



Submitted for Public Comment: Colorado Prescription Drug Affordability Board Meeting, September 15, 2023

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September 12, 2023

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

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

Community Access National Network has and worked to represent the interests
and voices of people living with HIV for 26 years. We do so again today.

CANN remains gravely concerned about the selection process for so-called
“affordability review”, the insufficient nature of the PDAB’s “stakeholder
engagement”, and the failure to seek public health expertise and insights. We write
today to detail our concerns due to the board’s selection of Genvoya, an anti-
retroviral treatment for HIV, being selected for “affordability review”.

The considerations used to calculate “affordability” singularly focus on the
perspective of payors, rather than patients. With the sole exception of “out-of-
pocket cost”, there is no consideration, measure, or monitoring metric which
centers patient experience and even that calculation is based on amounts reported
by payors, rather than patients. Patients experience a plethora of barriers to care
beyond what a payor projects an out-of-pocket cost to be, but to be clear, that out-
of-pocket cost is most directly influenced by the policies set by pharmacy benefit
managers (PBMs), rather than manufacturers themselves. Indeed, PBM policies
have significantly greater impact on patient access to care than any issue of those
metrics considered in calculating the PDAB’s “affordability”. These include, but
are not limited to, step-therapy (colloquially referred to as “fail-first”), prior
authorizations, pharmacy steering and lack of network adequacy, mandatory mail-
order, and discriminatory reimbursement policies adversely affecting independent
pharmacies. Each of these hinder access to care and have a disproportionately
negative impact among marginalized communities, patients, the economic
ecosystem of care, and other stakeholders and yet, nothing in the monitored
metrics or assessment of “affordability” or the PDAB’s stakeholder engagement
survey address these issues. Nothing in continued monitoring metrics would seek
to assess these impacts among people living with HIV in accessing their life-
saving medications.

The state of Colorado *knows* these barriers to care present real and tangible threats
to public health goals, including Ending the HIV Epidemic. This year, the
Colorado legislature passed legislation prohibiting some of the PBM practices
outlined above with regard to prior authorization requirements and step-therapy

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but the board's selection of Genvoya will incentives that undermine these protections.

Beyond the tangible lack of patient-experience focused metrics, the process for stakeholder engagement is not meaningful and belies a pre-determined conclusion. HIV advocates across the country are quite familiar with required "needs assessments" as part of the Ryan White HIV/AIDS Program. These often take months to plan and several more months to implement and parse data – the entire process can take up upwards of a year. But the proposed process for collecting stakeholder engagement is precisely 21 days. No detail has been made about patient specific outreach, meanwhile each jurisdiction funded under the Ryan White program is required to maintain regular and sufficient patient and community meetings. For Colorado, this the Colorado HIV Alliance for Prevention, Care, and Treatment. Nor has any data been presented from the state's Department of Public Health and Environment regarding potential impacts to Colorado's State Drug Assistance Program (SDAP), which "provides services to help people living with HIV get access to medications and offers assistance with insurance premium payments and covered out of pocket medical costs". Colorado's SDAP is the state's AIDS Drug Assistance Program (ADAP), a federally funded program by the Ryan White HIV/AIDS Program. ADAPs are dependent upon rebate revenues and enjoy being the only non-provider covered entity in the 340B Discount Drug Program. Beyond that, the vast majority of providers serving people living with HIV and accessing Ryan White services do so through clinics and hospitals similarly dependent on these programmatic revenues in order to provide a wide variety of services which are critically necessary tools in meeting the needs of patients. And there is no evidence to date to reflect a request or provision of data on how an upper payment limit on any anti-retroviral might impact already marginalized patients struggling to get their care needs met.

Colorado is home to the most innovative and justice-oriented patient demand that's ever existed: The Denver Principles. "Nothing About Us, Without Us." And yet, the operation of this board to date shamefully moves against those principles. The board must pause, must assess barriers to care from the patient perspective, and prioritize us to have any positive effect on medication access in the name of patients.

Respectfully,

Jen Laws
President & CEO