

January 4, 2021

RE: Written Testimony In Support of Open Access Policy for HIV Medications

Dear AHCCCS P&T Committee Members:

Please accept this written testimony in support of an open access formulary for HIV prevention and treatment medications. The most straightforward justification for such a policy is to conform with the 2016 recommendations of the joint HHS, CMCS, HRSA, and CDC bulletin on the prevention and treatment of HIV for Medicaid beneficiaries. This document, in part, provides:

To ensure both the individual and public health benefits of ART (anti-retroviral treatment) are realized among their Medicaid and CHIP beneficiaries and in their communities, states should align their Medicaid policies and practices with the Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents (hereafter, the “DHHS Guidelines”

Given that adherence to ART is a critical prerequisite to realizing both individual and public health benefits, states are reminded of the statutory requirement to cover all covered outpatient drugs of manufacturers with agreements described section 1927(b) of the Act, including single-tablet ART regimens. States can also, and are strongly encouraged to, go farther to support access and adherence to effective treatments for PLWH. States should design their prescription drug formularies to minimize potential barriers presented by utilization management techniques so that Medicaid and CHIP beneficiaries living with HIV can readily access all regimens described for potential use (including those labeled as “Recommended”, “Alternative”, and “Other”) in the DHHS Guidelines.

For example, adding single-tablet regimens recommended in the DHHS Guidelines to preferred drug lists, and removing any step therapy requirements associated with these treatment regimens, may increase adherence by reducing patient pill burden, treatment complexity, and potential side effects. We also encourage states to refrain from requiring beneficiaries to have tried and failed relatively more burdensome, and in some cases, less clinically appropriate regimens for reasonable periods of time before single-tablet regimens or other non-preferred drugs may be covered. Such step-therapy may not be appropriate for the treatment of HIV and may result in poor clinical outcomes for the individual, as well as have public health implications due to increased transmission.

**In EVERYTHING we do we are DEDICATED  
to the ELIMINATION of, and suffering from, HIV and AIDS.**



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In addition to these recommendations made in 2016, there are multiple other medical and public health justifications for this policy which are all supported by the latest research:

- 1) HIV is a unique condition where certain medications are recommended for particular patients based on co-morbidities, medical history, and life & social circumstances. Providers need every FDA approved medication available to treat their patients effectively, particularly the newer single-tablet regimens that have been shown to improve adherence and reduce side-effects;
- 2) While effective treatment of HIV is not only good for the patient living with HIV, but also for our prevention efforts since we know that people living with HIV that have an undetectable viral load cannot sexually transmit HVI to others – a concept known as U=U
- 3) The current treatment protocol for newly diagnosed individuals is to begin treatment immediately. This protocol relies upon single-tablet regimens that have been shown to be most effective in helping a patient achieve an undetectable viral load rapidly, improve medication adherence, and prevent the further spread of HIV
- 4) In 2018 President Trump announced the Ending the Epidemic initiative designed to end HIV by 2030. In order to accomplish this audacious goal providers and patients need every medication available to treat, and prevent, HIV.

It is Aunt Rita's Foundation's hope that AHCCCS takes a bold step to support an open access policy for HIV treatment and prevention medications and be a part of the opportunity our community has to end the HIV epidemic in Arizona.

Sincerely,

A handwritten signature in black ink, appearing to read 'Glen Spencer', with a stylized flourish at the end.

Glen Spencer  
Executive Director