



# ENSURING ACCESS THROUGH COLLABORATIVE HEALTH

July 1, 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 members of our coalition, we thank the board for the opportunity to submit comments on the board's decisions to designate both Cosentyx and Stelara as unaffordable to patients in Colorado. While we appreciate the board's desire to lower costs for patients, we believe that failing to resolve the underlying factors that lead to higher costs for patients can result in short-term relief and uneven benefits – aiding some but potentially leaving others with higher costs and drug accessibility challenges.

We therefore urge the board to vote against proceeding with an upper payment limit for Cosentyx and Stelara. Additionally, we urge the board to halt its current slate of drug reviews and address concerns with drug review methodology and design that have been raised by our organization and other patient advocates. We believe doing so will help the board better 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 upper payment limits (UPLs) will be ineffective in addressing patient needs and could lead to more issues for patients attempting to access medicines subject to upper payment limits in the future.

First, setting a UPL would establish a ceiling for reimbursement rates for pharmacies and clinicians. Setting reimbursement rate caps could create hardships for clinicians and pharmacies attempting to administer medications if they are not adequately reimbursed for the costs they encounter when treating patients. This could lead to those providers opting out of administering medications subject to UPLs 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 alter their 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 on medicines subject to a UPL could be forced to 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 such an action or rejecting outright the implementation of upper payment limits until the full impact of such a decision on patient outcomes can be evaluated.

 **ENSURING ACCESS THROUGH  
COLLABORATIVE HEALTH****Concerns with PDAB Approach**

Additionally, while the board has worked in good faith to create a methodology for evaluating burden patients face based on the price of their medications, we do believe that the foundational premise of focusing on the price in a vacuum, rather than the systems and incentive structures that fundamentally drive patient costs, can lead to erroneous conclusions.

The board has made efforts to gather patient input through surveys; however, the data collection continues to lack context and conclusions drawn from the data have not been consistent across reviews of different drugs. In the case of Stelara, the board cited three patient responses to justify their unaffordable decision. However, the following week during the Cosentyx review, the board concluded that five patient responses were not enough to weigh as credible data. Overall, much more work needs to be done by the board to ensure patient voices are sought and understood before making decisions that can impact the healthcare of Coloradans.

Information on patients' lived experience that is collected and analyzed to capture patient intent is foundational to identifying affordability challenges and, in turn, making effective health policy decisions. Therefore, it is critical that any health policy discussion or associated process include patient and caregiver perspectives, as well as patient organizations who have an understanding of the life cycle of disease from the lens of prevention, diagnosis, and disease management.

Finally, based on the information shared with the public, we are not confident that the data on rebates and copay assistance analyzed by the board are representative of the patient experience. These data points are vital to understanding the actual costs that patients face when accessing their drugs and without adequate data on both, the conclusions drawn regarding patient costs are therefore moot.

**Conclusion**

The board has been tasked with a monumental undertaking that will directly impact thousands of Colorado citizens. We strongly urge the board to slow down their ongoing drug review process until the necessary improvements can be made to ensure patient-reported affordability issues are addressed. Recently, the Oregon Drug Affordability Board voted to pause their process until similar improvements can be made, and we applaud that board for making a difficult decision that will lead to better outcomes for patients.

We urge the board to take the time to develop a stronger methodology and to adopt an strategy to ensure data is analyzed consistently across each drug. Further, we encourage the board to spend time exploring further data sources and gathering information from all healthcare stakeholders. Each of these tasks require time and resources, so we urge the board to suspend drug reviews until they can be completed.

We again urge you to vote against proceeding with an upper payment limit for Stelara or Cosentyx and instead urge the board to evaluate and improve the drug review process to ensure it works for Coloradans.

Sincerely,  
Ensuring Access through Collaborative Health (EACH) Coalition