COMMUNITY ACCESS NATIONAL NETWORK

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Washington State Prescription Drug Affordability Board
Washington Health Care Authority
626 8th Ave SE
Olympia, WA 98501

RE: Drug Selection Process Concerns

Dear Honorable Members of the Washington Prescription Drug Affordability Board,

The Community Access National Network (CANN) is a 501(c)(3) national nonprofit organization focusing on public policy issues relating to HIV/AIDS and viral hepatitis. CANN's mission is to define, promote, and improve access to healthcare services and support for people living with HIV/AIDS and/or viral hepatitis through advocacy, education, and networking.

While CANN is primarily focused on policy matters affecting access to care for people living with and affected by HIV, we stand in firm support of all people living with chronic and rare diseases and recognize the very reality of those living with multiple health conditions and the necessity of timely, personalized care for every one of those health conditions. State Prescription Drug Affordability Boards are of profound importance to our community.

Today, we write with concerns and questions regarding the selection of medications for affordability reviews.

Affordability Concerns Should Remain State-Specific

During the May 2025 meeting, a discussion took place concerning how there was not much crossover between the potential drugs selected for review as compared to drugs selected by other states. This was concerning as, in theory, there should not be much overlap given that affordability concerns are state population specific.The board is tasked with improving affordability specifically in light of the unique needs of Washingtonians. While the concern about the high cost of drugs for patients is universal, the needs of Washingtonians are specific. The inquiries you desire and the discourse you generate should remain under your guidance and not be inadvertently improperly informed.

That same discussion had discourse around the variance in choices between states. In addition to the fact that state populations have different needs, we posit that variance also occurs because state affordability boards grapple with defining "affordability" and wish to note that as of the date of this letter *no* state PDAB has specifically defined affordability.

Upper payment limits (UPLs) do not provide financial relief to patients at the pharmacy counter. Thus, as you move forward with your affordability endeavors, we encourage you to do so with a specifically quantified fiscal metric of what you deem to be an effective affordability relief for Washingtonians, along with an evidence-based analysis of how chosen solutions, such as a UPL, result in that outcome.

Moreover, medication reviews should be exhaustive, deliberate, and *not rushed*. Time should be allotted for sufficient examination, inquiry, deliberation, and even consultation, if necessary. It is not in the best interests of Washingtonians to try to hammer out multiple reviews during one meeting. Rushing analysis as a result of being concerned about statutory deadlines does not in good faith serve the populace or the state effectively.

QALYs are prohibited for your use

In the May 2025 meeting, there was board deliberation around the use of the Quality Adjusted Life Year (QALYs) as a generic measure. Your statute **prohibits** you from the utilization of QALY ideology. Your discussion of how it was acceptable to use QALYs during affordability reviews but not during the UPL setting was concerning. It was unclear how you justified operationally separating out the QALY ideology. Your deliberations discussed seeking legal advice concerning the statute and your planned utilization of QALY research. We inquire as to the outcome of that inquiry. Your deliberations rely heavily on ICER reviews and you also plan to examine other HTA reviews in the future. We encourage you to be vigilant about examining the sources of the analyses you use for your study, as your meeting deliberation seemed to suggest that the evLYG analysis was categorically acceptable. There are issues with evLYGs as well, since they potentially overlook the nuances of medical conditions and individual patient experiences regarding improvements in quality of life.

The shortlist choices are concerning

The May 2025 meeting discussions included deliberations on how to select drugs for initial reviews. The "Aggregated Prioritized Ranked and Weighted List" on the dashboard contains multiple Hepatitis C drugs, Cancer medications, and even therapies for multiple sclerosis. Most of the drugs on the list fall under the dashboard category of "Course of treatment of $60,000 or more", a metric stemming from your statute. However, patient out-of-pocket costs are not fully reflected in APCD data, as there are many patient assistance programs and other means that make many drugs, such as Epclusa, affordable. The manufacturer provides both reduced cost medications and no-cost medications for patients struggling with affording their medications, of which the application process is made possible by an online portal that a provider may engage with.

We'd like to provide an additional and specific example of manufacturer patient assistance programs ensuring equitable affordability for Eliquis. The manufacturer patient assistance program is likely one of the best in the country; accessible to patients via online portal, patients may apply for assistance on their own without a

provider having to communicate specific diagnostic codes or other information, and the reduced out of pocket cost for patients with commercial insurance coverage is just $10 (USD) per month.
To put a fine point on these examples, assistance already exists to reduce "Patient Liability" for patients in need and of which that data would not be captured by APCD data and skews the Board's consideration of "affordability".

The dashboard metric of "Patient Liability Proportion" partially reflects the reality of actual affordability. We caution you to examine your motivations behind what drugs you review, given that cost-setting can have adverse effects on patient access.

State Conflict in Selection of Epclusa

Lastly, we would like to put a fine point on the Board's choice to consider Epclusa. Selecting this specific direct-acting agent (DAA) for the curative treatment of Hepatitis C is a short-sighted choice and, should the Board deem the medication "unaffordable" or seek to impose an upper payment limit, invites unnecessary litigation.

The state of Washington has contracted with another manufacturer for a "subscription" model purchase agreement for a different direct-acting agent. Selecting a competitive DAA product likely infringes upon the rights of both manufacturers as an unfair trade practice, either seeking to manipulate contract negotiations *or* issuing favor for a particular product because of pre-existing contract obligations.

The PDAB should consider removing "review" of any DAA for this particular reason.

Respectfully submitted,

Ranier Simons
Director of State Policy, PDABs
Community Access National Network (CANN)

On behalf of
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President & CEO
Community Access National Network