August 17, 2026

The Honorable Ron Wyden
Ranking Member
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510-6200

RE: Request for Information on Commonsense Policy Options to Lower Drug Prices for Patients

Dear Ranking Member Wyden:

On behalf of the undersigned members of the Derma Care Access Network (DCAN), thank you for the opportunity to provide the following comments in response to the Senate Finance Committee Minority Request for Information (RFI) on Commonsense Policy Options to Lower Drug Prices for Patients. We are aligned with the Committee's goals to improve the affordability of prescription drugs for patients and ensure timely access to quality, patient-centered care.

DCAN is a national coalition of more than two dozen advocacy organizations representing patients, health care providers, and other skin health stakeholders working to raise awareness and inform policies impacting patient-centered care. DCAN sponsors educational initiatives and advocacy programs designed to encourage informed policymaking about the benefits of access to approved therapies and appropriate clinical care.

The U.S. National Institutes of Health reports that skin conditions affect as many as one in three Americans at any time.[1] Common skin conditions include acne, contact dermatitis, benign tumors, cancers, atopic dermatitis (also called eczema), alopecia areata, and psoriasis. Skin diseases are more than just a rash. Chronic skin disease can affect one's mental health, keeping individuals isolated because they are either embarrassed or in pain. It can impact a patient's ability to work and participate in everyday activities. The physical, psychological, and social consequences of skin conditions not only affect the patients but also caregivers and family members. For individuals living with skin disease, timely access to effective prescription drugs and other medical care is critical for improving and maintaining quality of life.

As the Committee considers policy options to reduce drug prices for American patients, we urge you to recognize the chronic nature of dermatological diseases and the resulting need for consistent access to effective treatments, the removal of barriers to needed care, and ongoing investment into innovative therapies.

Section I: Lowering Drug Prices

Prescription drug costs have inflated significantly in recent years, resulting in ongoing access issues for patients and providers. In dermatologic care, such barriers contribute to diminished patient adherence to treatment and, ultimately, to unfavorable health care outcomes. Especially

[1]National Center for Complementary and Integrative Health. (2019, November). *Skin conditions at a glance*. U.S. Department of Health and Human Services, National Institutes of Health. www.nccih.nih.gov/health/skin-conditions-at-a-glance

for brand-name dermatologic drugs, retail prices have more than quadrupled over the past two decades,[2] signaling the need for policy solutions to control costs for patients.

Given the chronic nature of dermatologic disease, the implementation of utilization management practices such as step therapy, prior authorization, copay accumulators or maximizers, and non-medical switching can be detrimental to symptom management and contribute to negative patient outcomes. In fact, an assessment of the impacts of step therapy protocols on access to specialty treatment in dermatologic inflammatory conditions revealed that patients faced a median wait time of 75 days before receiving a second referral for a specialty medication after failing step therapy requirements.[3] Policy actions proposed within the *Safe Step Act* (S.2903/H.R.5509) are necessary to protect patients from excessive step therapy requirements that may arise in response to good-faith efforts to reduce prescription drug prices.

Following the passage of the Inflation Reduction Act, the implementation of Medicare Drug Price Negotiation Program has been estimated to produce minimal savings for Part D beneficiaries. In a formulary analysis of the drugs selected for the first round of negotiations, only 11 percent of Medicare Part D beneficiaries were estimated to see savings because of the maximum fair price.[4] Additionally, the same study revealed that utilization management for specialty drugs increased regardless of inclusion in the Medicare Drug Price Negotiation Program.[5]

As the Committee considers expanding the scope of the Medicare Drug Price Negotiation Program, we ask that you protect patients from anticipated utilization management practices that often result in delayed or denied access for patients. When considering earlier negotiation timelines, please remain mindful of disease burden, unmet need, and the availability of treatment alternatives for patients.

Section II: Enhancing Prescription Drug Affordability

For many individuals living with chronic skin diseases, access barriers do not end when an effective therapy becomes available. Coinsurance requirements, specialty tier placement, and other forms of cost sharing can leave patients facing substantial out-of-pocket expenses that delay treatment initiation, reduce adherence, or even force patients to discontinue treatments altogether.

We encourage the Committee to pursue policies that better align patient cost-sharing obligations with the actual net cost of medicines and expand protections against excessive out-of-pocket spending for individuals managing chronic dermatological conditions. Policy changes included in the *Help Ensure Lower Patient* (HELP) *Copays Act* (S.864/H.R.6423) can protect patients from financial barriers to critical care and produce savings for the health care system in the long term.

Patients living with skin diseases often require individualized treatment approaches and may cycle through multiple therapies before achieving symptom management. For many patients, the wait to

---

[2] Rosenberg ME, Rosenberg SP. (2016). Changes in retail prices of prescription dermatologic drugs from 2009 to 2015. *JAMA Dermatology*, 152(2),158–163. https://doi.org/10.1001/jamadermatol.2015.3897

[3] Bowles, Matthew G. et al. "Getting to Specialty Treatment in Dermatologic Inflammatory Conditions: Treatment Requirements and Patient Journey." *Journal of Managed Care & Specialty Pharmacy*, vol. 31, no. 2, 2025, pp. 147-156. https://doi.org/10.18553/jmcp.2025.31.2.147

[4] Axelsen, K & Jeppson, H. (2026). *Keeping watch on Medicare: 2026 maximum fair prices for ten selected drugs.* DLA Piper US. https://www.dlapiper.com/en-us/insights/publications/2026/01/keeping-watch-on-medicare-2026-maximum-fair-prices-for-ten-selected-drugs

[5] *Id.*

obtain a diagnosis after initial symptom onset can range from a couple of months to over a decade. By the time a patient is eligible for Medicare, they have likely undergone step therapy requirements and should be allowed to remain on the drug deemed medically appropriate by their provider. Formulary design and utilization management requirements that prioritize cost considerations of clinical guidelines can delay access to medically necessary treatment, particularly for patients requiring specialty medications.

Many patients with chronic inflammatory skin diseases rely on specialty pharmacies for care coordination, patient education, adherence support, and medication management services. Policymakers should ensure that reimbursement and network policies do not inadvertently interfere with patient access to these critical services.

Section III: Bolstering Biopharmaceutical Innovation in the United States

While therapeutic advances have transformed the treatment landscape for some dermatologic conditions, significant unmet need remains across many chronic, rare, immune-mediated, inflammatory, and genetic skin diseases. Patients continue to experience substantial disease burden, treatment failure, and diminished quality of life, underscoring the need for sustained investment in research and development.

Continued investment in basic, translational, and clinical research is essential to converting scientific discoveries into safe and effective therapies for patients. Federal support for biomedical research has played a critical role in advancing understanding of dermatologic disease and accelerating therapeutic development. Emerging biotechnology companies frequently play an important role in advancing therapies for rare and underserved conditions. Policymakers should carefully evaluate incentives that help sustain investment in exploratory scientific research, particularly in areas where treatment options remain limited.

Expanding participation in clinical research is also critical to advancing dermatologic care. Initiatives like those proposed in the *Clinical Trial Modernization Act* (S.4440/H.R.3521) show promise for increasing representation of underserved populations in clinical trials and supporting innovation into more effective, universal treatments. The Committee should explore opportunities to reduce administrative burdens on trial participation and support innovative trial designs that improve recruitment, retention, and proximity for patients.

On behalf of the undersigned organizations, we thank you for the opportunity to inform policies around patient-centered care. As the Committee considers strategies to lower drug prices, it is equally important to preserve a policy environment that encourages continued development of safe and effective therapies. Patients living with skin disease should not be forced to choose between affordability today and innovation tomorrow.

Sincerely,

Alliance for Patient Access
Caregiver Action Network
Coalition of Skin Diseases
Corticosteroid Stewardship Alliance
Derma Care Access Network

Eosinophilic & Rare Disease Cooperative
Foundation for Sarcoidosis Research
Global Vitiligo Foundation
Hidradenitis Suppurativa Foundation
Infusion Access Association
International Pemphigus & Pemphigoid Foundation
National Alopecia Areata Foundation
The Myositis Association