



By Electronic Submission to HCA_WA_PDAB@hca.wa.gov

September 15, 2024

Washington Prescription Drug Affordability Board
Washington Health Care Authority
PO Box 42716
Olympia, Washington 98504-2716

Re: Public Comment for September 18, 2024 Board Meeting

Dear Members of the Washington Prescription Drug Affordability Board:

The HIV+Hepatitis Policy Institute is a leading national organization focused on HIV and hepatitis policy, advocating for quality and affordable healthcare for those living with or at risk of HIV, hepatitis, and other serious and chronic health conditions. We have consistently supported affordable access to prescription medications, recognizing their essential role in the treatment of HIV, hepatitis B, and C, and in HIV prevention.

As the Board considers its affordability review outline we wanted to provide these comments. Particularly as you evaluate therapeutic alternatives and costs to patients as part of the drug review process, we urge the Board to consider the unique needs of the patient populations affected by these treatments, as well as the specific public health consequences of any treatment interruptions.

As of 2022, over 16,900 people in Washington were living with HIV, and 79% of those diagnosed were virally suppressed, meaning they cannot transmit the virus.ⁱ Achieving viral suppression is critical to ending the HIV epidemic and addressing its public health impact in Washington and beyond. The U.S. Department of Health and Human Services' "Ending the HIV Epidemic" initiative, launched in 2019, prioritizes 57 jurisdictions, including King County, Washington, where more than half of the state's HIV cases are concentrated.ⁱⁱ Communities of color are disproportionately affected, accounting for over 50% of new HIV diagnoses in the state.ⁱⁱⁱ

Risks of Non-Medical Switching

As the board considers the criteria of "therapeutic alternatives," it is important to take into consideration the unique challenges faced by people living with HIV. With advances in treatment, people are living longer with HIV and are aging, often developing more comorbidities, which makes individualized treatment even more important. Patients work closely with their healthcare providers to identify the best course of treatment for them. Each person living with HIV has unique needs based on their individual circumstances.

HIV + HEPATITIS POLICY INSTITUTE

1602B Belmont Street NW | Washington DC 20009 | 202-462-3042 | 202-365-7725 (cell)
HIVHep.org | Twitter: @HIVHep | Facebook: HIVHep

Treatments that differ from those recommended by their providers may be less effective or cause side effects that harm their health. For some patients, it can take years of trial and error to find a suitable medication. 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, rendering that medication and the entire class of medications like it an ineffective option for that patient.**

If patients are unable to access medications to suppress their viral loads, it can result in an increase in viral transmission rates, the development of drug resistance, and worsened health outcomes for individuals, ultimately placing a greater burden on the public health system and undermining efforts to control infectious diseases like HIV.

Existing Assistance Programs Help Link People Living with HIV to Treatment & Care

As the Board considers the criteria of “cost to patient,” it is important to keep in mind the role of existing state and federal assistance programs that increase access to HIV medications by lowering out-of-pocket costs to patients at the point of sale. For patients covered by Medicaid and state-purchased plans, out-of-pocket costs are typically between zero and three dollars. Recently, Governor Inslee eliminated copay costs for drugs prescribed to treat HIV exposure for all state-regulated insurance plans with the passage of SB 6127.

Additional patient assistance programs, such as those offered by pharmaceutical manufacturers and the Ryan White AIDS Drug Assistance Program (ADAP), provide financial support for HIV treatment costs.^{iv} In 2022, Washington’s ADAP program supported over 4,000 individuals, investing more than \$8 million in state funding to ensure access to essential prescription medications.^v Moreover, pharmaceutical manufacturers offer copay assistance programs that further reduce the financial burden on patients. In 2023, these programs collectively saved patients nationwide \$23 billion in treatment costs.^{vi}

While patients currently have access to free or affordable HIV medications through various avenues, we are concerned that setting an arbitrarily low price for these treatments could negatively impact future drug development and reduce manufacturers’ willingness to continue providing medications to millions of people in underdeveloped and underserved nations. It is essential that manufacturers have the necessary incentives to invest in research and development, enabling the creation of longer-acting treatments, preventive drugs, vaccines, and potentially even a cure for the virus.

Overlooking the impact of current assistance programs on HIV treatment affordability, as well as mandating alternative drug options, disregards the nuances of HIV care and the unique requirements of each patient.

Thank you for the opportunity to comment on the Board's proposed cost review process. 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

ⁱ [CDC HIV Surveillance Supplemental Report 2018-2022](#)

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

ⁱⁱⁱ [Washington State HIV Surveillance Report 2022](#)

^{iv} [AIDS Drug Assistance Program: Washington](#)

^v [2024 National RWHAP Part B ADAP Monitoring Report](#)

^{vi} [IQVIATM Institute: The Use of Medicines in the U.S. 2024: Usage and Spending Trends and Outlook to 2028](#)