

What the guidelines contain

An orientation for coverage policy. What is in the document, how its two ratings work, and what it supports, declines to support, and leaves open.



■ GUIDELINE TEXT ■ CLINICIAN SERIES ■ FROM THE HS FOUNDATION

THE SHAPE OF THE DOCUMENT

CATEGORY	COUNT	WHAT IT MEANS FOR POLICY
Strong recommendations, in favor	4 Strong, for	Adalimumab, bimekizumab, infliximab and secukinumab, all for moderate to severe HS. Three carry FDA approval for HS; infliximab is used off-label.
Good practice statements	2	Issued where the workgroup saw clear need. One is routine pain assessment. One is against radiotherapy in pediatric and adolescent patients.
Conditional, in favor	22 Conditional, for	Topicals, oral antibiotics, hormonal therapy, procedural interventions and supportive care. Affirmative guidance, not a weaker tier of coverage.
Conditional, against	9 Conditional, against	Nine therapies the guideline advises against, including acitretin, isotretinoin, methotrexate and three biologics.
Evaluated, no recommendation	Table V	Assessed, with evidence that would not support a recommendation either way. A third state, distinct from a recommendation against.

TWO RATINGS THAT ARE NOT THE SAME THING

Strong or conditional recommendations for HS treatments should be interpreted as affirmative clinical guidance, even when supported by low or very low certainty of evidence. Certainty of evidence ratings reflect confidence in the underlying data and not the treatment's clinical utility. Clinicians should interpret the strength of recommendation as the primary clinical directives and consider the certainty of evidence as important context about the evidence base informing the recommendations.

JOINT AAD AND HSF GUIDELINES, RECOMMENDATIONS

Strength is how firmly the workgroup advises the action, and the guideline calls it the primary clinical directive. It is the axis a coverage criterion should track. **Certainty** is confidence in the underlying data under GRADE, and the guideline states it is not a judgment of the therapy's clinical utility.

WHERE THE TWO DIVERGE

STRONG RECOMMENDATION	CERTAINTY
Adalimumab	Moderate
Bimekizumab	Moderate
Secukinumab	Moderate
Infliximab	Low

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Infliximab carries the guideline's highest strength of recommendation while resting on low certainty evidence. By our count, 32 of the 37 recommendations rest on low or very low certainty, which is common in a field where much of the evidence comes from observational studies and small trials. The guideline does not publish that tally. A policy that treats certainty as the deciding signal reaches the opposite conclusion from the document that produced it.

WHAT THE GUIDELINE DOES NOT SUPPORT

Nine conditional recommendations against: acitretin, isotretinoin, avacopan, methotrexate, azathioprine, etanercept, guselkumab, risankizumab and vilobelimab. One good practice statement against: radiotherapy in pediatric and adolescent patients.

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A coverage policy built on this guideline has grounds to decline as well as to approve. That is what makes it a clinical anchor rather than a one-directional argument.

THE CATEGORIES A POLICY HAS TO ADDRESS

CATEGORY	RECS	CATEGORY	RECS
Biologics	9	Systemic therapies	5
Procedural interventions	8	Systemic antibiotics	4
Topical therapies	3	Supportive management	3
Complementary and alternative medicine	2	Oral retinoids	2
Hormone therapy	1		

Scope. Adults, adolescents and children over age 9. The workgroup followed GRADE, engaged patient partners on preferences and values, and searched for evidence on resource use and feasibility alongside efficacy and safety.

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