EACH PIC COALITION

November 13, 2026

Washington Prescription Drug Affordability Board
Washington Health Care Authority
PO Box 42716
Olympia, Washington 98504-2716

RE: Public Comments on Affordability Reviews of Enbrel and Xtandi

Dear Members and Staff of the Washington 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.

We appreciate the opportunity to provide comments as the board prepares to make affordability determinations for Enbrel and Xtandi. These first determinations will establish an important precedent for future reviews. We therefore encourage the board to establish a clear, data-driven, and repeatable methodology that focuses on the affordability challenges experienced by patients, identifies the source of those challenges, and considers whether a subsequent upper payment limit (UPL) would meaningfully address them.

Focus Affordability Determinations on Patient Costs and the Source of Hardship

The board's affordability determinations should give significant weight to patient out-of-pocket costs and the factors directly affecting patients' ability to access and remain on treatment.

As the board deliberates on each drug, we urge members to determine whether patients are actually experiencing affordability challenges, understand what is driving those challenges, and apply clear and consistent criteria across all drugs under review. Doing so will make the review process more transparent and provide a stronger foundation for determining which policy solutions are appropriate.

Importantly, much of the patient input collected during the board's review of Enbrel and Xtandi points to insurance-related barriers. Patients identified loss of insurance, waiting periods, barriers to financial assistance, and other insurance restrictions as challenges affecting access to treatment.

These problems are unlikely to be resolved by a UPL. A UPL limits reimbursement for a medication, but does not directly reduce deductibles or coinsurance, eliminate coverage restrictions, or improve access to financial assistance. There is also no guarantee that changes in reimbursement will translate into lower out-of-pocket costs for patients.

The board should also carefully evaluate patients whose costs fall outside broader averages. Patients facing particularly high out-of-pocket costs clearly warrant attention, but their experiences should not automatically be interpreted as evidence that a UPL is the appropriate

response. Depending on the source of the hardship, targeted policies such as out-of-pocket caps or improved access to financial assistance may provide more direct relief.

Protect Patient Access to Preferred Treatments

The board should also consider how a UPL could affect continued access to treatment. Implementation of a UPL could affect manufacturer participation in the market or prompt insurers and pharmacy benefit managers to change coverage, formularies, tiering, or utilization management. These responses could leave patients with fewer treatment options or result in non-medical switching.

This risk is particularly important because patients with complex and chronic conditions often cycle through multiple therapies before finding one that works. According to our Patient Experience Survey, patients described their current medications as particularly valuable because previous treatments had failed, caused side effects, or stopped working.

For these patients, the existence of another drug in the same therapeutic class does not ensure a clinically appropriate substitute. Their treatment has value because it works for their individual condition, circumstances, and treatment history. The consequences of losing access can also be significant. Patients have reported disease recurrence, worsening symptoms, adverse events, and diminished quality of life following non-medical treatment changes.

If a UPL causes a manufacturer to withdraw a product from the Washington market or leads an insurer or pharmacy benefit manager to change coverage in a way that forces patients to switch treatments, patients could lose access to a medication that is successfully managing their condition.

As the board makes its first affordability determinations, we respectfully urge it to establish a methodology that follows the evidence gathered through its review process. That means focusing on patient costs, identifying the actual source of patient hardship, and considering whether a UPL is likely to address that hardship or instead create new barriers to care.

An affordability determination should not rest simply on evidence that a medication is expensive or that some patients struggle to afford it. It should reflect why patients are struggling and whether the action that may follow from that determination can reasonably be expected to help them without jeopardizing access to treatment.

We appreciate the board's consideration of these comments and its continued attention to the experiences of Washington patients.

Sincerely,

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