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June 23, 2026

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

RE: Public Comments on the Proposed Upper Payment Limit for Cosentyx

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

The Ensuring Access through Collaborative Health (EACH) and Patient Inclusion Council (PIC) is a two-part coalition that unites patient organizations and allied groups (EACH), as well as patients and caregivers (PIC), to advocate for drug affordability policies that benefit patients. On behalf of the patients we represent, the undersigned organizations urge the Colorado Prescription Drug Affordability Board (PDAB) not to move forward with the proposed Upper Payment Limit (UPL) for Cosentyx.

We support efforts to improve affordability and reduce patient hardship. However, our recent patient affordability research suggests that a UPL is unlikely to address the factors patients identify as driving affordability challenges and may create new risks to treatment access and continuity of care.

Patient Affordability Challenges Extend Beyond the Price of a Single Drug

Recent findings from the EACH/PIC Patient Experience Survey 2.0 demonstrate that affordability is far more complex than the price of an individual medication. Patients consistently defined affordability as the ability to maintain access to treatment within their overall household budget, taking into account insurance coverage, cumulative healthcare costs, income, and changing life circumstances.

Importantly, patients reported that affordability often shifts over time due to changes in insurance coverage, deductibles, cost-sharing obligations, and access to financial assistance. More than 40 percent of survey respondents reported paying different out-of-pocket costs for the same medication over time, and many described periods when a treatment was affordable at one point but unaffordable at another. Patients further reported that insurance-related barriers, coverage restrictions, and limitations on financial assistance often determine whether a medication remains affordable.

As a result, policies focused primarily on reducing reimbursement levels may fail to address the affordability challenges patients themselves identify as the greatest barriers to maintaining access to treatment.

A UPL Does Not Guarantee Meaningful Savings for Patients

The board has stated that its UPL is intended to generate savings for patients. However, a UPL does not directly reduce patient cost-sharing obligations or guarantee lower out-of-pocket costs.

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Whether patients experience savings will depend largely on how insurers and pharmacy benefit managers respond following implementation.

Further, it remains unclear whether the board will have sufficient information to determine if those savings are actually reaching patients in practice. The current monitoring framework relies heavily on insurer-reported information regarding the impact of a UPL. However, insurers retain significant discretion in how they structure formularies, implement utilization management programs, apply cost-sharing requirements, and determine coverage policies. Without independent verification, it may be difficult to determine whether reported savings accurately reflect patients' real-world experiences.

Equally important, the framework does not collect information directly from patients regarding whether their out-of-pocket costs decreased, whether access to treatment changed, or whether new barriers to care emerged following implementation. Without robust patient-reported outcomes and independent validation of insurer data, it will be difficult to determine whether a UPL is improving affordability for patients or simply reducing spending elsewhere within the healthcare system.

As a result, the board may have extensive information about insurer spending while lacking information about whether patients experienced improved affordability or new barriers to care.

Patients Are Concerned About Maintaining Access to the Treatment That Works for Them

Patients consistently reported that treatments are not interchangeable and described significant consequences when required to switch therapies for non-medical reasons after finding a treatment that worked for them.

These concerns are particularly relevant because a UPL may prompt insurers and PBMs to modify coverage policies in ways that affect patient access. If insurers or PBMs respond to a UPL by implementing formulary changes, adverse tiering, expanded prior authorization requirements, step therapy protocols, or other utilization management tools, patients could face new barriers to accessing their prescribed treatment.

Affordability policies should not improve one metric while creating new access challenges for patients living with chronic and complex conditions.

Colorado Should Evaluate the Impact of Its First UPL Before Expansion

Colorado is currently considering additional UPLs before its first approved UPL has taken effect and before any real-world evidence exists regarding its impact on patient affordability, access to care, utilization management practices, formulary design, or provider reimbursement.

This uncertainty is compounded by limitations in the board's monitoring framework. Under the board's current framework, reporting will occur approximately one year after implementation, meaning patients could experience unintended consequences long before those impacts are identified and addressed. By the time data is collected, reviewed, and acted upon, patients could already have experienced treatment disruptions, increased administrative burdens, or changes in coverage that affect access to care.

Before expanding the use of UPLs to additional therapies, the board should first evaluate whether its initial UPL achieves its stated objectives, whether savings are reaching patients, and whether unintended access barriers emerge following implementation. At a minimum, future evaluations should include direct patient engagement, patient-reported affordability and access measures, and independent verification of reported savings.

Understanding the real-world impact of Colorado's first UPL should be a prerequisite to expanding the policy further.

Conclusion

We appreciate the board's commitment to improving affordability for Colorado patients. However, the available evidence suggests that the affordability challenges patients experience are often driven by factors that a UPL is not designed to address.

We therefore respectfully urge the board not to implement a UPL for Cosentyx and instead continue pursuing reforms that directly reduce patient costs, improve cost predictability, protect access to financial assistance, and address insurance-related barriers to care.

Thank you for your consideration of these comments.

Sincerely,

EACH/PIC Coalition
Advocates for Compassionate Therapy Now
AiArthritis
Aimed Alliance
Archo Advocacy, LLC
Biomarker Collaborative
Community Liver Alliance
Derma Care Access Network
Exon 20 Group
Global Allergy & Airways Patient Platform
Global Healthy Living Foundation
ICAN, International Cancer Advocacy Network
Infusion Access Foundation
Lupus and Allied Diseases Association, Inc.
Lupus Colorado
Lupus Foundation of America
MET Crusaders
National Infusion Center Association
Neuropathy Action Foundation (NAF)
NRG1 Energizers
Partnership to Improve Patient Care
PDL1 Amplifieds
Rare Access Action Project
Spondylitis Association of America

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The ALS Association
The Bonnell Foundation: Living with Cystic Fibrosis