

What the guidelines say about coverage criteria

Three passages that speak directly to standard prior authorization practice, and the access barriers the guidelines name themselves.



GUIDELINE TEXT CLINICIAN SERIES FROM THE HS FOUNDATION

ON 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

ON REQUIRING A SEVERITY SCORE

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 separately that HS research-specific measures are not feasible or specifically validated for routine clinical use. Instruments built to power a trial were not designed to gate access in clinic.

ON READING A LOW CERTAINTY RATING

Certainty of evidence ratings reflect confidence in the underlying data and not the treatment's clinical utility, and are not adjusted to align with clinical familiarity or expert consensus based on the GRADE framework. Clinicians should interpret the strength of recommendation as the primary clinical directives.

JOINT AAD AND HSF GUIDELINES, RECOMMENDATIONS

WHAT CONDITIONAL MEANS IN THE GUIDELINES' OWN WORDS

Conditional recommendations against a particular treatment recognize that different therapeutic choices may be appropriate for different patients depending on individual patient contexts or stakeholder values.

JOINT AAD AND HSF GUIDELINES, RECOMMENDATIONS

WHAT THE GUIDELINES ASK OF MANAGEMENT

Effective HS management addresses both chronic HS disease and acute HS flares, often requiring multimodal strategies including systemic, procedural, and supportive therapies. Interdisciplinary HS management should screen for and address medical and psychiatric comorbidities that contribute to HS burden.

JOINT AAD AND HSF GUIDELINES, RECOMMENDATIONS

THE ACCESS BARRIERS THE GUIDELINES NAME THEMSELVES

Naming what stands between a patient and a therapy, drug by drug, is unusual in a clinical guideline. Condensed below.

THERAPY	WHAT THE GUIDELINES SAY LIMITS ACCESS
Ertapenem	Infectious diseases specialist approval, IV access, potential complications, home nursing care for daily infusions, and limitations to patient activities.
Infliximab	IV infusion requirements may limit outpatient access. The guidelines note it remains accessible in publicly funded systems and may be covered under special drug programs.
Isotretinoin	Monthly visits and pregnancy monitoring requirements under the United States iPLEDGE program.
Hyperbaric oxygen therapy	High cost, travel and time burdens, and limited geographic access to hyperbaric centers.

WHAT THE GUIDELINES ASK OF THE CONVERSATION

Shared decision-making regarding treatment selection, initiation, and adherence should explicitly address affordability, insurance coverage, and out-of-pocket costs.

JOINT AAD AND HSF GUIDELINES, COST

WHERE THE FOUNDATION STANDS

FROM THE HS FOUNDATION

The three passages above are the guidelines' words, not ours, and they were written by a workgroup that included methodologists and patient partners rather than by an advocacy organization. The Foundation's position is that a coverage policy for HS should track strength of recommendation, should not require a severity instrument the guidelines decline to require, and should recognize that a low certainty rating in this field reflects the state of the literature rather than the standing of the therapy.