RE: AHCCCS P&T COMMITTEE AND THE HIV FORMULARY

Dear AHCCCS P&T Committee Members:

The City of Phoenix became a Fast Track City in 2016 and committed to achieve an end to the HIV epidemic in Phoenix by 2030. For this initiative the City is pursuing three benchmark goals referred to as the 90-90-90-0 goals:

- 90% of all persons living with HIV tested and identified (currently at 86%)
- 90% of all persons diagnosed with HIV in medical care and taking anti-retrovirals (currently at 65%)
- 90% of all persons retained in medical care with an undetectable viral load (currently at 60%)
- 0% stigma and discrimination

In order to achieve these goals HIV testing and treatment will need to improve for Phoenix residents. The City is working closely with community organizations to help marshal all possible resources to better identify people living with HIV, to engage these individuals in treatment and care, and to support these patients in achieving an undetectable viral load.

In December of 2020 the Phoenix City Council unanimously adopted a resolution that, in part, provides:

HIV treatment today is powerful, and treatment is prevention. The CDC has acknowledged that HIV positive patients on treatment, and with an undetectable viral load, cannot transmit HIV to others. This medical science that is referred to as undetectable = untransmittable or U=U, heralds a new day in HIV treatment and prevention, as it pertains to HIV and sexual transmission. If we can get every HIV positive individual on treatment and virally undetectable then we can stop new transmissions.

Single-tablet regimens are the most powerful tool available to achieve viral suppression in patients. Research has proven that patient adherence and time to viral suppression on a single-tablet regimen is significantly better with the use of single tablet therapies. HHS Guidelines for treatment naïve patients call for immediate prescription of one of 3 regimens, and medical providers need all available medications at their disposal to treat HIV. HIV is a unique condition where the virus often mutates and develops resistance to medications. In addition, many patients have co-morbidities that require specific

treatment therapies. One size does not fit all with HIV treatment. All FDA approved therapies are included on the Medicare Part D formulary, and Ryan White programs similarly include all therapies on its formulary. It is critically important that private insurers and Arizona's Medicaid Program, AHCCCS, follow suit and include all HIV therapies on their formularies.

In addition to the current HIV therapies that need formulary approval, it is equally critical that private insurance and AHCCCS quickly approves new therapies on their formularies. Soon there will be a monthly injection that is FDA approved for treatment, and for many populations this will be a potent and effective treatment to help them achieve an undetectable viral load.

The Phoenix Fast Track Cities Initiative Ad Hoc Committee calls upon Private Insurers and Arizona's Medicaid Program, AHCCCS, to establish policies of open access to HIV therapies to give medical providers every tool at their disposal to treat HIV.

On behalf of the City of Phoenix City Council, I urge AHCCCS to establish an open HIV formulary for the patients being treated for HIV. This policy will allow patients to have access to all currently FDA approved medications to treat and prevent HIV, and ultimately help them achieve an undetectable viral load so we can make progress toward ending the HIV epidemic in Phoenix.

Sincerely,

Councilwoman Debra Stark

City of Phoenix District 3