COLORADO
Prescription Drug Affordability Board
Division of Insurance

Health & Human Services Committee
Committee
House of Representatives
Colorado General Assembly
200 East Colfax
Denver, Colorado 80203

Health & Human Services

Colorado State Senate
Colorado General Assembly
200 East Colfax
Denver, Colorado 80203

Governor Jared Polis
Colorado Governor's Office
200 East Colfax, Room 136
Denver, Colorado 80203

July 1, 2024

Dear Governor Polis, Representatives, and Senators,

Excessive costs for prescription drugs negatively impact the health and safety of Coloradans and contribute to rising health care costs. The Prescription Drug Affordability Board continues to make progress in its efforts to ensure that Colorado consumers have access to affordable prescription drugs. The Board is pleased to share this report that summarizes the Board's activities in 2023. Pursuant to § 10-16-1414, C.R.S., this report addresses various activities conducted by the Prescription Drug Affordability Board and Prescription Drug Affordability Advisory Council in 2023. It also includes recommendations for further legislative action which would likely help reduce medication costs for Colorado consumers.

Thank you for the opportunity to share with you our efforts to increase the affordability of prescription drugs and reduce the effects of excess costs.

Sincerely,

Dr. Gail Mizner
Chair, Colorado Prescription Drug Affordability Board

COLORADO
Prescription Drug Affordability Board
Division of Insurance

Prescription Drug Affordability Board

2023 Activities Summary Report

Table of Contents

Introduction and Background

Pursuant to section 10-16-1414, C.R.S., the Colorado Prescription Drug Affordability Board (PDAB, the Board) is pleased to submit the 2023 PDAB Activities Summary Report. Formed in October 2021, the PDAB is a type 1 board[1] which is tasked with protecting Colorado consumers from excessive prescription drug costs pursuant to section 10-16-1403, C.R.S. In its second full calendar year, the Board established the rules, policies, and norms to create a robust, stakeholder- and expert-informed, and thoughtful program to guide future prescription drug affordability work and begin the work itself. This is the second report submitted to the Governor and the General Assembly's Health and Human Services Committee of the House of Representatives, and the Health and Human Services Committee of the Senate. More information about the Board is found on the Division of Insurance's Colorado Prescription Drug Affordability Review Board & Advisory Council webpage. Additionally, the Division published a Frequently Asked Questions document about the PDAB. The report and recommendations reflect the statements of the Board and do not necessarily reflect the ideas or intentions of the Division of Insurance.

In 2021, the General Assembly understood it was imperative to create a prescription drug affordability board with the authority to review prescription drug costs and protect Colorado residents and entities who purchase or reimburse for prescription drugs from excessive costs. As set forth in the legislative declaration, the General Assembly acknowledged that excessive prescription drug costs:

- Negatively impact the ability of Coloradans to obtain prescription drugs, and price increases that exceed reasonable levels endanger the health and safety of Coloradans;
- Threaten the economic well-being of Coloradans and endanger their ability to pay for other necessary and essential goods and services, including housing, food, and utilities;
- Contribute significantly to a dramatic and unsustainable rise in health-care costs and health insurance premiums that threatens the financial health of Coloradans and their ability to maintain their physical health;
- Pose a threat to the health and safety of all Coloradans but disproportionately harm people of color and Coloradans with low incomes; and
- Contribute significantly to rising costs for health care that is provided to public employees, including employees of state, county, and local governments, school districts, and institutions of higher education, and to public retirees whose health-care costs are funded by public programs, thereby threatening the ability of state and local governments to adequately fund those programs and other important services, such as public education and public safety.[2]

The General Assembly also acknowledged that a lack of prescription drug transparency prevents policymakers and the public from gaining a true understanding of the costs of prescription drugs and that information relating to the prescription drugs' costs is necessary to provide accountability to the state and to all Coloradans. [3]

[1] A type 1 board exists from a type 1 transfer that denotes a relationship in which the subordinate board (PDAB) exercises its powers, duties, and functions independently of the executive director of the department within the agency in which it is placed (DORA).
[2] Legislative declaration, SB21-175, Prescription Drug Affordability Review Board (2021).
[3] *Id.*

Prescription Drug and Affordability Board Members

The five (5)-member Prescription Drug and Affordability Board (the Board) was appointed by Governor Polis on September 27, 2021 and confirmed by the Colorado Senate. Three Board members have been reappointed by the Govenor and reconficmed by the Senate, as noted in Board member descriptions, below.

The Board's duties include collecting and evaluating data to identify drugs that may be subject to an affordability review, performing affordability reviews if certain statutory triggers occur, determining whether a prescription drug is unaffordable for Colorado consumers, setting upper payment limits on prescription drugs the Board has found to be unaffordable, and making policy recommendations to the General Assembly. All Board members have an advanced degree and experience or expertise in clinical medicine or health care economics, as required by section 10-16-1402, C.R.S. The five current Board members are:

- Dr. Sami Diab, MD of Greenwood Village, Colorado, is appointed for a term expiring September 27, 2024. Dr. Diab is a medical oncologist and serves as an Associate Professor of Medicine at the University of Colorado and Medical Director of Oncology at the UCHealth's Lone Tree Medical Center. Dr. Diab's expertise in oncology and financial toxicity provide a clinical perspective to cost analysis and evaluating a drug's value to patients.
- Dr. Amy Gutierrez, PharmD of Aurora, Colorado, is reappointed for a term expiring September 27, 2026. Dr. Gutierrez is the Vice President and Chief Pharmacy Officer for UCHealth, overseeing medication management practice, strategy and policy across the healthcare system. She is also a Clinical Associate Professor at the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences and an Adjunct Assistant Professor of Clinical Pharmacy at the University of Southern California School of Pharmacy and Chapman University's School of Pharmacy. Dr. Gutierrez is passionate about leading strategies to improve medication access and outcomes, as well as leveraging the value of pharmacists to drive improved health outcomes.
- Catherine Harshbarger, RN, MHA of Holyoke, Colorado, is reappointed for a term expiring September 27, 2026. Ms. Harshbarger has worked as a nurse for nearly 40 years and has experience with retail, hospital, and clinic pharmacies. Representing rural communities, Ms. Harshbarger has an acute awareness of the needs and barriers facing rural Coloradans and is skilled in recommending more affordable therapeutic alternatives.
- Dr. Gail Mizner, MD, FACP, AAHIVS of Snowmass Village, Colorado, is appointed Board Chair with a term expiring September 27, 2024. She is the Internal Medicine Consultant and Director of Clinical Education at Mountain Family Health Centers, a Federally Qualified Health Center on the western slope of Colorado that serves 20,000 uninsured and underinsured patients. She is a former full time assistant professor at the University of Colorado School of Medicine and a current clinical faculty member. Dr. Mizner is a board-certified internist, an American Academy of HIV Medicine certified HIV specialist, and a Fellow with the American College of Physicians.
- Dr. James Justin VandenBerg, PharmD, BCPS of Denver, Colorado, is reappointed for a second term expiring September 27, 2025. Dr. VandenBerg is the Pharmacy Business Services Manager at Denver Health. He has served as a clinical pharmacist and has expertise in financial management and the 340B program. This broad pharmacy experience allows Dr. Vandenberg to understand cost drivers and identify opportunities to minimize drug costs while providing optimal patient care.

The Board meets approximately every six weeks and met thirteen times in 2023. Board meeting materials can be found here. Typical attendance at Board meetings ranges from 80-120 people.

Prescription Drug Affordability Advisory Council Members

In December of 2021, the Board appointed the fifteen (15)-member Prescription Drug Affordability Advisory Council (PDAAC, Advisory Council), as required by section 10-16-1409, C.R.S. The Advisory Council's role is to provide general input to the Board and provide insights and expertise to the Board during the Board's selection of prescription drugs for affordability reviews.

In selecting Advisory Council members, the Board reviewed over 50 applications from Coloradans across the state who represent different interests including patients, providers, and participants in the pharmaceutical supply chain. Pursuant to statute, the PDAAC must be composed of individuals who reflect the diversity of the state with regard to race, ethnicity, disability, age, gender identity, and geography, as well as individuals who have experience serving underserved communities. The fifteen PDAAC members are:

- Kim Bimestefer, Executive Director of the Colorado Department of Health Care Policy and Financing
- Gail deVore, representing health care consumers - reappointed in 2023
- Sarita Parikh, representing health care consumers
- Edward A. Dauer, LL.B., M.P.H,. representing statewide health care advocacy organizations - reappointed in 2023
- Kimberley Jackson, DO (PDAAC Chair) representing consumers with chronic diseases
- Maria Fenwick, representing a labor union
- Nathan Wilkes, representing employers
- Chad Friday, representing carriers
- Marc Reece, representing pharmacy benefit managers
- Thomas Tobin, MD, MBA, representing health care professionals with prescribing authority
- R. Brett McQueen, PhD, representing an organization that researches prescription drugs
- Katelin Lucariello, MPH, representing manufacturers of brand name drugs
- Neal Miller, representing manufacturers of generic drugs
- Andrew Gonzales, PharmD, representing pharmacists
- Leah Lindahl, representing wholesalers

The Advisory Council met six (6) times in 2023 and has been instrumental in providing advice and insights regarding the criteria the Board should prioritize during the selection stage of affordability reviews and ranking the top 20 drugs in the Board's prioritized drug list. The Advisory Council's in-depth knowledge regarding the pharmaceutical business model, supply chain business models, medical and clinical practice, health care consumer and patient perspectives, health care cost trends and drivers, clinical and health services research, and Colorado's health care marketplace has greatly informed the Board's work. In addition to providing valuable input to the PDAB, the Advisory Council has adopted a Conflict of Interest Policy and a Joint Communication Policy to provide a framework to promote engagement between Advisory Council members and Board members. Additionally, the Advisory Council formed two ad hoc work groups to discuss Council business and data considerations. Advisory Council meeting materials can be found here.

2023 PDAB Accomplishments

The Board submitted its first Activities Summary Report to the General Assembly on July 1, 2022. In the last year, the Board has continued to strengthen and implement its program and be a leader in the nation for addressing the unaffordability of prescription drugs.

Rule and Policy Development

The Board updated one rule and created another in 2023:

- The passage of House Bill (HB) 2023-1225 required the Board to update its adopted rules to align with changes in statute. The Board adopted Amendments to Parts 1, 2, and 4 to Align with Statutory Changes from HB 23-1225 and held rulemaking proceedings in accordance with requirements outlined in the Colorado Administrative Procedures Act.
- The Board created Rule Part 4 - Upper Payment Limits which contains details regarding how the Board will consider the statutory factors, such as prescription drug costs, drug shortage lists, and impacts to older adults and persons with disabilities, when establishing an upper payment limit for a particular prescription drug.

The Board also developed and updated two (2) policies to guide the program and, in conjunction with the Advisory Committee, developed a new policy:

- Policy 03: Conflict of Interest Policy - This policy ensures the Board conducts business for the benefit of the public and in the absence of personal, financial, or otherwise improper interests and provides guidance to individual Board members on how to identify and manage conflicts of interest in relation to their statutory obligations as Board members.
- Policy 05: Upper Payment Limit Methodology - This policy provides more detail regarding how the Board will consider the information outlined in the Board's Rule Part 4 - Upper Payment Limits. This policy provides more detail on the methodology to establish upper payment limits; the process for establishing an upper payment limit through rulemaking; the process for prescription drug availability inquiries and reporting; and maintaining confidential information.
- Joint Resolution Communication Policy - This policy provides a framework to ensure long-term and effective exchange of information between the Board and the Advisory Council.

Affordability Reviews

The Board's second year focused on identifying, selecting, and conducting the nation's first affordability reviews on eligible prescription drugs.

Methodologies

Board staff published Methodology Memoranda to guide the Board through the steps of affordability reviews (identification, selection, and affordability review):

- **Eligible Drug Identification Memo** - This document provides the PDAB with an overview and details of the methodology used to identify prescription drugs eligible for selection for an affordability review.
- **Selection Criteria Consideration & Data Details** - This document is meant to provide the PDAB with an overview and details for how the Board could evaluate and utilize selection criteria in the affordability review process. Board staff also provide recommendations for which selection criteria could be ranked and weighted to focus on the Board's affordability goals for this year.

- **Affordability Review Components Methodology** - This document provides the PDAB with an overview of affordability reviews and details of the methodologies that will be utilized to conduct research for each affordability review component.

Identification

The first stage of the affordability review process is to identify drugs that are eligible for review by compiling a list of drugs that meet statutory criteria outlined in section 10-16-1406(1), C.R.S.

- 604 prescription drugs were eligible for affordability review in 2023.
- Board staff created the Colorado PDAB 2023 Eligible Drug Dashboard to allow the Board and members of the public to navigate the eligible drug list in detail, including data visualizations highlighting intersections between multiple selection criteria.
- Board staff created the Dashboard FAQ Document to anticipate questions from dashboard users.
- On June 9, 2023, the Board approved the list of drugs that are eligible for affordability review.

Selection

After identifying eligible drugs, the Board determined which drugs to select for affordability review by evaluating 19 distinct data requirements, referred to going forward as "selection criteria". As established in 10-16-1406(2), C.R.S., selection criteria include class and therapeutic equivalent, aggregated data, average patient's out-of-pocket cost, and input from the Advisory Council. Due to the large number of selection criteria required for the 604 eligible drugs, the Board narrowed the eligible drug list by setting thresholds that aligned with their priorities, and ranked and weighted which selection criteria were most important.

- On March 31, 2023, two experts from the Skaggs School of Pharmacy led the Board in a multicriteria decision making exercise to rank and weight selection criteria. Results of the exercise can be found here.
- On July 31, 2023, the Advisory Council provided input on how the Board could use and prioritize selection criteria, and recommended their top 20 drugs for potential selection.
- On August 4, 2023, the Board adopted resolutions to select five (5) drugs for affordability review:
    - Trikafta
    - Genvoya
    - Enbrel
    - Stelara
    - Cosentyx

Conduct Affordability Reviews

Within sixty (60) days after selection of the five (5) drugs for affordability review, the Board considered voluntary information from manufacturers, and input from patients and caregivers, and individuals with scientific or medical training.

- **Voluntary Information** - Manufacturers, carriers, pharmacy benefit managers, patients, and providers voluntarily submitted information to the public PDAB email address. Additionally, Board staff provided a secure avenue to submit confidential, trade-secret, or proprietary information.

- **Public Input Sessions** - Board staff facilitated drug-specific stakeholder meetings for patients and caregivers and individuals with scientific medical training to gather input on the health and financial effects of the drug under review.
- **Surveys** - Understanding that not everyone may be able to attend public meetings, the Board provided surveys to capture broader patient or provider input.

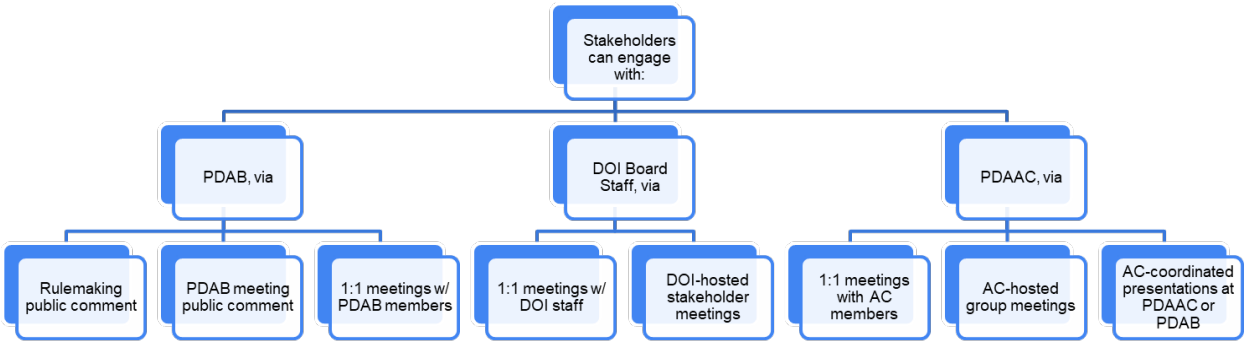
The Board heard from approximately 386 patients and caregivers and 51 individuals with scientific and medical training during the affordability review processes for all five selected prescription drugs between 2023 and 2024.

The **Affordability Review Report** consists of a Summary Report and sixteen appendices, each addressing the required statutory and regulatory components the Board considers as part of an affordability review. The Summary Report is divided into three profiles: a therapeutic and utilization profile; a cost and price profile; and an access to care profile. The profiles contain information from the fifteen statutory and regulatory components the Board considers as a part of an affordability review. The profiles were identified by Board members and Board staff as a way to present affordability review evidence in a commonsense manner. While these profiles incorporate all fifteen components the Board considers during affordability reviews, additional information is provided for each of the fifteen components in the appendices, with each component having an individual appendix.

- On December 15, 2023, the Board completed its first affordability review for Trikafta. The final Trikafta report totaled 589 pages and incorporated robust feedback from the manufacturer, patients, caregivers, and providers. The Board ultimately determined that use of Trikafta is not unaffordable for Colorado consumers.

Stakeholder Engagement

The expertise of Board members and Advisory Council members is paramount to the success of the Board's work, but Board members also recognize that due to the complexity of the prescription drug supply chain and impact to patients, stakeholder input is important at many junctions of the Board's work. The Board has created multiple avenues to receive feedback and has established open lines of communication with a large array of stakeholders, including: consumers, patients, providers, pharmacies, hospitals, wholesalers, insurance companies, pharmacy benefit management firms, and prescription drug manufacturers. Stakeholders can engage in the work via a number of paths:



The Board has provided the following guidance for stakeholders who wish to be involved in the Board's work:

- Stakeholder Engagement Guide - This document outlines the ways in which stakeholders may get involved in the affordability review process.

- **Office Hours** - During affordability reviews, Board staff held weekly, one-hour open meetings for stakeholders to ask any questions about the affordability review process and how to engage.
- **PDAB Listserv** - The Board sends out regular updates via the PDAB listserv. There are currently 3,193 individuals subscribed to the listserv.
- **Public Comment** – The Board has increased the number of public comment opportunities at the majority of their meetings, often allowing for two or three public comment opportunities per meeting.

In addition to PDAB meetings and Public Input Sessions, the Board facilitated additional public meetings during each stage of the affordability reviews to promote transparency, seek continuous feedback and input from stakeholders, and to ensure the public was well informed of the Board's work.

- During the eligibility step of affordability review, the Board held two (2) public meetings to walk through the 2023 Colorado Eligible Drug Dashboard and provided a form for members of the public to ask questions about the Dashboard.
- During the selection stage, the Board facilitated a stakeholder meeting to explain the affordability review process in detail and outline the criteria the Board could evaluate when selecting drugs.

Additionally, Board staff have established open lines of communication with the staff of the Prescription Drug Affordability Boards in Oregon, Maryland, and Washington.

Obtaining Additional Expert Support

In addition to seeking advice from the PDAAC, the work of the Board is continuously informed by additional experts, specifically:

- The Program on Regulation, Therapeutics, and Law (PORTAL) from Brigham & Women's Hospital at Harvard Medical School - the Board has contracted with PORTAL to support the PDAB through providing data analysis and research; technical assistance in developing methodologies to calculate selection criteria data points for affordability reviews; and recommendations for affordability review processes and upper payment limit methodologies.
- The Colorado Department of Health Care Policy and Financing (HCPF) - HCPF has significant expertise with regards to prescription drug cost and utilization analytics. Recognizing this, Board staff entered into an Inter-Agency Agreement (IAA) with HCPF. The Board has utilized HCPF expertise to identify and assess data sources to fulfill statutory requirements related to affordability reviews and upper payment limits; assist Board staff in establishing processes to implement methodologies to identify drugs using wholesale acquisition cost (WAC) and claims data, and select drugs using multiple data sources; and analyze claims data and WAC from other data sources to identify drugs outlined in statute, analyze drugs meeting triggers outlined in statute for the purpose of selecting drugs; and accessing drug pricing data and manufacturing data when conducting affordability reviews.
- Professors from the University of Colorado Skaggs School of Pharmacy - Two professors from the University of Colorado Skaggs School of Pharmacy volunteered services to assist the Board with a transparent ranking and rating exercise. This exercise helped the Board begin to narrow the list of eligible prescription drugs they may want to choose for selection for affordability reviews.

2023 PDAB Activities Summary

Publicly Available Price Trends

This section covers the statutory requirement to include "publicly available data concerning price trends for prescription drugs" (section 10-16-1414(1)(a), C.R.S.).

Significant attention has been paid to prescription drug price trends at both the national level and in Colorado. Some of the more recent data and reports include:

- Prescription Drug Rebates in Colorado (report by the Colorado Center for Improving Value in Healthcare). Highlights from this data include:
    - Drug rebates as a percent of total pharmacy spending for all payers increased from 28.8% to 30.6% from 2020-2022.
    - For commercial payers, from 2020-2022, rebates as a percent of total spending increased from 43.4% to 45.2% for brand drugs and increased from 23.8% to 24.4% for specialty drugs. In 2022, rebates represented 35.2% of total spending for brand and specialty drugs combined.
    - Across all payers, in 2020, specialty drugs represent 40.8% of pharmacy spending, but only 1.1% of the total number of prescription drugs filled.
- Reducing Prescription Drug Costs in Colorado (report by the Colorado Health Care Policy and Financing Department). This report, focused on Colorado's Medicaid program, highlights cost drivers and strategies to address them.
- Annual Cost Review Report (report by the Maryland Prescription Drug Affordability Board). This report provides an overview of national price trends from 2021-2022, as well as Maryland state price trends.
- Prescription Drug Distribution System and Generic Drug Report (report by the Oregon Prescription Drug Affordability Board). This report provides information on several topics, including how patents, shortages, contracts, and biosimilar products affect the availability and cost of generic drugs nationwide.

Prescription Drugs Subject to Affordability Review

This section covers the statutory requirement to include the number of prescription drugs that were subjected to an affordability review by the Board (section 10-16-1414(1)(b), C.R.S.).

In 2023, the Board completed one affordability review for Trikafta. The final Trikafta report totaled 589 pages and incorporated robust feedback from the manufacturer, patients, caregivers, and providers. The Board ultimately determined that use of Trikafta is not unaffordable for Colorado consumers.

Since the Board conducted and concluded affordability reviews for the remaining four drugs in 2024, those activities and decisions are not summarized in this report.

Conflict of Interest Disclosures

This section covers the statutory requirement to report a description of each conflict of interest that was disclosed to the Board during the preceding year (section 10-16-1414(f), C.R.S.).

Per section 10-16-1402, C.R.S., the Board members, Council, staff members, and contractors of the Board are required to disclose any conflict of interest to the Board.

Pursuant to section 10-16-1402(3)(c)(II)-(III), (d), C.R.S., a conflict of interest disclosed to the Board by a staff member or by a contractor of the Division, which disclosure pertains to a personal association, must remain confidential. Staff members and contractors did not disclose any public conflicts of interest to the Board.

Pursuant to sections 10-16-1409(5)(b) and 10-16-1402(3)(d), C.R.S., the Advisory Council disclosed the following conflicts of interest to the Board in the linked document.

In conducting the Board's work, only Board Member Dr. Sami Diab disclosed conflicts of interest. Dr. Diab disclosed conflicts of interest relating to multiple manufacturers and prescription drugs, the full list of which is available on the Division's website, as required by section 10-16-1402(3)(d), C.R.S. Due to these conflicts of interest, Dr. Diab recused from the Affordability Reviews for Trikafta, Genvoya, and Cosentyx.

Legislative and Regulatory Policy Recommendations

This section covers the statutory requirement to include "any recommendations the Board may have for the General Assembly concerning legislative and regulatory policy changes to increase the affordability of prescription drugs and reduce the effects of excess costs on consumers and commercial health insurance premiums in the state" (section 10-16-1414(1)(h), C.R.S.).

The Board developed the following policy recommendations:

- **Strengthen Consumer Input**: The Board recognizes the importance of hearing directly from patients who face challenges affording prescription drugs. Though the Board values the patient voice and has outlined avenues for feedback, the Board also recognizes that consumer anxieties persist regarding how the Board receives input. Currently, the Board may seek patient and caregiver input once a prescription drug has been selected for an affordability review. The Board recommends that patient input should be included earlier in the affordability review process as part of the identification criteria, and that patients may identify a drug to be considered for selection by the Board. The Board recommends the General Assembly consider revising section 10-16-1406(1), C.R.S. to allow for consumers to identify prescription drugs for consideration for affordability reviews, recognizing that some parameters regarding this process could and should be established, either in law or in regulations.
    - The Board discussed the possibility of adding a consumer representative as a Board member. The majority of Board members did not agree with this recommendation, as the Board reviews a widely disparate group of prescription drugs which require a high level of medical expertise. Board members highlighted the role of the Advisory Council in gathering consumer input as well as the many other opportunities for consumers to share their experiences and expertise.
- **Change Eligibility Thresholds**: The Board recognizes that drugs treating more common conditions may often fall below the current $30,000/yr threshold required for eligibility but may still pose affordability challenges to patients. The Board recommends reducing the threshold for identified drugs below the current $30,000/yr threshold, though further research and discussion may be warranted to determine the specific, lower threshold. The Board is also interested in identifying drugs that impact the largest number of patients based on indication.
- **Gather and Study Additional Rebate Data:** The Board would like more information regarding existing and available rebate data, and has an interest in seeking rebate data from carriers.

Other topics discussed by the Board, that may result in policy recommendations in future reports to

the General Assembly, include:

- Patients and patient advocacy groups have brought to the Board's attention their concerns regarding carrier policies which lack transparency and increase patient costs and delay access to critical prescription drugs. These include step therapy, pre-authorization, percentage-based payments, maximizer programs, and policies that do not allow manufacturer copay and assistance program payments to count towards the patients' deductible. The Board appreciates the work the legislature is already doing to address these concerns and encourages further work in this area to the degree such policies can reduce excess costs and commercial health insurance premiums. In addition, the Board is concerned about the role that pharmacy benefit management firms (PBMs) play in increasing the costs of prescription drugs and in ensuring transparency to all stakeholders.
- Receiving feedback from patients who are unable to access and/or afford a certain drug, in addition to patients currently taking the drug.
- Affordability and access reporting at the point-of-sale (e.g., at the pharmacy counter or physician's office) transactions or failed transactions, including ascertaining a deeper understanding of when and how manufacturer and other patient assistance programs are utilized.
- Potentially identifying, selecting, and conducting affordability reviews differently for different types of prescription drugs for emerging therapies (e.g., gene therapy prescription drugs) to understand if there are distinct affordability challenges consumers face with different types of prescription drugs.
- Conflict of interest disclosure for stakeholders, including patients and individuals with scientific or medical training.
    - Board members discussed requiring stakeholders to disclose conflicts. However, initial research suggests they cannot be required to disclose conflicts but could be encouraged to do so.

Other 2023 Activities

The Board has not yet set UPLs, or received appeals or violations, and therefore is not reporting on sections 10-16-1414(1)(c) through 10-16-1414(1)(e), and 10-16-1414(1)(g)C.R.S.

***

Colorado is one of seven states with a Prescription Drug Affordability Board, with the other six being Maine, Maryland, Minnesota, New Hampshire, Oregon, and Washington. While there are similarities among the states, Colorado's law has the broadest applicability and the Colorado Board has chosen to develop its program at a faster pace than any other state. Colorado is leading the nation in its efforts to address the unaffordability of prescription drugs.