[DATE]

State Medicaid Director Name

State Medicaid Address

City, State, Zip

Dear [Medicaid Director Last Name]:

As an HIV clinician who cares for patients who rely on Medicaid coverage, I am writing to strongly urge [y*our State*] Medicaid not to restrict access to antiretroviral medications by placing them on the non-preferred drug list.

Remarkable scientific advances have led to highly effective treatment for HIV infection, and it is now definitively clear that early and sustained treatment resulting in viral suppression is critical to keep patients healthy, mitigate and contain costs of long-term complications and reduce the spread of this infectious disease. [[1]](#endnote-1), [[2]](#endnote-2), [[3]](#endnote-3) Despite these treatment advances, too few patients are fully benefiting from HIV treatment with the CDC estimating that just 30% of people living with HIV in the U.S. are virally suppressed.[[4]](#endnote-4)

Due to the complexities and rapid evolution in HIV treatment standards, the U.S. Department of Health and Human Service’s maintains *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents* that are widely recognized as setting the standard for HIV treatment in the U.S.[[5]](#endnote-5) This is a living document that is updated as new research and treatment options become available.

Limiting access to antiretrovirals will restrict access to the preferred HIV treatment for some Medicaid beneficiaries with HIV and possibly permanently limit their future treatment options. Unlike some other conditions, step-therapy—or requiring patients to try and fail on less expensive treatment before allowing coverage for newer, sometimes more expensive treatment—is never appropriate for patients with HIV. HIV treatment failure results in the development of drug resistant virus and potentially irrevocable harm to the immune system.

Many patients with HIV have serious co-occurring conditions in addition to unique physiological factors that determine the HIV antiretroviral agents that will most effectively suppress the virus. HIV clinicians and their patients must have unimpeded access to the full range of medications available to quickly and successfully treat HIV.

Please promote the highest quality of HIV care for [insert your state] Medicaid beneficiaries by leaving critical treatment decisions to HIV clinicians and their patients. Thank you for your consideration and please consider me a resource on this and other issues related to HIV care and treatment.

Sincerely,

[Insert Name and Affiliation]

1. INSIGHT START Study Group. Initiation of antiretroviral therapy in early asymptomatic HIV infection. N Engl J Med. Jul 20 2015. Online at: <http://www.ncbi.nlm.nih.gov/pubmed/26192873>. [↑](#endnote-ref-1)
2. Temprano ANRS 12136 Study Group. A trial of early antiretrovirals and isoniazid preventive therapy in Africa. N Engl J Med. Jul 20 2015. Online at: <http://www.ncbi.nlm.nih.gov/pubmed/26193126>. [↑](#endnote-ref-2)
3. Statement by the HHS Panel on Antiretroviral Guidelines for Adults and Adolescents Regarding Results from the START and TEMPRANO Trials. July 28, 2015. Online at: https://aidsinfo.nih.gov/news/1592/statement-from-adult-arv-guideline-panel---start-and-temprano-trials [↑](#endnote-ref-3)
4. AIDS.gov. HIV/AIDS Care Continuum. Online at: https://www.aids.gov/federal-resources/policies/care-continuum/. [↑](#endnote-ref-4)
5. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1 infected adults and adolescents. Department of Health and Human Services. Online at: https://aidsinfo.nih.gov/guidelines. [↑](#endnote-ref-5)