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ADAP Advocacy Cautions Proposed Medicare Drug Price Controls Undermine Optimal Patient Care for Patients Living with HIV/AIDS

Centers for Medicare and Medicaid Services' Selection of the Highly Effective, Popular Antiretroviral Biktarvy Opens the Door to Unintended Consequences

For Immediate Release:
February 24, 2026

Media Contact:
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WASHINGTON, D.C. – ADAP Advocacy today expressed *deep* concerns over the Centers for Medicare and Medicaid Services' (CMS) decision to select Biktarvy® (bictegravir, emtricitabine & tenofovir alafenamide), a highly effective and widely used HIV antiretroviral medication, as one of the 15 prescription drugs targeted for government price control under the Medicare Drug Price Negotiation Program for the Initial Price Applicability Year (IPAY) 2028. The decision could threaten the *delicate* service-delivery system for a health condition long rooted in exceptionalism¹—the idea that HIV/AIDS requires a response beyond "normal" health interventions.

Last year, ADAP Advocacy, in collaboration with thirty-seven advocacy organizations representing national, state, and local community interests, pleaded with CMS for a [carve-out exemption](#) for all medications indicated for the treatment and prevention of HIV/AIDS. ADAP Advocacy had requested this carve-out exemption due to the serious nature of the threat facing People Living with HIV/AIDS, should unintended barriers to accessing HIV medications arise as a result of the Negotiation Program. CMS responded with a form letter last year and further ignored these concerns by including Biktarvy in IPAY 2028.

Brandon M. Macsata, CEO of ADAP Advocacy, stated: **“Access to care and treatment are far more complex than a product’s list price. In the case of the HIV antiretroviral chosen, Biktarvy, CMS has based its decision completely on sales receipts while ignoring the effectiveness of the actual treatment. Real-world data show that switching to Biktarvy improves patients’ physical and mental well-being, as evidenced by high rates of viral suppression after switching or restarting the medication. We know that artificially driven government price controls are all too often accompanied by real, quantifiable risks of treatment interruptions. As I said last year, CMS is playing with fire if it targets HIV medications as part of its drug price negotiations.”**

¹ Smith JH, Whiteside A. The history of AIDS exceptionalism. J Int AIDS Soc. 2010 Dec 3;13:47. doi: 10.1186/1758-2652-13-47. PMID: 21129197; PMCID: PMC3004826.

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The stakes for People Living with HIV/AIDS (PLWHA) could not be greater: Biktarvy is the most commonly prescribed HIV treatment regimen in the United States, with more than 430,000—or 35.8%—of PLWHA relying on this life-saving medication.

Marcus J. Hopkins, ADAP Advocacy’s Health Policy Lead Consultant, added: **“While there are certainly arguments to be made about the affordability of medications for patients and state and federal budgets alike, few, if any, of the arguments and plans in place for drug price negotiations actually require lower prices to be passed along to patients. Instead, we hear about how expensive it is for Medicare to purchase the medications.”**

ADAP Advocacy plans to submit additional public comments in response to the agency’s request for information on selected drugs and their therapeutic alternatives.

To learn more about ADAP Advocacy or IPAY 2028, please email info@adapadvocacy.org.

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About ADAP Advocacy: The ADAP Advocacy mission is to promote and enhance the AIDS Drug Assistance Programs (ADAPs) and improve access to care for persons living with HIV/AIDS. ADAP Advocacy works with advocates, community members, health care providers, government officials, patients, pharmaceutical companies, and other stakeholders to raise awareness, offer patient education programs, and foster greater community collaboration.