

February 22, 2024

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

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

On behalf of the undersigned organizations, we thank the board for the opportunity to submit comments on the board's February 16 vote designating Enbrel as unaffordable to patients in Colorado. While we appreciate the board's desire to lower costs for patients, as well as the work and effort that went into the review of Enbrel, we believe that the structure of the patient survey and the analysis performed by the board on the drug were fundamentally flawed causing the board to reach a potentially erroneous decision.

We therefore urge the board to vote against proceeding with setting an upper payment limit for Enbrel and ask that the board delay further drug reviews until concerns with the review design by patient advocates can be addressed. We believe that doing so will help the board identify and address the true issues Colorado patients with chronic conditions encounter when seeking treatment.

Issues with Upper Payment Limits

For many reasons, we believe that establishing an upper payment limit for Enbrel will be ineffective in addressing patient needs and could lead to more issues for patients attempting to access Enbrel in the future.

First, setting an upper payment limit would establish a ceiling for reimbursement rates for pharmacies and clinicians. Setting reimbursement rate caps could create hardships for clinicians and pharmacies to administer Enbrel if they are not adequately reimbursed for the costs they encounter when treating patients. This could lead to those providers opting out of administering Enbrel in the future, forcing patients to choose between their preferred provider/pharmacy or their preferred treatment.

Additionally, an upper payment limit could prompt Colorado's health plans to reorder formularies and implement new utilization management in their plans. Utilization management tools, including fail-first policies, could result in forced switching of medications and create unnecessary barriers between patients and their preferred treatments. Further, patients that have tried and failed Enbrel in the past could face a return to a medication that was ineffective. Not only is this bad for the patient but could also lead to worsened health outcomes resulting in more care visits and potentially even hospitalization, ultimately driving health care costs even higher.

Finally, an upper payment limit imposed by this board would be non-negotiable. Patients and providers would be left with little to no recourse to appeal the decision of the board. Therefore, we urge the board to proceed with extreme caution by extending deliberation over or rejecting outright the implementation of an upper payment limit until the full effect of such a decision can be evaluated.

Concerns with PDAB Methodology

Additionally, while the board has worked in good faith to create a methodology for evaluating the burden patients face based on the price of their medications, we have identified some oversights that obscure the underlying issues that face patients.

We applaud the board for recognizing the limitations of the initial round of patient responses and reopening the Enbrel survey. However, the board still received only 38 responses from Colorado patients providing input on Enbrel. Across all medications under review, we urge the board to set a reasonable minimum threshold for survey responses before proceeding with their analysis of patient costs. The responses of just 38 patients do not provide sufficient data to base decisions that will impact thousands of patients in the state.

Also, we are not confident that the impact of both rebates and copay assistance were appropriately factored into the board's decision. Copay assistance provided by manufacturers was unfortunately left out of the presentation of out-of-pocket costs of patients; however, these programs often significantly decrease the out-of-pocket burden for patients, often resulting in little to no cost to the patient. Additionally, the board redacted completely the data gathered on rebates, leaving no opportunity for public oversight or accountability.

Conclusion

The board has been tasked with a monumental undertaking and noble cause. On behalf of the patients in Colorado, we urge you to ensure that the impact of the board's decisions is not taken lightly and that your work is done with the appropriate due diligence and accountability to patients and advocates. We again urge you to reject setting an upper payment limit on Enbrel and work with us and others to ensure an appropriate methodology for evaluating and addressing patient concerns is in use.

Sincerely,