



May 21, 2025

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

RE: Public Comments on the Upper Payment Limit Rulemaking Process

Dear Members and Staff of the Colorado Prescription Drug Affordability Board:

The Ensuring Access through Collaborative Health (EACH) Coalition is a network of national and state patient organizations and allied groups that advocate for treatment affordability policies that consider patient needs first. We appreciate the opportunity to provide comments on the Upper Payment Limit (UPL) rulemaking process in Colorado.

We applaud the board for its transparency in disclosing that incorrect data was used during the cost review process. Acknowledging this issue is an important demonstration of integrity and a commitment to accountability. We also appreciate the Board agreeing with our request to stratify the data, separating Medicare information from the report. We would also like to remind the Board that in the Enbrel review, the drug was deemed unaffordable largely by reviewing an analysis report that included 50% of Medicare respondents and which cited 4 of 9 commercially insured respondents reporting they were in medical debt because of Enbrel; yet upon further inspection by the Patient Inclusion Council (PIC) patient research partners, it was realized all 4 of those respondents paid \$0-\$50 out of pocket a month. We encourage the Board to clean the data from the Enbrel patient-facing data report to reflect the realities of the information collected and, if possible, reach out to the respondents for clarity regarding why they responded in this way.¹²

Proceeding with UPL hearings based on determinations made using inaccurate or incomplete data would be premature and potentially harmful. We urge the board to take the time necessary to re-evaluate the affordability reviews for Enbrel, Stelara, and Cosentyx to ensure that decisions are informed by accurate evidence and reflect the true experiences and needs of patients.

We remain skeptical that the implementation of UPLs will actually lower costs for patients. A UPL is a ceiling on what insurers or the state may pay for a medication, not a cap on the amount a patient must pay at the pharmacy counter. The board does not have the authority to set limits on patient out-of-pocket costs, nor can it require insurers to adjust cost-sharing arrangements in line with a UPL. Without a mechanism to ensure that savings are passed along to patients, UPLs may offer little to no benefit to those who rely on the medications under review.

Moreover, we are concerned that UPLs could further complicate the already fragmented drug coverage landscape. Setting a UPL on a specific medication could trigger changes by insurers—such as reshuffling preferred drug lists, instituting new prior authorization requirements, or requiring patients to try other drugs first—all of which may delay or restrict

¹ [PIC Comments. Enbrel 2024](#)

² [AiArthritis Comments. February 2024](#)



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access to the treatments patients need. Providers may also be impacted, as lower reimbursement rates could limit their ability to purchase, administer, or dispense certain medications. These disruptions can lead to care delays, increased administrative burdens, and diminished health outcomes.

Importantly, we do not yet know how insurers, manufacturers, or pharmacies will respond to a state-specific pricing model. Limiting reimbursement for certain products could result in reduced availability in states where UPLs are implemented, further limiting access and choice for patients.

As the board continues its work, we strongly urge you to ensure that patients and patient organizations have a meaningful and ongoing role in shaping the UPL process. Incorporating direct patient engagement and patients' lived experience into the UPL rulemakings will provide essential insight into how affordability decisions affect real people—insight that cannot be captured through financial modeling alone.

Patient organizations are well-positioned to help gather input from diverse communities and can serve as trusted intermediaries to amplify the voices of those directly impacted by these policies. Listening sessions, patient surveys, and community forums—especially when co-designed with patient groups—can provide authentic, real-world data that is representative and useful for policy development. Furthermore the PIC side of our coalition includes patient research partner leaders, some with professional research backgrounds, who could assist the Board in creating and analyzing patient-facing data - including hosting follow up conversations with peers to better understand context.

We thank you for your efforts to improve the affordability of prescription drugs in Colorado and for your attention to the concerns outlined above. We remain committed to working alongside the board to ensure that the cost review and UPL processes promote affordability without compromising access or health outcomes for patients.

Sincerely,



Tiffany Westrich-Robertson

Ensuring Access through Collaborative Health (EACH) Coalition and Patient Inclusion Council (PIC)