Position Statement
on
Dermatologic Off-Label Use of Therapies and Treatments
(Approved: Board of Directors – November 5, 2022)

The American Academy of Dermatology/Association (the Academy) affirms its strong support for the autonomous clinical decision-making authority of dermatologists and the dermatologists-directed care team to lawfully use U.S. Food and Drug Administration (FDA) approved drug products and therapies for appropriate off-label use(s) that are in the interest of and for the benefit of patient care. This includes the lawful use of an FDA-approved medical device or drug product for an unlabeled indication when such use is based upon sound scientific evidence and a consensus of medical opinion.

Moreover, the Academy affirms the following principles with regard to dermatologists' clinical judgement and legally permitted clinical decision-making authority that serve patients' quality of care:

Off-Label Use in Patient Care
The "off-label" term describes the use of prescription drugs, biologics, and approved medical devices for purposes that are not specified in the product labeling approved by the FDA. FDA-approved labeling includes any written material which accompanies, supplements, or explains the product. The practice of medicine is governed by state law, so the lack of FDA approval does not necessarily deny nor restrict a physician's ability to consider and prescribe emerging and promising off-label use options when judged by the dermatologists to be medically appropriate for their patients.

As dermatologists care for many rare conditions, some of which have no FDA approved treatments, access to off-label prescribing is critical to care for the diverse patient populations with dermatologic disease. For example, over half of patients being managed by dermatologists for cutaneous lupus erythematosus are treated using off-label medications such as hydroxychloroquine. [i] [ii] Many of these off-label treatments have evidence to support their safety and efficacy, but for various reasons, the companies that own these products have decided not to conduct the studies and invest the other resources necessary to apply for FDA approval of such additional indications.

The Practice of Dermatologic Care
Patients with skin, hair, and nail conditions rely on their dermatologists to review, discuss, and administer various treatment and management modalities—from medical to surgical and diagnostic options and services. When considering treatment modalities and therapeutic regimens, the trust and integrity of the patient-physician relationship ensures optimal care.

It is the position of the Academy that to maintain the integrity of the physician-patient relationship, decisions made by the treating physician for the benefit of the patient should not be influenced by any manner of third-party concern that could negatively affect patient health and safety. Therefore, the Academy opposes any restriction or policy that would compromise a patient's well-being by superseding a board-certified dermatologist's clinical decision-making in their professional judgement when exercising their duty of care. In addition, certain patient populations may benefit from off-label uses where appropriate dermatologic therapies are otherwise not available.

It is not uncommon for some uses of medical products to become standard of care in the practice of medicine before there is approval or clearance of the labeled indications for use for a particular product. Patient-centered care means that the best interest of the patient takes precedence, requiring physicians to use legally available drugs, biologics, and devices according to their best knowledge and sound judgment. The FDA has long recognized a "practice of medicine exception" under which physicians may prescribe or administer any legally marketed product for an off-label use using their judgment and discretion. If

physicians use a product for an indication not in the approved or cleared labeling, they have the responsibility to be well informed about the product, to base its use on firm scientific rationale and on sound medical evidence, to maintain awareness of the product's use and effects, and to discuss alternative treatments.

Best Dermatologic Practices and Professional Standards In Off-Label Use
The evolving and innovative practice of patient care presents promises and challenges for dermatologists when keeping current with new scientific findings, clinical developments and technological breakthroughs that advance patient care options, often outpacing standard medical practices and the outdated regulatory review framework.

To support the highest quality dermatologic decision-making and patient care, the Academy strongly supports the important need for physicians to have access to accurate and unbiased information about off-label uses of drugs and devices, while ensuring that manufacturer-sponsored promotions remain under FDA regulation.

The Academy supports the dissemination of generally available information about off-label uses by manufacturers and others to physicians. This information should be:

- derived from peer-reviewed independent sources with full disclosure by the authors;
- based on adequate and well-controlled investigations;
- truthful and not misleading;
- provided in its entirety, not edited or altered by the manufacturer, inclusive of any known risks not discussed in the publication; and
- clearly distinguished from manufacturer-sponsored materials. Any material supporting off-label use provided by the manufacturer should also be accompanied by the approved product labeling and disclosure regarding the lack of FDA approval for such uses.

Dermatologists should be aware that they are not insulated from the law if they are engaging in promotional activities, including sales, marketing, and presentations to professional colleagues, on behalf of or in conjunction with manufacturers. As noted above, the practice of medicine is regulated by state laws, and dermatologists should adhere to all applicable state and federal laws and regulations. Conflicts of interest with manufacturers may also implicate violations of medical ethical and legal risks. Federal authorities, through their regulatory oversight and enforcement action, continue to scrutinize the off-label promotion of medical products and devices.

Third-party Reimbursement
The Academy affirms that when the off-label use of a device or prescription of a drug represents safe and effective therapy, public and private payors should consider the intervention as clinically appropriate (reasonable and necessary) medical care, irrespective of labeling, and should fulfill their obligation to their beneficiaries by covering appropriate off-label uses of drugs on their formulary.

When public and private payors restrict, deny or otherwise challenge off-label treatments in the management of patient clinical care, such third-party policies, practices and administrative procedures introduce barriers and infringements on physicians' autonomy and clinical decision-making authority. Administrative delays and hurdles, including additional documentation requirements and financial penalties for patients, often result in sub-optimal care. For example, in a study examining inclusion of evidence-based treatments in clinical compendia used for coverage determinations by Medicare, among rare dermatologic conditions that commonly require systemic treatment, 10 of 22 (45%) had 1 or fewer treatments included in the DRUGDEX compendium and 15 of 22 (68%) had 1 or fewer treatments included in the American Hospital Formulary Service Drug Information compendium, with several including no treatments at all.[iii]
In instances where off-label use of a drug, biologics or medical device is shown to be a safe and effective option, the Academy maintains that public and private payors should not restrict the coverage and deny reimbursement for such therapeutic options, which are deemed appropriate, reasonable and necessary

patient care. Therefore, coverage policy, drug formulary and reimbursement from public and private payors should be authorized without exception and in fulfillment of payors' responsibility to their beneficiaries for the benefit of patient care.

Finally, the Academy fully endorses the American Medical Association's (AMA) policies on off-label use of devices and drugs:

1. Patient Access to Treatments Prescribed by Their Physicians H-120.988
2. Long-Term Care Prescribing of Atypical Antipsychotic Medications H-25.989

The Academy maintains that for dermatologists to deliver the highest quality of clinical decision-making when administering and managing patient care, the points and principles articulated in this position statement serve to advance that objective.

> *This Position Statement reflects the policy positions of the American Academy of Dermatology Association. It is provided for informational and educational purposes only. It is not intended to dictate policies and practices by health care product manufacturers, third party payors, pharmacy benefit managers, or physicians. Nor is it intended to establish a legal or medical standard of care or to reflect the position or practices of individual members of the Association who must make independent decisions about which drugs and other therapies they prescribe for their patients and the third-party payors with which they enter into contractual relationships.*

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[i] Chu B, Fleischer A Jr, Barbieri JS. The frequency of off-label prescribing in the treatment of dermatologic diseases during 2006-2015. *J Am Acad Dermatol*. 2020 Feb;82(2):493-495. doi: 10.1016/j.jaad.2019.07.038. Epub 2019 Jul 19. PMID: 31326467; PMCID: PMC6957718.

[ii] Barbieri JS, St Claire K, Mostaghimi A, Albrecht J. Evaluation of Clinical Compendia Used for Medicare Part D Coverage Determinations for Off-label Prescribing in Dermatology. *JAMA Dermatol.* 2019 Mar 1;155(3):315-320. doi: 10.1001/jamadermatol.2018.5052. PMID: 30673082; PMCID: PMC6439906.

[iii] *Id.*