

HIV + HEP

POLICY INSTITUTE

May 14, 2024

Maryland Prescription Drug Affordability Board
16900 Science Drive, Suite 112-114
Bowie, MD 20715

Dear Prescription Drug Affordability Board members,

The **HIV+Hepatitis Policy Institute** is a leading national HIV and hepatitis policy organization promoting quality and affordable healthcare for people living with or at risk of HIV, hepatitis, and other serious and chronic health conditions. Given the important nature of prescription drugs to the life-saving treatment of HIV and hepatitis B, and now, the cure of hepatitis C and the prevention of HIV, we have long advocated for affordable access to prescription medications.

While we are supportive of the Maryland Prescription Drug Affordability Board (PDAB) goal of improving treatment affordability, we urge PDAB members and staff to address concerns surrounding access to provider-recommended HIV treatments at the individual level and the impact on broader public health goals and provide clarity around the affordability review process to enable meaningful community input.

We appreciate the opportunity to provide further comments to the Board as you carry out your work (see our [letter](#) of April 2024 and [testimony](#) of March 2024). As the Board considers the affordability of an initial list of eight prescription drugs, including a treatment for HIV, we urge Board members to consider the unique needs of the patient populations impacted by each treatment and the specific public health implications of interruptions to treatment. In addition, the PDAB must carefully consider the ramifications of recommending therapeutic alternatives for HIV treatments and the unique impact of such decisions on those living with HIV and broader public health.

Address Access Concerns

As of 2022, over 31,000 Marylanders were living with HIV and 61 percent of those diagnosed were virally suppressed, meaning they cannot transmit the virus.¹ At both the individual and broader community levels, achieving viral suppression is critical to end the epidemic and address the impacts of HIV as a public health issue in Maryland and beyond. The U.S. Department of Health and Human Services (HHS) initiative, *Ending the HIV Epidemic in the U.S.*, launched in 2019 to reduce HIV infections nationwide starting with 57 priority jurisdictions, with three of those Phase 1 jurisdictions in Maryland (Prince George's County, Baltimore City, and Montgomery County).² These jurisdictions account for more than two-thirds of all diagnosed cases of HIV in the state. Along with diagnoses being concentrated by

¹ [Maryland HIV County Overview Dashboard](#)

² [Ending the HIV Epidemic: A Plan for America](#)

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location, Black communities are disproportionately impacted—with Black patients accounting for over 70 percent of both new diagnoses and deaths due to HIV in the state.³

During a recent stakeholder meeting, PDAB staff suggested that concerns around access to HIV treatments would be addressed throughout the Board’s process. However, an upper payment limit action plan has not been released so we cannot review it to determine any potential impact on the treatment and care of HIV/AIDS.

As the PDAB continues to develop the process for conducting affordability reviews and potentially setting a UPL on selected drugs, patient perspectives must be kept central to the conversation to ensure that access barriers are avoided and do not negatively impact the health of individuals and the broader public.

Support Access to Provider-Recommended Treatments

Patients work closely with their healthcare providers to identify the best course of treatment for them based on their unique individual circumstances. Treatments other than those recommended by a provider may not be as effective for a patient or result in side effects that negatively impact their health outcomes. For some patients, it may take years of trial-and-error to find a medication that works for them and their lifestyle. Interruptions to treatment for any reason—such as being unable to access a medicine due to cost or if a provider can no longer afford to stock and store the treatment—can have serious negative implications for those living with HIV. Even a brief delay in treatment can trigger viral resistance, which renders that medication, and the entire class of medications like it, an ineffective option for that patient.

As the PDAB considers therapeutic alternatives for the HIV treatment selected for review, it is critical to recognize the unique nature and complexity of HIV compared to other therapeutic areas. People living with HIV are at greater risk of developing additional health issues and co-morbidities than those with other complex conditions. Individuals with HIV often must take multiple medications and may be more prone to side effects and drug-drug interactions from medications for different conditions, making therapeutic alternatives to the treatment their doctor prescribed not always effective within the broader context of their healthcare needs.

Moreover, threats to timely access to recommended treatments for HIV can enable resistant viruses to progress and complicate ongoing care for those living with HIV and co-morbidities—leading to greater strain on Maryland’s healthcare system. Consistent access and adherence to HIV treatment and care can result in lower rates of hospitalization and system-wide costs.

Recognize the Current Affordability of Treatments for HIV/AIDS

The Board must acknowledge that drug affordability is also directly related to existing assistance programs by both the federal and Maryland state governments and drug companies. For example, the federal Ryan White AIDS Drug Assistance Program currently provides medications or purchases insurance for nearly 6,000 people living with HIV in the State.

In March 2024, the Maryland Department of Health provided updated guidance to Medicaid managed care organizations (MCOs) around pharmacy copayments and cost-sharing for HIV medications. The guidance requires Maryland HealthChoice MCOs to charge a low and affordable copayment of \$1.00 for

³ [Maryland HIV County Overview Dashboard](#)

HIV/AIDS drugs.⁴ This updated guidance builds upon previous actions taken at the state and national levels, as well as from manufacturers, that help keep treatments for HIV/AIDS affordable for Marylanders. In 2020, the Maryland Insurance Administration (MIA) capped copay costs for drugs prescribed to treat HIV and AIDS for all insurance plans regulated by the agency.⁵ Additional patient assistance programs are administered by individual drug companies provide financial support around the costs of HIV treatment to those who qualify.

Setting prices on medications to treat HIV, and offering other drugs as alternative treatment options, fails to consider the nuances of HIV treatment and individual patient needs. As the Maryland PDAB looks to finalize the list of drugs selected for affordability review, we urge the Board not to include treatments for HIV given the unique nature of the therapeutic area and the risk of significant individual and public health implications should treatments be interrupted.

Thank you for the opportunity to comment on the Board's proposed cost review process of the initial list of selected drugs. If you have any questions or need any additional information, please do not hesitate to reach out via phone at (202) 462-3042 or email at cschmid@hivhep.org.

Sincerely,



Carl E. Schmid II
Executive Director

⁴ [Maryland Medical Assistance Program MCO Transmittal No. 205](#)

⁵ [Maryland Attorney General: Patient Copayment and Coinsurance Costs Are Capped at \\$150 a Month for Specialty Drugs and Drugs that Treat Diabetes, HIV, or AIDS](#)