



The Title II Community
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ETHA (Early Treatment for HIV Act)
(The Treatment Access Expansion Project)
(Early Treatment for HIV Act)
Cost-effective solutions to access to
HIV/AIDS care & treatments.

"MedicaidWatch"

Monthly newsletter for service
providers and HIV+ patients

**The ADAP-Access to HIV Care
Educational Forums**

**The DC ADAP-Access to Care Pokyic
Breakfast Series**

Memberships

aaa+ ADAP Advocacy Association
The National ADAP Working Group
FAAP (Federal AIDS Policy Partnership)
FAAP Convening Group
RWCA Reauthorization Work Group
HIV/AIDS Medicaid/Medicare Work Group
ABAC (AIDS Budget & Appropriations Coalition)
HCAP (Hepatitis C Appropriations Partnership
Southern AIDS Coalition (SAC)
The FDA Alliance
CCD (Consortium for Citizens with Disabilities)
Save ADAP, Inc

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(3/07)

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MEDIA ADVISORY >>> For Immediate release

**ADVOCATES EXPRESS MEASURED RELIEF OVER INTRO
PRICE FOR MERCK'S BREAKTHROUGH HIV DRUG**

WASHINGTON, DC > In announcing the FDA approval of their novel HIV integrase inhibitor *Isetress* on October 12th, Merck & Co. Inc. released a public WAC (Wholesale Acquisition Cost) of \$27.00 per day that was met with tempered relief by HIV/AIDS advocates.

"Our goals were twofold," said Bill Arnold, Executive Director of the Title II Community AIDS National Network and a member of the Fair Price Coalition which has been negotiating an introductory price with Merck. "The first was that the market price be at the mid to lower end of the current published protease inhibitor range of \$25-\$29 per day. The second was that the impact of *Isetress* be cost neutral to ADAPs in the sense it's use in "combination therapy" would not dramatically increase combined regimen costs for already strained public payers, like ADAP. Thanks to a respectful engagement by Merck with the AIDS advocacy community both goals are close to having been met."

Concerns over the price of *Isetress* were serious and based on a number of factors. First, the drug has been part of Merck's intensive HIV/AIDS research program for many years and work on the compound has had to overcome serious research challenges. Second, it is the first in a new class of antiretrovirals. Third, it is highly potent and potentially beneficial in a wide range of HIV cases. These factors have often led to a dynamic of rapidly escalating antiretroviral prices for newly approved drugs.

There were reasons to be hopeful in this case, however, primarily due to Merck's pricing restraint in the introduction of one of the earliest protease inhibitors in 1996.

"When the protease inhibitors were introduced in 1996, the first entries were very expensive," recalled Gary Rose, TIICANN Chair. "Merck's *Crixivan* was then made available at considerably lower cost. It was a brave step for a public company. If Merck follows up with reasonable pricing policies for AIDS Drug Assistance and Medicaid programs, we will have an improved treatment option at favorable costs to ADAP in line with other popular PIs and less costly than several of the other antiretrovirals for treatment experienced patients"

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“It’s not just the cost of an individual drug in treating HIV disease, but the cost of several drugs which must be take in combination and for the rest of a patient’s life, that determines an HIV+ person’s treatment costs. Until we have universal access to health care and treatment in America high cost regimens will be barriers to low income, uninsured HIV+ Americans and many – particularly in communities of color - are at risk of not receiving treatment when high costs strain health care budgets. Knowing the inadequate public funding streams we currently have in the American HIV/AIDS epidemic I appreciate Merck taking a step towards helping us all increase access to HIV care.” said TII CANN Board Member Donna Christian-Christensen MD. Member of Congress and Chair of the Congressional Black Caucus Health Braintrust.

Jeff Bloom, a long time TII CANN Board Member said " As someone who is living with AIDS for over 26 years, I know how important new classes of antiretrovirals are in providing new treatment options for AIDS patients; particularly as patients develop resistance to current AIDS drugs over time as well as having new and better options. This highly anticipated integrase inhibitor comes not a moment too soon for many Americans fighting to live with HIV/AIDS. I applaud Merck’s decision on pricing restraint, given the tendency to price new drugs at new higher price levels. I am also very aware that if the costs of HIV combination therapy out pace the commitments of private and public sources to pay for treatments, HIV/AIDS patients will be without the drugs that are necessary to live a productive and healthy life with AIDS. Having been an ADAP client, I applaud Merck for listening to the needs of HIV/AIDS patients; particularly patients who depend on ADAP or other public funded programs for access to these life saving drugs"

Congressman Maurice Hinchey, a TII CANN Board Member commented, “As a well known opponent of high drug costs in our present health system, which currently does not insure that all Americans who need critical drugs are guaranteed to get them, I am gratified by Merck’s commitment to making this very promising new class of HIV drugs available and affordable for the patients who desperately need it. The American AIDS epidemic is far from over, as we in New York State are well aware, and we need every scientific advance we can get until it is. The lowest possible cost for a new drug translates directly into the maximum number of patients who can access it and thus the maximum of public and private health benefits."

**For additional information:
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