



June 24, 2026

Via Electronic Correspondence

Dr. Amy Gutierrez
Colorado Division of Insurance
1560 Broadway, Suite 1300
Denver, CO 80202

RE: PDAB Rule 3 CCR 702-9: Part 4.4: Upper Payment Limit for Cosentyx

Dear Interim Chair Gutierrez:

Aimed Alliance is a not-for-profit health policy organization that seeks to protect and enhance the rights of healthcare consumers and providers. We appreciate the Colorado Prescription Drug Affordability Board's ("PDAB" or "Board") commitment to addressing the rising cost of prescription drugs for Coloradans. As the Board starts the upper payment limit (UPL) rulemaking process for Cosentyx, Aimed Alliance urges the Board not to move forward with a UPL, given the risk of unintended consequences. If the Board chooses to proceed, we urge the Board to exercise caution, prioritize patient well-being, and establish clear safeguards to monitor and mitigate the UPL's effects on access and care.

A. UPLs May Fail to Deliver Out-of-Pocket Savings for Patients

UPLs may not translate into meaningful savings for patients and can introduce unintended consequences for access and affordability. UPLs apply only to what payers reimburse pharmacy benefit managers (PBMs), not to what patients pay at the pharmacy counter. As a result, they offer no guarantee of meaningful out-of-pocket savings for patients. Moreover, existing research suggests that UPLs may produce adverse effects on access and affordability. A recent *Avalere* study found that health plans anticipate increasing the use of utilization management tools, such as step therapy and prior authorization, when UPLs are imposed on certain drugs.¹ Plans are also expected to modify formularies by shifting drugs and their therapeutic alternatives into different tiers.² These changes risk raising costs for patients and restricting access to necessary medications, underscoring the need for caution when implementing UPLs.

UPLs may also undermine patient access in other ways. Providers may stop dispensing medications if reimbursement rates fall below acquisition costs. Payers may also prioritize drugs that are not subject to UPLs or may steer patients toward alternative therapies, as many PBM rebates are tied to the drug's price, reducing PBMs' incentives to offer these options. Conversely, even if UPLs operate as intended, patients who are clinically stable on therapeutic alternatives may be subject to non-medical switching to drugs targeted by these UPLs. In each of these scenarios, continuity of care may be disrupted, health outcomes compromised, and safety-net providers strained, ultimately increasing overall healthcare costs. Aimed Alliance supports addressing the

¹ Avalere Health, *Update: Health Plans' Perceptions of PDABs and UPLs* (Mar. 28, 2025), <https://advisory.avalerehealth.com/insights/update-health-plans-perceptions-of-pdabs-and-upls>.

² *Id.*

underlying systems and practices that steer patients to certain drugs and interfere with the patient-provider relationship. Therefore, Aimed Alliance urges the Board to not move forward with a UPL for Cosentyx.

B. Prioritize the Patient Voice During the UPL Rulemaking Process

Aimed Alliance appreciates the Board's commitment to considering the patient voice throughout the affordability review and UPL-setting process. However, because patients are the individuals most directly affected by the Board's decisions, their experiences and perspectives should serve as essential evidence rather than commentary that is acknowledged but not acted upon. One way to do this is by drawing on international actors with extensive experience implementing drug-pricing mechanisms comparable to UPLs.³

Across health technology assessment systems globally, widely recognized best practices highlight the importance of including patient perspectives directly into affordability and reimbursement decisions. These practices include establishing consumer-engagement frameworks that prioritize transparent communication and timely notification, elevating consumer evidence and input, and maintaining a structured feedback loop following recommendations.⁴ Integrating patient feedback in this manner can also help the Board determine whether supplemental reforms may be more appropriate than setting a UPL. For example, if patients report that a drug is unaffordable primarily due to payer policies rather than the drug's actual price, it is critical for the Board to reconcile this information before moving forward.

Implementing a UPL for a drug whose affordability issues are not price-driven could lead to ineffective policy choices and increased time and spending on solutions that fail to address the underlying problem. For these reasons, Aimed Alliance urges the Board to meaningfully prioritize the patient experience as it considers whether to set a UPL for Cosentyx. We encourage the Board to closely evaluate and reconcile the feedback it has gathered with its ultimate decisions, ensuring that patient input is treated as a formal data source.

C. Monitor the UPL's Effects on Patients and Establish Clear Safeguards

If the Board decides to move forward with setting a UPL, it is essential that it closely and intentionally monitor its effects on patients. Because the Board's mission includes protecting Colorado consumers from excessive prescription drug costs, it should ensure not only that a UPL lowers costs for consumers, but also that it does not inadvertently reduce access to medically necessary therapies. This requires ongoing monitoring of utilization management practices adopted by health plans following implementation, for both Cosentyx and for its therapeutic alternatives. Without this oversight, patient access issues may go undetected, and the Board will not have the information needed to correct such unintended consequences. These considerations raise several important process questions regarding implementation. For example:

- What will constitute sufficient harm to warrant withdrawal of a UPL?

³ Australian Government Department of Health and Aged Care, *Enhance HTA: An Enhanced Consumer Engagement Process in Australian Health Technology Assessment A Report of Recommendations* (June 2024), <https://www.health.gov.au/sites/default/files/2024-09/enhance-hta-an-enhanced-consumer-engagement-process-in-australian-health-technology-assessment-a-report-of-recommendations.pdf>.

⁴ Id.

- Will the threshold apply only to patient harm, or also to harm experienced by providers?
- What data sources will be used to assess impact, and how will data be collected and measured?

Without a transparent and enforceable mechanism to monitor patient impact, it is unclear how the Board would effectively and swiftly identify and address unintended consequences. We therefore urge the Board to develop a deliberate process that meaningfully tracks UPL impacts and provides patients with opportunities to engage the Board when access challenges arise.

D. Conclusion

In conclusion, Aired Alliance commends the Board for its commitment to addressing the rising cost of prescription drugs for Colorado patients. However, we urge the Board to proceed with caution. This must include carefully evaluating potential unintended consequences, prioritizing patient feedback throughout the process, and establishing a plan for the ongoing monitoring of utilization management practices adopted by health plans following implementation. If you have any questions or wish to discuss these matters further, please contact us at policy@airedalliance.org.

Sincerely,

Olivia Backhaus
Staff Attorney

