



Corporate Benefactor Opportunities

2019 Annual Initiatives & Member Benefits

acneandrosacea.org

**Thank You for Supporting Acne and Rosacea Education,
Research and Our Future Leaders in Dermatology**

ABOUT THE AMERICAN ACNE AND ROSACEA SOCIETY (AARS)

The AARS, a 501(c)(3) non-profit Public Benefit Corporation founded in 2005 by practicing dermatologists and experts in the field, is the leading non-profit organization dedicated to professional education, patient care, and research related to acne and rosacea. The purpose of the AARS is to facilitate the exchange of knowledge and to stimulate education and research in both of these common skin conditions encountered in dermatology practice.

The AARS Board of Directors is seen below. Each officer is appointed to an action committee within the AARS including the Education Committee, PR/Website Committee, Executive Committee, Finance/Fundraising Committee, Grant Committee, and Membership Committee.

AARS Officers

Julie Harper, MD, President

Mark Jackson, MD, President-Elect

Joshua Zeichner, MD, Treasurer

Bethanee Schlosser, MD, PhD, Secretary

AARS Directors

James Del Rosso, DO

Emmy Graber, MD

Jonathan Weiss, MD

Executive Director

Stacey Moore, Physician Resources

For further information about the AARS or our 2019 initiatives, you may also contact Stacey Moore by email at info@aarsmember.org.

AARS Headquarters

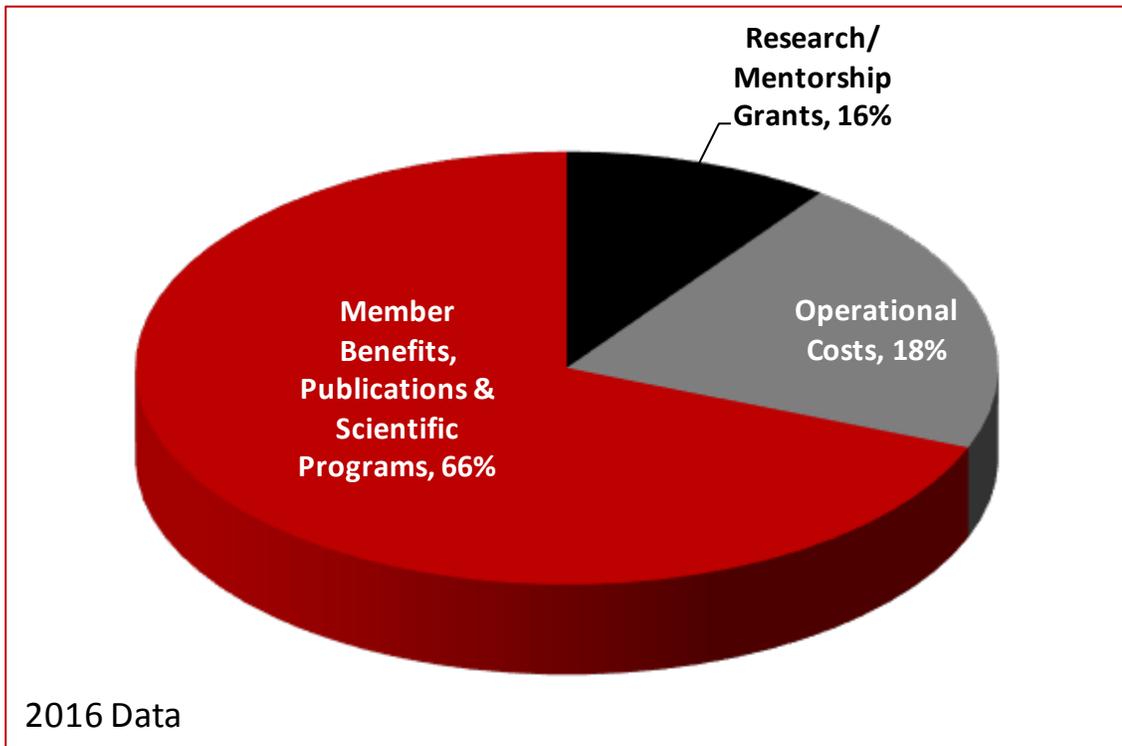
c/o Physician Resources, LLC

201 Claremont Avenue, Montclair, NJ 07042, USA

(973) 783-4575

www.acneandrosacea.org

We rely on our corporate partners in dermatology who are dedicated to advancing the science, education, and management of acne, rosacea, and hidradenitis suppurativa (HS), also known as acne inversa. The AARS allocates the annual corporate contributions and membership dues in the following categories to support the mission of the Society:



The AARS strongly urges the highest level of annual support and partnership with our initiatives and those of our Corporate Benefactors. We gratefully acknowledge our Annual Corporate Benefactors:



AARS ANNUAL CORPORATE BENEFACTOR LEVELS

Corporate benefactor support and annual membership dues help support the activities and programs, as well as the operational requirements of the organization. The AARS Corporate Benefactors are acknowledged based on the overall total annual contribution.

Diamond Benefactor* **≥\$75,000.00**
Admits 5 attendees to annual reception at no additional fee
Hotlink to corporate website from AARS website
Acknowledgement in exhibit booth, e-newsletter and member communication
Feature interview(s) with principals at company discussing commitment to acne and/or rosacea

Platinum Benefactor* **\$50,000.00**
Admits 4 attendees to annual reception at no additional fee
Hotlink to corporate website from AARS website
Acknowledgement in AARS exhibit booth, e-newsletter and member communication
Feature interview(s) with principals at company discussing commitment to acne, rosacea, or HS

Gold Benefactor* **\$35,000.00**
Admits 3 attendees to annual reception at no additional fee
Hotlink to corporate website from AARS website
Acknowledgement in AARS exhibit booth, e-newsletter and member communication
Feature interview with principals at company discussing commitment to acne, rosacea, or HS

Silver Benefactor **\$20,000.00**
Admits 2 attendees to annual reception at no additional fee
Hotlink to corporate website from AARS website
Acknowledgement in AARS exhibit booth and e-newsletter

Bronze Benefactor **\$10,000.00**
Admits 1 attendee to annual reception at no additional fee
Hotlink to corporate website from AARS website
Acknowledgement in AARS exhibit booth and e-newsletter

Contributing Benefactor **≤\$5,000.00**
Hotlink to corporate website from AARS website
Acknowledgement in AARS exhibit booth and e-newsletter

All written commitments are due by December 31, 2018 with funds to be paid by March 1, 2019 for acknowledgement at AARS annual events.

**Corporate Benefactors at the Gold level and higher are offered additional opportunities to contribute to and potentially participate in featured multi-sponsored educational and promotional initiatives.*

AARS MEMBER BENEFITS

- **Annual AARS Networking Reception**

Save the Date for our **14th Annual AARS Networking Reception on Friday, March 1, 2019 from 6:00 PM – 8:00 PM** in Washington, DC! Join us to celebrate the accomplishments of the AARS! We kick off with a fun reception and our President's Message. All AARS Members and Corporate Benefactors are encouraged to attend!

- **AARS Lapel Pin for Members and Corporate Benefactors**

It is with great pride that the AARS honors its Members and Corporate Benefactors and provides them with a lapel pin to wear to promote the fastest growing Society in dermatology. Lapel pins are mailed and distributed at annual congresses throughout the year.

- **AARS Membership Web and Office Promotion**

AARS Members can promote their professional membership with pride by utilizing the AARS logo on their website and posting the AARS Member Certificate on their wall each year.

- **AmazonSmile Foundation Partnership**

This initiative marries the idea of individual contributions by the public to a trusted non-profit such as the AARS with the convenience of on-line shopping on Amazon.com[®]. These monetary donations are charitable contributions which do not require AARS Membership.

- **Acne and Rosacea Web-Based Bibliography**

Through the AARS website, Members may access the largest searchable database found on the web of articles related to acne and rosacea. In addition, reciprocal links to featured medical journals with related free access to articles and discounted subscriptions are included in the bibliography section. Send us your published work to add to this robust database!

- **Prior Authorization Letter Templates and Related References**

Acne and rosacea are more than just cosmetic concerns! AARS Members may download the template for a customized prior authorization letter and the relevant references. This is convenient, easy to use, and is a great benefit to AARS Members!

- **Case Questions / Advice from AARS Leadership**

Have a significant case that makes you ask 'have you seen this, too?' and you'd love another opinion? Email info@aarsmember.org to find out what our AARS leadership would do! With your permission, we might feature this case or information in our newsletter or other materials.

AARS MEMBER BENEFITS, continued

- **Member Surveys and Data Collection**

Utilize our AARS database to promote your next cause, collect information or raise awareness of your information! If you are an AARS member, it doesn't cost a thing! Here's a sample!

Dear Colleagues:

I am a Board-Certified Dermatologist in Southern Indiana on faculty at University of Louisville and am very interested in acne and contributing to the field to further help more patients. I am working with Drs. Julie Harper and Hilary Baldwin and the American Acne and Rosacea Society to gather cases of patients with known Inflammatory Bowel Disease (IBD), Crohn's Disease or Ulcerative Colitis (UC), treated with oral isotretinoin.

There is no funding, including no industry funding, for this project. The controversy that exists with IBD and isotretinoin makes it difficult when we are faced with these patients. Since this is a common problem we face, we are working to put together data and hopefully develop a consensus opinion as there is little published data.

I am hoping to pull together several cases from dermatology providers and would really appreciate your help. This would provide greater insight into the use of isotretinoin in patients with known IBD and hopefully allow us, with the help of the AARS, to develop a consensus opinion. I have attached the questionnaire.

Please let me know if you have any cases of patients with known IBD that you treated with oral isotretinoin. I am hoping to gather as many cases as possible, but I need your help. If you have cases, please fill out the attached questionnaire for each patient and send back to me. If you have any questions, concerns or I can assist you in any way, please let me know.

Thank you for your time and assistance in helping us settle this controversy!

Megan N. Landis, M.D.

Clinical Associate Professor of Dermatology
University of Louisville School of Medicine
The Dermatology and Skin Cancer Center of Southern Indiana
Dermatology Specialists Research
meganlandis08@yahoo.com

AARS MEMBER BENEFITS, continued

- **AARS Managed Care Task Force: Speaker or Material Request**

Upon request, an AARS Managed Care Task Force is available comprised of AARS leadership who will accompany Corporate Benefactors to meetings with internal stakeholders, payers, FDA, and others to discuss the importance of diagnosis and treatment of acne, rosacea, and hidradenitis suppurativa (HS).

The AARS representative does not accept any fees for their expertise or materials, but expenses are provided/reimbursed by the requesting organization.

We can also provide letters to insurance organizations discussing the importance of acne and rosacea treatment, if this is a way we can help you! Don't hesitate to let us know how we can help!



SCIENTIFIC / EDUCATIONAL PROGRAMS & PUBLICATIONS

- **Annual Scientific Symposium**

Save the Date for our 8th Annual AARS Symposium on May 16, 2019 in Chicago, Illinois! This important symposium during the SID Annual Meeting features AARS Members, researchers from our Corporate Benefactors and Grantees who are invited to present and discuss their research. This free symposium, open to all SID attendees and AARS members, will continue to reinforce our position as the leading supporter of scientific exchange among acne and rosacea researchers and clinicians.

- **Exhibit Booth Presence**

We will continue to have a promotional presence at multiple exhibit opportunities to promote the Society and increase membership. Corporate Benefactors have the opportunity to promote the AARS during the year with postcard announcements and other materials.

- **Clinical / Research Audiopearls and AARS YouTube Content**

Corresponding to its mission to provide a forum for the exchange of information about acne and rosacea, the AARS will continue to feature Clinical and Research Audiopearls on the AARS website and through YouTube. For this initiative, interviews are conducted between AARS Members to discuss a timely topic in acne and rosacea science or treatment. They are featured on the AARS Facebook page and convey key learnings on demand to the AARS followers.

- **'Hot Topics' E-blasts (Read Consistently by More than 6K Dermatologists!)**

This bimonthly initiative, promoted via an email blast to Members and larger audiences, features pressing issues and concerns facing the dermatology medical community regarding acne and rosacea education, access, research and industry news. Corporate Benefactors are encouraged to submit specific topics for discussion or for AARS Members to highlight.

- **Acne and Rosacea Quality of Life Position Papers**

The AARS Board of Directors is reviewing 2 separate manuscripts to be submitted to *Journal of American Academy of Dermatology* focusing on a systematic literature review of the acne and rosacea quality of life of the patient. Stay tuned!

PROGRAMS & PUBLICATIONS, continued

- **Acne and Rosacea Laboratory Monitoring Guidelines Papers**

The AARS is focused on creating laboratory monitoring guidelines and related cost discussion materials for dermatology healthcare professionals in special circumstances, including but not limited to oral isotretinoin, spironolactone, polycystic ovary syndrome (PCOS), metabolic syndrome, oral contraceptive and tetracycline use. Check our Hot Topics for more information!

- **AARS Niche Peer-Reviewed Publications in Acne and Rosacea**

Topics submitted by AARS Members are reviewed by the Education Committee and the Executive Committee for publication. The articles are added to the educational material published by the AARS and promoted through e-blasts, on the web and at AARS events. An example of a recent article is the ‘Safe Use of Therapeutic-Dose Oral Isotretinoin in Patients with a History of Pseudotumor Cerebri’ published in *JAMA Dermatology*.

The screenshot shows the AARS website interface. At the top, there is a navigation bar with links for ABOUT, MEMBERSHIP, SPONSORSHIP OPPORTUNITIES, APPLY NOW, MEMBER LOGIN, and Q SEARCH. Below this is the AARS logo and a secondary navigation bar with links for INITIATIVES, GUIDELINES, RESEARCH, UPDATES, and a SUPPORT button. The main content area features the article title 'Safe Use of Therapeutic-Dose Oral Isotretinoin in Patients With a History of Pseudotumor Cerebri' in a large, pink font. Below the title is a summary paragraph: 'This report of cases describes the safe and successful use of therapeutic-dose oral isotretinoin in 3 patients with a history of pseudotumor cerebri. Drugs common in the treatment of acne vulgaris, such as minocycline and isotretinoin, have been reported in association with pseudotumor cerebri (PTC), which can lead to severe, irreversible symptoms, including vision loss. There is a paucity of data on isotretinoin use in patients with prior PTC.' The authors listed are Suzanne J. Tintle, MD, MPH; Julie C. Harper, MD; Guy F. Webster, MD, PhD; Grace K. Kim, DO; and Diane M. Thiboutot, MD. A link 'Click here to read the full publication.' is provided. On the right side of the article, there is a 'REPORT OF CASES' section with a sub-heading 'Safe Use of Therapeutic-Dose Oral Isotretinoin in Patients With a History of Pseudotumor Cerebri' and a brief description of the cases. At the bottom of the page, there is a footer with the AARS logo, the text 'American Acne and Rosacea Society, 201 Claremont Avenue', and social media links for Facebook and Twitter.

These articles and their content will also be featured within a new AARS channel on **DermTube** and in **New Beauty** in 2019.

ANNUAL GRANT PROGRAMS

• Clinical Research Grant and Research Scholar Awards

The AARS is proud to award research grants to help advance clinical science while nurturing young investigators in acne, HS, and rosacea. Research projects that are clinical/translational in nature receive preferential consideration by the AARS Grant Committee. The AARS does not fund projects that are part of the NIH intramural research program or award grants to private foundations that have no academic affiliation to dermatology. Dermatology residents and fellows, and recent graduates (within 5 years) of U.S. dermatology residency programs are eligible to apply for the research awards. The sponsor (project mentor) of the applicant must be a Member of the AARS, but may not apply for or be the named payee of the grant award.

Four Clinical Research Grant awards of \$10,000 each and one Research Scholar Grant award of \$75,000. All funds awarded are to be tracked and applied within 18 months of receipt. All grant awards are announced at the AARS annual reception and the awardee must submit a final report and present their findings to the AARS Membership. Their study results are featured on the AARS website, during our booth activities and member eblasts, in publications, and on social media.

LETTERS TO THE EDITOR

Effect of Tetracyclines on the Development of Vascular Disease in Veterans with Acne or Rosacea: A Retrospective Cohort Study

Journal of Investigative Dermatology (2014) 134, 2267–2269; doi:10.1039/jid.2014.134; published online 24 April 2014

TO THE EDITOR
Tetracyclines are commonly used for the treatment of acne and rosacea. In addition to their antibacterial properties, tetracyclines are increasingly being studied for other properties, such as their anti-inflammatory properties (Jackson *et al.*, 1999; Meier, 2000; Sho *et al.*, 2004; Griffin *et al.*, 2005; Tessone *et al.*, 2006; Hackmann *et al.*, 2008; Romero-Perez *et al.*, 2008; Griffin *et al.*, 2010). One can hypothesize that these qualities may have secondary benefits and a protective effect on other organ systems. We sought to test the hypothesis that tetracyclines used in acne and rosacea patients may have secondary benefits on the cardiovascular system, specifically, a decreased odds ratio of developing vascular diseases.

After approval by the Institutional Review Board at the Miami Veterans Affairs Health System, we used the electronic medical records from the veterans integrated service network,8 (which includes the Veterans Affairs medical centers of Bay Pines, Miami, West Palm Beach, Tampa, North Florida/South Georgia, and San Juan) to perform a retrospective observational cohort study and identify patients with the diagnosis of acne or rosacea using the International Classifications of Diseases, Ninth Revision, Clinical Modification (ICD-9) codes during the period of 1 July 2004 through 30 June 2010, allowing for at least 18 months of follow-up. We excluded any patient who had been diagnosed with vascular

disease before prescription of a tetracycline, or before the diagnosis of acne/rosacea. Demographic, clinic, and pharmacy data were extracted. Vascular disease was defined and identified using the ICD-9 codes for cardiovascular disease, cerebrovascular disease, atherosclerosis, and aortic aneurysm with or without rupture/dissection.

In a multiple logistic regression model, age, sex, and comorbidities (see Table 1) were included as covariates. The Hosmer-Lemeshow test was performed to assess goodness-of-fit. P-values were reported as two-sided. Statistical analyses were performed using SAS software (Version 9.2, SAS Institute, Cary, NC).

In total, 13,847 patients matched our inclusion and exclusion criteria (Figure 1). Patients were further subdivided—to those with prior treatment with a tetracycline, and those without tetracycline treatment (control). Demographics can be found in Table 1. There were similar race profiles between control and treatment groups within both the acne and rosacea sets (data not shown). Similar rates of comorbidities were found between study and control groups (Table 1).

Of those rosacea patients who were treated with a tetracycline, 12.56% patients developed a new diagnosis of vascular disease compared with 17.15% of the control group. Overall, rosacea patients who were prescribed a tetracycline had an odds ratio of 0.69 for the development of vascular disease when compared with those not prescribed a

tetracycline (odds ratio variate model, 95% CI) 0.61–0.79, $P < 0.001$ in the multivariate model, 95% CI 0.60–0.69, $P < 0.001$ (Table 1). Acne patients showed 0.79 (95% CI 0.62–1.02) model; however, the effect was not statistically significant, consistent with the multivariate model. The effect of treatment (<3 months, 3–12 months, >12 months) was not explored; however, the number of cases was too small to make meaningful comparisons (data not shown). The effect was not explored dosage.

A statistically significant association was found in the development of new aortic aneurysms in rosacea patients treated with doxycycline ($P = 0.007$) (Table 1), although the number of cases was quite small. Other vascular diagnoses were not analyzed individually.

We found a potential association between the administration of tetracyclines and a decreased odds ratio for the development of vascular disease in veterans with rosacea. This study further contributes to the body of literature supporting an association between chronic low-grade inflammation and cardiovascular disease (Prodanovich *et al.*, 2005; Wang *et al.*, 2012). One can conjecture that the stabilization or inhibition of matrix metalloproteinases by tetracyclines has a beneficial effect on the vascular wall and/or calcifications in arteries.

We did not detect any benefit of tetracyclines in acne patients, possibly due to the inherent demographics of acne patients. The average age of our acne patients may be too young to

“We thank the American Acne & Rosacea Society. We acknowledge Tongyu Cao for her assistance in grant proposal, and Robert Kirsner for his encouragement and mentorship. This study was funded by a resident grant from the American Acne & Rosacea Society.”

Abbreviations: CI, confidence interval; HR, hazard ratio; IBD, inflammatory bowel disease; ICD-9, International Classification of Diseases, Ninth Revision, Clinical Modification; MMP, matrix metalloproteinase.

Accepted article preview online 21 March 2014; published online 24 April 2014; published online 24 April 2014.

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2019 AARS MULTI-SPONSORED INITIATIVES

Each year, AARS Committees evaluate, select, and submit their target goals for acne and rosacea education, research, promotion and membership to the Board of Directors for review and approval. The AARS is grateful for the support and partnership to help us continue developing and promoting our mission.

Each Corporate Benefactor at the Gold level or higher is offered the opportunity to support and benefit from these initiatives. The execution of each initiative is contingent upon full funding.

Pediatric Acne Treatment Guidelines Publication and Educational Campaign

AARS Pediatric Acne Guidelines Educational Tactics	Target Funding: \$350,000.00
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AARS Acne and Rosacea CME Slide Modules

CME Slide Modules	Target Funding: \$125,000
Regional CME Programs	Target Funding: \$250,000
On-Demand Speaker Programs	Target Endowment: \$300,000

Access Initiative

Regional Advisory Board Programs	Target Funding: \$150,000
Patient Video Testimonials	Target Funding: \$50,000
Clinical and Patient Materials	Target Funding: \$15,000

AARS Global Research Summit

One-Day Acne, Rosacea and HS Research Summit	Target Funding: \$175,000
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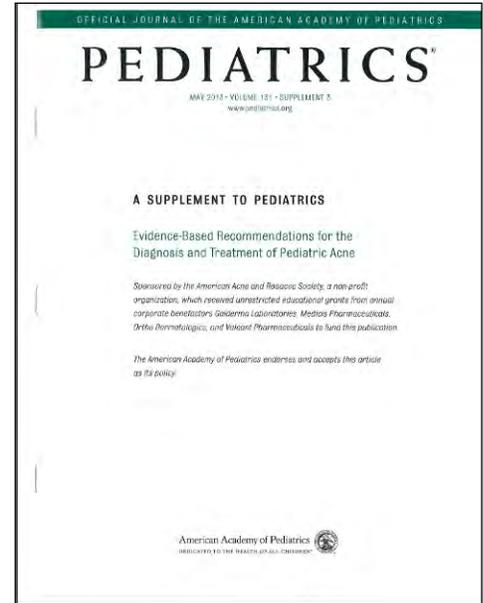
Customizable AARS Membership Legacy Gift

This is customizable to the audience.

Resident Program Legacy Gift	Target Funding: \$69,100
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Pediatric Acne Treatment Guidelines Publication and Educational Campaign

There is increasing recognition that acne begins at earlier ages than what clinicians were taught decades in the past. There is also an increasing amount of data showing that there continue to be 'practice gaps' related to the management of pediatric acne among dermatologists, pediatricians, nurses and physician assistants, and family practitioners, in particular. The AARS developed **Evidence-Based Recommendations for the Diagnosis and Management of Pediatric Acne**, endorsed by the American Academy of Pediatrics (AAP), and published in *Pediatrics* in May 2013. Media outlets worldwide published excerpts and interviews with the co-authors to promote the pediatric acne guidelines at that time and continue to do so. The AARS pediatric guidelines treatment algorithm is one of the most cited figures of any AARS publication.



New York Times and USA Today Coverage

Pediatric Acne Treatment Guidelines, continued

This educational initiative is being developed to update the Pediatric Acne Treatment Guidelines, to help accelerate wider dissemination and focused education on recognizing and managing pediatric acne, including early treatment of acne to help prevent its impact on individuals over their lifetime. The initiative is targeted to include a planned series of lectures and online content to focus on the state of the art management of pediatric and adolescent acne. Multiple supporters are needed from Gold Benefactor Level or higher to achieve the educational objectives.

Step 1. AARS Pediatric Acne Guidelines Meeting and Publication

The goal of the next Pediatric Acne Guidelines meeting, targeted to take place during Q2 2019, is to create the content for publication in a peer-reviewed journal and to form the basis for multiple promotional and educational programs throughout 2019-2020. While the AARS is not asking for funding for the meeting, we are seeking funding for the distribution of the enduring materials to raise awareness regionally and nationally once the publication is accepted.

The main publication would include the AAP endorsement in Pediatrics with subsequent peer-reviewed highlight articles in relevant dermatology journals. Additional plans include posters at congresses focused on the primary care, pediatric, and dermatologic healthcare audience, and a handout for use in physician offices distributed by AARS Corporate Benefactors.

Step 2. AARS Pediatric Acne Guidelines Educational Publication Plan: Live Symposium at AAP, Online Video Content, Interviews, and Webinar Series

Target Funding: \$350,000.00

This initiative is designed to highlight the Guidelines on multiple websites, including AARS and similarly dedicated organizations, and social media channels with relevant video highlights from the AARS expert panel. Additionally, press releases, hosting a symposium at the AAP Annual Conference, as well as a web-based CME series to increase the adoption of the guidelines and has proven to have done so. The series of patient information mentioned above may be provided to our Corporate Benefactors who participate in the initiative for their distribution.

AARS CME Slide Modules and Educational Speakers Programs

AARS CME Slide Modules

Target Funding: \$125,000

This important national and regional-level initiative is designed to focus on creating a series of slide modules that can be accessed by AARS members on demand and will provide free AMA PRA Category 1 CME credit. Topics are designed to be modular and will include the Pediatric Acne Guidelines, Rosacea Treatment Guidelines, quality of life and burden of illness data, the Scientific Panel on Antibiotic Use in Dermatology publication outcomes, among others.

AARS Regional CME Programs

Target Funding (4 cities): \$250,000

Target Funding (6 cities): \$425,000

The AARS has identified the need to provide regional programs to the dermatology healthcare community in major cities to continue to increase and maintain membership and to disseminate consistent messages by the AARS leadership regarding acne and rosacea diagnosis, treatment, burden of illness, acne scarring, and other topics.

Every effort will be made to keep travel and onsite costs to a minimum for the speaker and the target cities will be selected based on the convenience and value for the attendees. Social media and website coverage of relevant specific events will also be arranged. Corporate benefactors may be permitted to distribute invitations and local representatives may attend the events.

AARS On-Demand Speaker Programs on Specific Topics Target Endowment: \$300,000

This initiative is the dream of AARS Founding President Dr. Guy Webster! Creating an endowment for additional funded program logistics allow for teaching hospitals, universities, national and regional level organizations, and Corporate Benefactors to consistently utilize the AARS website to request and confirm an AARS-trained speaker at educational events they may be hosting. Specific topics may also be requested in a didactic or case-based format. Audiences may vary based on the request, but include dermatologists, pediatricians, family practitioners, physician assistants, nurses, nurse practitioners, and residents.

ACCESS Strategic Initiatives

This initiative aims at increasing education to insurers, healthcare professionals and ultimately, increasing branded prescription coverage for acne and rosacea patients. Under the leadership of AARS President, Dr. Julie Harper and AARS President-Elect, Dr. Mark Jackson, this may be the biggest undertaking of the Society to date benefiting the clinician directly by providing the best possible communication and positive outcomes for acne and rosacea patients.

Our first step in the program was to launch the **Save Acne and Rosacea Declaration** with AARS members and Corporate Benefactors at our annual meeting, our exhibit/congress presence with dermatology healthcare professionals, and in other events.

We have more than 3,000 signatures, but we need to do more!



Access Initiative

An Express Scripts 2014 Drug Trend Report stated that 'shadow pricing, low margins, high medical liability, a cumbersome FDA approval process, a generic backlog at the FDA, and industry mergers are all factors that have led to shortages and steep price increases.' **Ensuring access in the US to acne and rosacea treatment has reached a catastrophic point that will require collaboration among dermatologists, all AARS Members, acne and rosacea patients, AARS Corporate Benefactors, and other partners in the healthcare system.**

What Is the Access Initiative?

The Access initiative aims at increasing education to insurers, healthcare professionals and ultimately, increasing prescription coverage for acne and rosacea patients. Under the leadership of AARS President, Dr. Julie Harper, this may be the biggest undertaking of the Society to date to benefit the clinician and to provide the best possible communication and positive outcomes for acne and rosacea patients.





"IMAGINE that there was a newly recognized dermatologic disease that affected **55 MILLION AMERICANS**, particularly targeting our **CHILDREN** and **ADOLESCENTS**."

This disease unapologetically affected the most visible locations on the face at a crucial and tender time in psychosocial development. Lesions were red, painful and sometimes full of pus. In no small number, some of these lesions would leave permanent scars that would serve as a lifelong reminder to both the sufferer and the casual observer that they had been affected by this dreadful disease. Fortunately, there were no casualties from this disease, with the sad but very real exception of those that suffered so from disease-associated depression that they committed suicide.

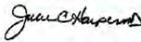
And imagine that our scientifically advanced and wealthy society observed this newly diagnosed skin disease and responded by saying "it is a rite of passage." Perhaps they would say "it doesn't really kill anyone," or "it only affects people for about 10% of their lifetime." I find it impossible to believe that they would deem it as "a cosmetic problem" which would then dictate that those with financial means could treat it and the rest could work on improving their character by learning to deal with this facial eruption during a truly challenging time in human development.

Clearly, I am not talking about a new disease. **I AM TALKING ABOUT ACNE.** I am concerned that acne is being marginalized in our health care system and I am not sure why. Have we become desensitized to it? Is it just too common? And yet, consistently, when I poll an audience of dermatology providers and I ask them how many acne lesions (aka zits) on their face does it take to negatively impact their day, the overwhelming answer is "1!"

As an advocate for my acne patients, I am jealous of what is happening in the psoriasis market. We are bombarded with new and very expensive medications for psoriasis. These medications are also very effective, offering patients with psoriasis "clear or almost clear" skin in 80% of users or more. I am grateful for these medications and I invest the effort it requires to get these drugs approved for my psoriasis patients. Psoriasis warrants this great effort and expenditure because it greatly impacts quality of life, is associated with depression and anxiety, can lead to destructive arthritis and has been associated with major adverse cardiovascular events.

ACNE ALSO DESERVES OUR GREAT EFFORT. We, as dermatology providers, must strive to get our acne patients "clear or almost clear," not just better. We must recognize the significant lifelong impact that acne has on its sufferers, both psychosocially and physically. We must take the time to ensure that acne patients get the medications that they need. We must raise our unified voices to "save acne" and to insist that acne remain a covered entity in our health care system.

DO YOU STAND WITH THE AARS TO AFFECT THE CHANGE TO SAVE ACNE?



Please sign your name: _____

Print name: _____ Email: _____

THANK YOU!

ACCESS Strategic Initiatives, continued

The strategic plan as outlined includes the following collaboration with AARS Membership and Corporate Benefactors:

AARS Regional Advisory Board Programs

Target Funding: \$150,000

- Small practice-based programs coordinated by the AARS taking place at existing congresses discussing the facts concerning the need to continue to write branded Rx treatments for acne and rosacea, among other related topics

Patient Video Testimonials

Target Funding: \$50,000

- Video series of patients, caregivers, and their physician discussing the impact of their acne and rosacea, quality of life, and the need to stay adherent to treatment prescribed
- Also seeking donation of public relations firm resources

AARS Clinical and Patient Materials

Target Funding: \$15,000

- Clinician-focused view the prescription journey takes (what pharma, payers, pharmacies, and other groups do behind the scenes)
- Patient-focused view the prescription journey takes (how and why your HCP cares and the pharma company does, too)
- Clinician-focused view of acne/rosacea research dollars (highlighting the legacy of AARS grant recipients and discussing the need for more dollars in these areas)
- Social media series on myths and misperceptions of acne and rosacea disease, treatment, and skincare

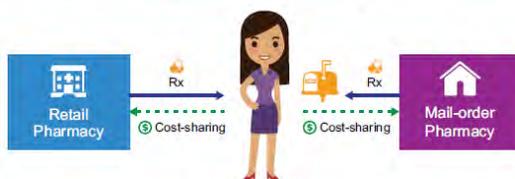
Patient Experience: Understanding Out-of-Pocket Costs

How much a patient pays for a prescription is determined by their insurance coverage. When a patient drops off their prescription, the pharmacy contacts a patient's health plan to obtain certain information on the patient's pharmacy benefits, such as whether the medicine is covered by their plan and what their share of the cost will be. The cost-sharing amount paid to the pharmacy can be any one of the following:

Full, undiscounted price of the medicine, if they haven't met their deductible (i.e. a set amount the patient must pay out of pocket each year before their insurance begins paying for their care)*

Copayment: A fixed dollar amount for each prescription

Coinurance: A percentage of the medicine's full, undiscounted price (eg. 20%); in some cases, coinurance may be capped at a certain amount (eg. \$200)



Health plans usually outsource the management of outpatient pharmacy benefits to **PBMs**, which use a variety of tools to manage drug spending for their health plan clients.

The flow of rebates and discounts is different for prescription medicines than for medical services. Physician and hospital visits, lab tests, and other services are typically billed to patients at prices negotiated between the health plan and provider, as spelled out in the patient's explanation of benefits. The patient thus sees the benefit of that negotiation as soon as they receive their bill.

• PBMs contract with manufacturers to negotiate discounts and rebates that can benefit their clients. They also negotiate network and administrative fees with pharmacies.

• PBMs offer a range of administrative (eg. enrollment marketing), clinical (eg. pharmacy and therapeutics committee, appeals support), and other business services to their customers.

• The 3 largest PBMs are estimated to manage prescription drug benefits for about 70% of the market.⁹

* Patients without insurance also face the full undiscounted price of the medicine.

Price Increases Explained

There are many factors that contribute to price increases. We continue to conduct research on our medicines after we receive FDA approval, including: studies to understand how the medicine works in a real-world setting; to monitor for safety; and to develop new indications, dosages, or improved product formulations — an investment that enhances the medicine's value for patients and society. Additional regulatory requirements, upgrading or building new manufacturing facilities, an increase in the cost of goods, or other market dynamics can also play a role. And we must ensure we continue to generate a return in order to attract the capital to maintain our R&D activities.

It's important to remember that biopharmaceutical innovation paves the way for new medicines that can improve patients' lives.



AARS Global Research Summit 2019

The AARS Global Research Summit will translate the science and provide exposure to innovation, technology and companies in and outside the US focused on acne, rosacea, and hidradenitis suppurativa (HS), known as acne inversa. This is envisioned as a one-day meeting with participation in more than 200 attendees from research universities, major and emerging companies in dermatology drugs, devices, and diagnostics, dermatology-focused service provider organizations, and major investor firms, to hear the newest research and accomplishments related to acne, rosacea, and HS treatments.

The targeted outcomes for this Summit would be:

- Unearthing and catalyzing best-in-class, scientifically based solutions that are actionable for creating breakthrough products to treat acne, rosacea, and HS
- Galvanizing, aligning, and building a broad and deep ecosystem of stakeholders committed to discovering, developing, and expanding the research network

This pre-established ecosystem includes:

- Academicians
- Inventors/entrepreneurs
- Product development service and contract organizations
- Angel investors
- Venture capital firms
- Corporate strategic partners

Timing and locations are under discussion. The full budget request can be provided upon request. Multiple supporters are needed for this Summit. Corporate benefactors may be present and are encouraged to participate. There are no exhibits at this meeting.

Target Funding: \$175,000

Customizable AARS Membership Legacy Gift

Membership to AARS makes a great professional gift from organizations committed to dermatology, pediatrics, and family practice and makes a lasting impression! Eligible recipients would be notified through email blasts of the opportunity and receive free admission to the AARS annual meeting and other Member benefits for one calendar year.

The Corporate Benefactor support and further details can be provided upon request and discussion among AARS leadership. Membership tiers are featured below with their annual dues for consideration. Acknowledgement is provided of sole supporter or multiple supporters within all AARS publications, on the website and within all social media channels and AARS event materials.

Levels of AARS Membership open for healthcare professionals in dermatology or related fields include:

- **Fellow (\$150 annual dues):** Any physician in the United States certified by the American Board of Dermatology or the American Osteopathic College of Dermatology or who has training approximately equivalent to the requirements for certification by the American Board of Dermatology (includes voting privileges)
- **Affiliate (\$100 annual dues):** Any nurse, nurse practitioner or physician assistant with a degree in a scientific discipline or allied health profession with involvement in dermatology that is employed by either a medical school, government or by a physician Fellow or Associate of AARS.

The Society of Dermatology Physician Assistants (SDPA) reports that from 2016-2017, there are 2,700 dermatology PAs – that is equal to a \$270,000 gift of AARS Membership compliments of your organization and promoted accordingly. According to the Dermatology Nurses Association (DNA), there are 3,000 nurses in the field equal to a \$300,000 gift of AARS Membership compliments of your organization and promoted accordingly.

- **Resident (\$50 annual dues):** Any dermatology resident in good standing in training at any approved training center in the United States (non-voting membership)

According to the Accreditation Council for Graduate Medical Education (ACGME), there are 121 residency programs with 1,382 residents from 2016-2017. This would be equal to a \$69,100 gift of AARS Membership compliments of your organization and promoted accordingly.

Target Funding: Dependent on Number of Awards and Membership Category Selected Above