



Submitted Via Email and Hard Copy

February 21, 2017

The Honorable Laurie Monnes Anderson
Chair, Senate Committee on Health Care
Sen.LaurieMonnesAnderson@oregonlegislature.gov

The Honorable Jeff Kruse
Vice-Chair, Senate Committee on Health Care
Sen.JeffKruse@state.or.us

Re: Letter of Support of SB 526

GlaxoSmithKline (GSK) and ViiV Healthcare (ViiV) support Senate Bill 526, which would amend the existing step therapy protocol statute to require health insurance plans to establish a clear and convenient evidence-based framework whereby the prescribing physician may seek a step therapy override on a patient's behalf. While utilization tools can be used to control the cost of medications, they can delay access to optimal treatments and may lead to negative medical consequences for HIV patients who may struggle to secure the most appropriate therapies.

GSK is a science-led global health care company that researches and develops a broad range of innovative medicines and brands to help patients do more, feel better, and live longer. ViiV is a global specialist HIV company 100 percent dedicated to delivering advances in the treatment and care of people living with HIV/AIDS. ViiV's aim is to take a deeper and broader interest in HIV/AIDS – more than any company has done before.

The most recent data (2013) shows that approximately 1.2 million people are infected with HIV in the United States and 1 in 8 are unaware that they are infected.ⁱ An estimated 7,254 people in Oregon are infected with HIV.ⁱⁱ Although there is no cure for HIV, there are groundbreaking treatment options that can help people living with HIV experience long and productive lives, transforming HIV from a life-threatening condition to, in many cases, a manageable chronic disease.ⁱⁱⁱ

Access to medicines is essential for people living with HIV and recent advances in single tablet regimens (STRs) have reduced a patient's pill burden dramatically while increasing adherence.^{iv} Truven Health Analytics' epidemiologic and cost-impact modeling study found that continuous innovation in HIV management, including new drug therapies, has allowed patients to avoid over 862,000 premature deaths; gain over 27 million life-years; and gain \$615 billion in economic value over the cost of treatment in the United States alone.^v Moreover, a 2011 clinical study from the National Institutes of Health (NIH) found that treating HIV-positive people with antiretroviral treatment (ART) reduces the risk of transmitting the virus to HIV-negative sexual partners by 96 percent.^{vi} This can only occur, however, if people living with HIV have access to medical care, are diagnosed, receive treatment, and remain adherent to that treatment.

Step therapy, also referred to as "fail first," is a utilization management tool employed by health insurance companies to control the order in which a patient takes certain therapies approved for a given condition. Under a step therapy protocol, a patient must try one or more medicines chosen by their insurer before coverage is granted for the drug prescribed by that patient's health care provider. Step therapy is applied to a wide range of diseases and conditions including mental health disorders, diabetes, HIV/AIDS, hepatitis, cancer and high blood pressure.

Physicians must have the ability to prescribe the right treatment for the right time for their patients living with HIV. The effective treatment of HIV is highly individualized and accounts for a patient's size, gender, treatment



history, viral resistance, coexisting illnesses, drug interactions, immune status, and side effects. Step therapy impedes access to the treatment the physician determines is most effective based on patient needs, causes delays as a patient cycles through one or more “steps” leading to delayed or lower quality of care. Accordingly, we support SB 526 as it establishes a framework for physicians to override step therapy protocols and prescribe innovative treatments.

Thank you for your consideration and the opportunity to support SB 526. Please feel free to contact me at (404) 313-5840 or kristen.x.tjaden@viivhealthcare.com or Jody Daniels at (503) 951-0693 or jody.daniels@gsk.com should you have any questions.

Sincerely,

Kristen Tjaden
Director, Community Government Affairs
ViiV Healthcare

Jody Daniels
Director, State Government Affairs
GlaxoSmithKline

CC: The Honorable Lee Beyer
The Honorable Tim Knopp
The Honorable Elizabeth Steiner Hayward

ⁱ HIV in the United States: At a Glance, CDC, <https://www.cdc.gov/hiv/statistics/overview/ata glance.html>. Accessed December 18, 2016.

ⁱⁱ Oregon Health Authority Statistical Data and Summaries, January 2017, <https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/HIVData/Documents/LivingWithHIV/Oregon.pdf>

ⁱⁱⁱ Truven Health Analytics. Impact of pharmaceutical innovation in HIV/AIDS treatment during the highly active antiretroviral therapy (HAART) era in the U.S., 1987-2010: An epidemiologic and cost-impact modeling case study. December 2014, <http://truvenhealth.com/Portals/0/Assets/Life-Sciences/White-Papers/pharma-innovation-hiv-aids-treatment.pdf>, accessed May 2015.

^{iv} S Bangalore et al. “Fixed Dose Combinations Improve Medication Compliance: A Meta-Analysis.” *The American Journal of Medicine*, 2007; JM Liber, et al, “Clinical implications of fixed-dose formulations of antiretroviral on the outcome of HIV-1 therapy.” *AIDS* 2011 Sep 10; 25(14):1683-90.

^v Truven Health Analytics. Impact of pharmaceutical innovation in HIV/AIDS treatment during the highly active antiretroviral therapy (HAART) era in the U.S., 1987-2010: An epidemiologic and cost-impact modeling case study. December 2014, <http://truvenhealth.com/Portals/0/Assets/Life-Sciences/White-Papers/pharma-innovation-hiv-aids-treatment.pdf>. Accessed May 2015.

^{vi} <http://www.cdc.gov/hiv/prevention/research/art/>; Cohen MS, Chen YQ, McCauley M, et al. Prevention of HIV-1 infection with early antiretroviral therapy. *N Engl J Med* 2011;365:493-505.