costs of HS therapies should be weighed against indirect costs of uncontrolled disease, including wound care, lost productivity, and disability assistance.

JOINT AAD AND HSF GUIDELINES, COST

STRENGTH AND CERTAINTY ARE SEPARATE

STRONG RECOMMENDATION	CERTAINTY
Adalimumab	Moderate
Bimekizumab	Moderate
Secukinumab	Moderate
Infliximab	Low

FROM THE HS FOUNDATION

Infliximab carries the highest strength of recommendation while resting on low certainty evidence. By our count, 32 of the 37 rest on low or very low certainty. The guideline publishes neither that tally nor any position on coverage policy. Our reading: a policy that treats certainty as the deciding signal inverts the guideline's own instruction.

WHY THE FOUNDATION IS COLLECTING THIS

Dr. Haley Naik, President of the HS Foundation, names access as the first of three things that have to happen after publication. FDA approval of a therapy does not guarantee that patients can access that therapy. Coverage decisions, prior authorization processes, step therapy and the broader machinery of how care reaches patients all sit downstream of the guidelines. Advocacy with federal agencies and private payers is already underway, she writes, but more of it is needed.

NAIK, GUIDELINES ARE A FIRST STEP, HOWTOTREATHS

Dr. Amit Garg, Secretary of the HS Foundation, makes the cost argument. Managing HS well sits upstream of conditions carrying significant systemic cost. Obesity, metabolic disease, diabetes and cardiovascular disease lead to chronic problems, disability and higher utilization when unrecognized. A payer looking at the direct cost of HS therapy in isolation is looking at part of the ledger.

GARG, HS IS A SYSTEMIC DISEASE, HOWTOTREATHS

FROM THE HS FOUNDATION

What a practice goes through to get one patient covered is the evidence advocacy runs on. Prior authorizations, step-therapy sequences and appeals appear in no clinical document, including this one. The record of what access actually requires is what makes the case for changing it.

About this piece. An educational piece intended to bring clinicians to the joint American Academy of Dermatology and Hidradenitis Suppurativa Foundation clinical guidelines, not a clinical reference. Guideline text is reproduced with AAD copyright acknowledgment. Clinician series passages are drawn from articles on HowToTreatHS.com and attributed to their authors. Passages marked From the HS Foundation are the Foundation's own framing, written to connect the guideline to practice, and are not guideline text. Unmarked text summarizes guideline content in plain language. The guidelines state that they should not be interpreted as setting a standard of care. Observations on advocacy and cost are drawn from Haley B. Naik, MD, "Guidelines Are a First Step," and Amit Garg, MD, "HS Is a Systemic Disease," both published on HowToTreatHS.com. Draft built on a pre-publication manuscript. Not for distribution until the guidelines publish. October 2026.