



September 20, 2023
Colorado Prescription Drug Affordability Board
Colorado Division of Insurance
1560 Broadway, Suite 850
Denver, CO 80202

Re: Drug Board Must Prioritize Patient Access When Shaping Policies to Lower Drug Prices

Dear Madam Chair and Honorable Members of the Colorado Prescription Drug Affordability Board:

We, the undersigned individuals and organizations, collectively represent people in Colorado and around the country who are living with and vulnerable to acquiring HIV and the communities that serve them. We write to you today to urge the Colorado Prescription Drug Affordability Board (PDAB) to avoid taking any action that could impede access to HIV treatment.

In August, the PDAB selected GENVOYA® among the five drugs that were chosen for a formal affordability review, a decision that threatens treatment access for the 940 Coloradans taking GENVOYA® and has implications for the more than 13,000 Coloradans living with HIV today. People living with HIV depend on consistent access to HIV medications like GENVOYA® to manage their health and well-being. But the PDAB is considering policies that could upend the ability of patients with HIV and other complex conditions to access and adhere to their treatments, without meaningfully engaging people living with HIV and other stakeholders. To be clear, 21 days to collect feedback and a survey tailored to only assess “affordability” from the payor perspective is *not* meaningful engagement. To date, no direct outreach has been made to any of our organizations from DOI - we write of our own volition and out of deep concern for the following, unaddressed issues:

Public Health Goals are Threatened: To successfully combat the HIV epidemic and defeat other chronic conditions, patients must have uninterrupted access to the most effective medicines recommended by their doctors.

- People living with HIV represent some of the most marginalized groups in the US and face many barriers that can limit their ability to access and adhere to treatment.
- The complexity of treatment for HIV, side effects of medications, and the nature of the disease mean that patient and provider choice are essential to driving positive health outcomes.
- There is longstanding recognition that patients need access to the HIV medication that was prescribed for them, and that one HIV product cannot simply stand in for another. To fully benefit from advances in HIV treatment, patients, in consultation with their healthcare provider, should be able to start, stay, or switch to the HIV treatment regimen deemed most appropriate for them.

- Any decision that limits access to these medicines, disrupts treatment for patients who are stable on critical therapies, or creates incentives to steer patients away from the therapy deemed most appropriate for them in consultation with their provider could have negative impacts on medication viral persistence, and patient quality of life, and health outcomes.

Undermining Recently Added Patient Protections: Colorado currently has strong access protections for HIV, and GENVOYA® is already affordable for most Coloradans living with HIV

- Just this year, Colorado lawmakers recognized the importance of protecting access to HIV therapies and advanced first-of-its-kind legislation to protect access to medication for HIV prevention and treatment.
- 99% of insured patients in Colorado had coverage for GENVOYA® in 2021, and, according to IQVIA data, approximately 85% of claims show that patients have less than a \$5 copayment across all payer segments.
- Selection of Genvoya or any anti-retroviral medication for cost control measures necessarily creates incentives for one medication over another, without regard for patient experience, the patient-provider relationship, or the unique and individual needs of a patient.

Upper Payment Limits Threaten Public Health Funding Mechanisms: Rather than improve patient affordability or remove treatment access barriers, a UPL would negatively impact patient access to critical HIV therapies and support services.

- When UPLs are set, reimbursement rates are lowered for hospitals or clinics giving them less incentive to purchase specific drugs even though it may be the most effective medication to help a patient manage a chronic condition. When reimbursement rates are lowered through a UPL, it can also lead to barriers to biopharmaceutical companies supplying new innovative medicines to health facilities, making it difficult for doctors to prescribe treatments they think are best suited for their patients. While well intentioned, patients often bear the brunt of the challenges with such policies.
- The impacts of the UPL process are only compounded when we consider the potential impact on the 340B Drug Pricing Program, a federal safety-net program that helps health facilities stretch scarce federal resources to better serve low-income and uninsured patients. Under the program, qualified clinics and other covered entities buy treatments at a discount and are statutorily required to reinvest the difference between the reimbursement rate and the discount price into providing medications and comprehensive wrap-around services to the vulnerable communities they serve. This ultimately allows patients to access essential care they might not otherwise be able to afford.
- Under a UPL, health facilities such as hospitals or clinics will receive lower reimbursements for prescribed treatments and therefore generate fewer dollars to support patients and the care we need to live and thrive. If the PDAB sets restrictive UPLs for drugs for chronic conditions like HIV, health facilities and the health professionals tasked with providing care will be faced with the decision to potentially stop

prescribing these medicines and face having to cut support services that patients have come to rely on.

Instituting UPLs and other short-sighted “fixes” threatens to have severe consequences on Colorado’s progress addressing HIV epidemic and only views “affordability” from the perspective of payors, rather than patients. Setting a UPL only shifts costs burdens from payors to patients and the providers serving them. From issues of pharmacy deserts, patient steering, incentivizing practices that amount to prior authorizations and step-therapy by any other mechanism, patient cost of care is comprised of far more influential factors than a manufacturer’s list price or manufacturer patient assistance programs. The board must pause and meaningfully integrate these metrics of patient cost of care and experience in assessing “affordability” and access. Colorado is the first state to review drug affordability and we have grave concerns about the unintended consequences for people living with HIV.

On behalf of the people living with HIV in Colorado, our healthcare providers, and our community-based partners, we strongly urge the Board to put the needs of patients first when considering policies that work under the auspices of addressing patient cost of care.

Sincerely,

Barb Cardell

CORA Legislative Chair and the undersigned

Individual

- Dr. Thomas J. Bogdan
- Bob Bongiovanni
- Judith Cardell
- Philip Doyle
- Cidney Fisk
- Calvin Lavan Gipson
- Kari Hartel
- Toi Hughes
- Jamey Johnston
- Jen Laws
- Brandon M. Macsata
- Mary Jane Maestas
- Karen Middleton
- Deja Moore
- Dr S.N. Nyecks
- Frank O’Cana
- Laurie
- Shannon
- Matt Pagnotti
- Jessica Rosero
- Sarah Rowan, MD

- Michael Ruppal
- Nancy Steinfurth

Organizations

- 5280 Fast Track Cities Initiative
- The AIDS Institute
- AIDS United
- ADAP Advocacy
- Boulder County AIDS Project
- COBALT
- Community Access National Network
- HIV Health
- Positive Women's Network Colorado
- Positive Women's Network USA
- US People Living with HIV Caucus
- Vivent Health
- Vivent Health Pharmacy