November 6, 2013

John Martin, PhD
Chief Executive Officer
Gilead Sciences, Inc.
Foster City, CA

Re: Coverage of Antiretroviral Medications for Individuals Living With HIV

Dear Dr. Martin:

On behalf of the HIV Health Care Access Working Group (HHCAWG), we are writing to urge Gilead Sciences, Inc. to negotiate with health insurance companies or their intermediaries reasonable prices for HIV antiretroviral (ARV) medications, including critical combination drugs. We are concerned that due to high drug prices, some of the most commonly prescribed combination ARV drugs in particular are either excluded from many Qualified Health Plan (QHP) formularies or are placed on higher cost-sharing tiers that put them out of reach for many people living with HIV/AIDS (PLWHA). The cost of drugs – among other factors – affects consumer access to medications because of the influence of cost on plan decisions regarding placement on cost-sharing tiers, prior authorization, and other utilization management techniques.

We recognize the pharmaceutical industry’s important contributions to the remarkable advances that have occurred in the HIV field as well as the industry’s contributions to the Affordable Care Act (ACA), such as providing additional Medicaid and Medicare drug discounts. We also appreciate the critical pricing concessions that pharmaceutical companies make to ensure access to ARVs including the combination medications through state AIDS Drug Assistance Programs (ADAPs). However, now that more PLWHA than ever before will gain access to private coverage in the State and Federal health insurance Marketplaces, we must ensure that their coverage supports access to affordable HIV care and treatment, including the combination medications that are a cornerstone of successful treatment today.

To ensure that PLWHA who are gaining coverage through the QHPs have access to today’s standard of care, we respectfully urge you to actively negotiate reasonable prices with insurance companies or their intermediaries so that these medications will be more readily available within all of the private health insurance markets, including the Marketplaces. When covered, many HIV medications are found on the highest cost-sharing or specialty drug tiers, which carry with them co-pays or co-insurance that can be hundreds of dollars per prescription. Drug costs also are a critical factor in ensuring that ARVs are not subject to utilization management techniques, such as prior authorization or step therapy, which can delay access to treatment.

We recognize that drug pricing is just one factor affecting access to HIV treatments. We have already written to the Department of Health and Human Services (DHHS) and the Center for Consumer Information and Insurance Oversight (CCIIO) calling for stronger QHP monitoring and non-discrimination enforcement, including guidance to educate issuers on the DHHS HIV treatment guidelines and the role of combination medications in HIV treatment today. We also are writing to QHP issuers urging them to
ensure inclusion of combination ARVs on their drug formularies on cost-sharing tiers that will allow people with HIV access to these essential medications. And finally, we wrote to DHHS encouraging them to work with the Office of the Inspector General (OIG) regarding a pending opinion that would allow manufacturer co-payment insurance programs to interact with QHPs and thus reduce the cost-sharing burden on PLWHA.

Thank you very much for the opportunity to participate in this important process. Please feel free to contact HHCAWG Co-chair Andrea Weddle with the HIV Medicine Association (aweddle@hivma.org) or Lynda Dee with the Fair Pricing Coalition (Lyndamdee@aol.com) with questions regarding our comments.

Respectfully Submitted,

Fair Pricing Coalition
HIV Health Care Access Working Group Steering Committee

HHCAWG Steering Committee members:


cc: Coy Stout