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January 4, 2021

To: AHCCCS Pharmacy Department  
Dr. Salek  
Suzi Berman

From: Chuck Peterson, Executive Director  
Southwest Center for HIV/AIDS

Re: HIV Treatment Formulary Comments

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Greetings:

Treatment for HIV has come a long way from the 1980's when HIV was considered fatal and very few treatment options were available. Thanks to the advances made over the last 30 years, HIV has become a chronic condition that is treatable and allows for individuals to live healthy and long lives. Of course, living a long and healthy life is conditional on access to healthcare and all current HIV treatments, regardless of income or ability to pay.

One of the biggest advances in the HIV community has been the development of a single-dose medication – one pill that contains a combination of several different HIV drugs. A single-dose pill is a huge step forward from the cumbersome, multi-pill regimen that used to be the only option for people with HIV. The single biggest advantage of the single pill is how easy these regimens are to take. One pill, once a day, is far easier for most patients to manage than multiple pills. This results in more patients living with HIV who are taking their pills consistently, and more likely to achieve viral suppression resulting in a decrease in new HIV infections in the community.

Adherence to HIV medications is a critical pathway to ending the HIV epidemic. Not only will it reduce morbidity and mortality, but it will also prevent new HIV infections. Therefore, we at Southwest Center for HIV/AIDS believe strongly that the AHCCCS Pharmacy and Therapeutics Committee should approve an open access polity for the HIV treatment formulary. We believe that the Committee should approve the expansion of the existing formulary to include all FDA approved medications to treat HIV and provide our medical providers all the tools necessary to effectively treat HIV, help their patients achieve an undetectable viral load, and ultimately help to end the HIV epidemic.

In 2016 HHS, CMS, HRSA and the CDC issued a joint statement that promotes and strongly encourages the use of single-tablet regimens on formularies in accordance with DHHS guidelines for the treatment of HIV. As stated, "... 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



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burdensome, and in some cases, less clinically appropriate regimens for reasonable periods of time before single-table regimens or other non-preferred drugs may be covered. “

If we truly want to end the HIV epidemic in Arizona and across the county it is critical that we provide equitable access to health care and the medications and treatments needed to effectively help those living with HIV achieve full viral suppression. This means all people, regardless of income, sexual identity or economic status should have full access to quality health care services that help to maintain health, prevent, and manage disease, only then will we achieve health equity for all citizens of Arizona and our country.

Thank you for your consideration.

Chuck Peterson  
Executive Director, Southwest Center for HIV/AIDS

Casey Simon  
Sr. Director of Healthcare Operations

Rocko Cook  
Director of Community Services

## Conflict of Interest Disclosure Form

AHCCCS requires speakers to disclose any conflicts of interest prior to a presentation. A conflict of interest does NOT necessarily disqualify you from participation. The speaker agrees to inform attendees of any conflict of interest. The conflict must be disclosed in the presentation materials or at the onset of the lecture. **You must also follow our instructions to resolve/manage your conflict of interest.**

### General Information and Your Role

Activity Title: HIV Formulary Written Testimony	Activity Date(s): 01/26/21
Name: Chuck Peterson	Title: Executive Director
Email: cpeterson@swcenter.org	Phone Number: (602) 595-8137
Title of Your Presentation(s) and/or Topic(s): HIV Formulary Written Testimony	

### Please Disclose Any Relevant Financial Relationship

- |   |   |  |
|---|---|--|
| 1. Are you an employee or principal member of a company that is testing, producing, marketing, re-selling or distributing health care goods or services?  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |
| 2. Do you receive currently, or have you received in the past 12 months, payments from a company for any of the following or similar work you provided: speakers' bureau, consultant, grant/research, etc.  | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |
| 3. In your presentation, will you discuss any products or services that were developed by a commercial interest (e.g. pharmaceutical company or device manufacturer) with which, within the past 12 months, <i>you, your spouse, or your partner</i> have had a financial relationship? | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |
| 4. Will you be discussing off-label use(s) of a medication? If so, identify the medication, off-label use, and manufacturer.  | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |
| 5. Do you have any other kind of financial interest in products or services you will be discussing?   | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            |

**If you answered "Yes" to any of the above, please list the commercial interest(s) and define your relationship(s) (e.g., founder, chief medical officer, speakers' bureau, consultant, research support, stocker holder, royalties, or similar).**

Commercial Interest:	Relationship:
Southeast Center is a 340b covered entity. As a result we do receive funds from pharma through this program.	

### Your Attestation

Regardless of any relevant financial relationships disclosed above, I attest that the content for this activity will provide a well-balanced, evidence-based, and unbiased approach to diagnostic and therapeutic options related to quality health care. I agree to inform attendees of any conflict of interest and will disclose in the presentation materials or at the outset of the lecture.

Your Signature: 	Date of Signature: 1.4.21
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