

TO: Monica Sweeney, MD, MPH
Fabienne Laraque, MD, MPH
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FROM: Jan Carl Park, MA, MPA

RE: Proposed New York State Budget Cuts

DATE: February 23, 2009

On February 19, 2009, the HIV Health and Human Services Planning Council voted to sign on to a letter addressed to New York State Assembly Speaker Sheldon Silver, Senate Majority Leader Malcolm Smith, Assembly Minority Leader James Tedisco, and Senate Minority Leader Dean Skelos concerning Executive Budget proposals with a potential negative impact on patient access to prescription drugs within the Medicaid program. The policy, as articulated in the letter, is known as step therapy or “fail first therapy” and mandates that PLWHAs have to fail on a less expensive medication regimen prior to being placed on a more effective but more expensive course of treatment. Soraya Elcock, JoAnn Hilger, Joan Edwards, and I abstained from the vote; everyone else voted in favor of adding the Planning Council to the list of organizations supporting the letter.

A recent article in *AIDS Clinical Care* underscores the appropriateness of the Planning Council’s decision in this matter. In “Virologic Failure: the Risk of Delaying a Regimen Change,” Dr. Paul Sax states that a lag of three months in changing a non-working reverse transcriptase inhibitor (RTI)-based course of therapy (generally 2 NRTIs and 1 NNRTI) was significantly associated with a greater chance of death and immunologic collapse.¹ Both medical science and humanitarian concerns about matching the individual patient with the course of treatment best suited to his or her needs – separate from financial considerations -- underscore the correctness of the Planning Council’s decision on this matter.

¹ Sax PE. Virologic failure: the risk of delaying a regimen change. *AIDS Clin Care* 2008. Downloaded on 2/23/2009 from http://www.medscape.com/viewarticle/585708_print