



01/21/2021

Dear Pharmacy and Therapeutics Committee,
Arizona Health Care Cost Containment System (AHCCCS)
Arizona

Re: Single Tablet Antiretroviral Regimen

I am the medical director of a large Ryan White clinic in Southern Arizona. We are part of the largest Federally Qualified Health Clinic in Pima County, Arizona – El Rio Community Clinic that serves more than 110 000 patients in Tucson. We currently care for 1400 patients living with Human Immunodeficiency Virus (HIV) and have been serving our community for the past 30 years. I am writing in support to have single tablet Antiretroviral mediations on the AHCCCS formulary.

Recent National Ryan White data published in Feb 2019 reports that though there have been about 5 years of substantial declines in the number of HIV infections, these numbers began to level off in 2013 at about 39,000 infections per year. Noteworthy, infections have increased 30% among Latino gay and bisexual men and increased about 65% among both black and Latino gay and bisexual males ages 25 to 34. Furthermore, the CDC estimates that the decline in HIV infections has plateaued because effective HIV prevention and treatment are not adequately reaching those who could most benefit from them. These gaps remain particularly troublesome in rural areas and among disproportionately affected populations like African-Americans and Latinos.

Key strategies are now needed to curb this health crisis, these include diagnosing infection as early as possible, treating new infection rapidly to achieve viral suppression and protecting people at risk for HIV using proven prevention approaches like Pre-exposure prophylaxis (PrEP).

The Ending the Epidemic Initiative set out by the federal government emphasizes the need to use all available tools to both treat and prevent HIV in order to end the HIV epidemic by 2030 – this involves using antiretroviral therapy associated with less side effects, less drug interactions, all of which helps with daily adherence.

As a clinician on the front line – it is evident that single tablet regimens not only help with patient adherence, they lead to faster viral suppression and are a crucial tool in our RAPID Start Initiative to get patients on treatment immediately after diagnosis.

Secondly, the joint recommendations by HHS, CMS, HRSA, and CDC issued in December, 2016 promotes the availability of single-tablet regimens on formularies in accordance with DHHS

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guidelines for the treatment of HIV. (see attached document). It is now considered standard of care and first line regimen by experts in the field of HIV medicine. The crucial need to have these regimen available on our AHCCCS Formulary will allow us to decrease gaps in health care for some of Arizona's most vulnerable patients.

Lastly, the fact that people infected with HIV who are virally suppressed cannot sexually transmit the virus to others is now accepted in the HIV/AIDS community as a result of accumulating evidence since the early 2000s. The slogan U=U (undetectable is equal to untransmittable) is a simple but hugely important campaign. It has been successful in influencing public opinion, causing more people with HIV (and their friends and families) to comprehend that they can live long, healthy lives, have children, and never have to worry about passing on their infection to others. The evidence to support the effectiveness of viral suppression in blocking transmission is clear. In our continued fight to end this global pandemic, decrease health disparities and provide the best care for our patients, it is essential to have single tablet regimen antiretrovirals available to our patients.

Thank you for your consideration,



Sincerely,

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