



ENSURING ACCESS THROUGH COLLABORATIVE HEALTH

June 26, 2025

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

RE: Request for Input via the Data Submission Guide on Enbrel

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 additional input in response to the Data Submission Guide on Enbrel for the Upper Payment Limit (UPL) rulemaking process. We thank you for your efforts to improve the affordability of prescription drugs in Colorado and for your attention to the concerns outlined below.

Impact of Chronic Conditions Varies Broadly Across Patients

Members of our Patient Inclusion Council have shared firsthand accounts of their individual struggles, underscoring how important it is to recognize that each patient's journey is unique. We urge the board to consider patients as individuals with distinct experiences rather than as data points in an aggregate.

Impact to Persons with Disabilities

The effects of chronic autoimmune conditions like those treated by Enbrel can differ dramatically from one patient to another. Some individuals may experience relatively mild symptoms and respond well to readily available treatment options. For others, the impact can be profoundly debilitating—preventing them from working, participating in family life, or fulfilling caregiving responsibilities due to ongoing pain or medication side effects. These challenges are often compounded when a patient is managing more than one chronic condition, which is a common occurrence.

Impact to Older Adults

Similarly, health complexities typically increase with age and older adults are more likely to have comorbidities that require individualized care plans comprised of multiple treatments. Further, research has shown that early interventions with the right biologic for each person's disease can result in earlier remission. Therefore, unmitigated access to a broad spectrum of medications early in life is critical to health in later years.

Note on Older Adults: While we understand the statute requires special consideration for older adults, those over the age of 65 are most likely to be covered by Medicare, which we respectfully remind the board does not fall under the jurisdiction of the PDAB.

Medicine Is Not One-Size-Fits-All



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The course of treatment for each patient is as unique as the individual and their disease. Once diagnosed with a chronic condition, each patient starts an often life-long journey to identify the correct treatments and regimen to successfully manage their symptoms and improve their health. Many will also face multiple chronic conditions or need medications to treat specific symptoms or even side effects of their preferred treatment. For these reasons, patients with chronic conditions often rely on a complicated and personalized course of treatment that is not easily altered.

For these patients, therapeutic alternatives may not be alternatives at all. Very often drug interactions or other health conditions would prevent individual patients from being able to switch to an alternative medication that, on paper, seems like it would be an appropriate treatment. Further, patients with chronic conditions can build up a tolerance to medications over time, so they must retain access to all treatments in a class of drugs to prolong their treatment.

Patient Access Cannot Be Compromised

Ultimately, chronic conditions are incredibly complex to treat. Each patient will face a unique experience and should be able to work with their doctor to identify the treatment that works best for them. Substituting or requiring patients to change drugs based on cost considerations instead of medical needs can disrupt continuity of care and result in complications and higher overall medical costs. We urge this board to seriously consider the unique circumstances faced by these patients and work diligently to ensure that access to all treatments is protected.

As patient advocates, we are concerned that upper payment limits (UPL) will only exacerbate these risks. While UPLs are intended to lower costs for patients, the reality is that they will create a new incentive structure for payers that could compromise patient access to the selected medications. Patients could see reduction in access to medications in the future due to unforeseen consequences of UPLs, like increased utilization management within drug classes or limits on treatment options due to reduced reimbursement rates for doctors.

This is not a hypothetical concern.

As you know, the Centers for Medicare and Medicaid Services is actively implementing maximum fair prices (MFP) within the Medicare program. In their May 3, 2024 Guidance on Medicare Drug Price Negotiation CMS noted that, “CMS is concerned that Part D sponsors may be incentivized in certain circumstances to disadvantage selected drugs by placing selected drugs on less favorable tiers compared to non-selected drugs, or by applying utilization management that is not based on medical appropriateness to steer Part D beneficiaries away from selected drugs in favor of non-selected drugs.”

Further, a white paper released by the Partnership to Fight Chronic Disease based on interviews and data from Avalere outlined that “77% of health plan payers surveyed believe that UPLs would disrupt patient access to prescription drugs due to changes in coverage, tiering, cost sharing, or broader supply chain issues, such as pharmacies not stocking products with UPLs” and 73% “expressed concerns that UPLs could lead to shortages of critical medicines.”

Broadly, the decision of the board to implement a UPL does not happen in a vacuum, but instead in an increasingly complicated marketplace that already does not appropriately take patient needs and concerns into consideration. Therefore, we strongly urge the board and staff to acknowledge this potential impact and the resulting negative effect it would have on patient access to medications. Furthermore, we urge the board to utilize its authority to fully explore



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with all healthcare stakeholders how upper payment limits will be implemented and identify in advance any adverse impact to patients.

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. Questions about any of the information contained in our submission, can be directed to:

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Sincerely,



Tiffany Westrich-Robertson
Ensuring Access through Collaborative Health (EACH) Coalition and Patient Inclusion Council (PIC)