



October 25, 2010

Jessica Riviere  
Director of Advocacy and Public Policy  
Bristol-Myers Squibb

Dear Ms. Riviere:

In 2009, ATAC released its first "report card" evaluation of Bristol-Myers Squibb's strengths and weaknesses in several categories important to the HIV community. These include scientific innovation, community engagement, patient assistance and fair pricing.

We are pleased to take this opportunity to provide a brief "progress report" on BMS's activities during the past year and keep you informed about ATAC's expectations for future improvements.

The membership of ATAC strongly believes that continued progress in the discovery and development of new HIV treatments is critical. Despite great strides made in the efficacy, tolerability, and convenience of antiretroviral therapy over the past few years, too many people with HIV have yet to begin treatment, and an increasing number of those who have begun are finding it difficult to sustain long term adherence. Better HIV medicines, with fewer side effects, greater durability, and more flexible modes of administration should be in development now, so that the next generation of HIV therapy will be ready to meet the need.

In light of the lifetime nature of antiretroviral treatment, ATAC applauds the resurgence of research into finding a "cure" for HIV infection. We thank BMS for joining this effort.

The financial burdens of lifetime therapy, for institutions and individuals alike, are increasing daily, with waiting lists for state ADAP programs now having surpassed the 3,000 patient mark. ATAC appreciates efforts to ameliorate this crisis, but finds the best efforts of the government and some companies falling short. We strongly urge BMS and every company to find new and innovative ways to make HIV treatment accessible and affordable to all who need it.

**Bristol-Myers Squibb Performance Update**

The ATAC membership reported that, during the year since we issued our 2009 Report Card, BMS has initiated improvements in its patient assistance program and has

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worked to support ADAP programs, the National HIV/AIDS Strategy process as well as state advocacy initiatives. We especially commend BMS for its investment in research for improved HIV medicines and for a cure for AIDS. The ATAC membership urges BMS to continue meaningful dialog with the HIV treatment activist community, especially in seeking consultation on the early development of new drugs.

Here are the points identified by ATAC's membership:

In the past year, BMS has taken several actions that we believe are in the best interests of people living with HIV, and for which we commend you. These include:

- launching a monthly co-payment assistance program for all BMS HIV medications and then later expanding that program to cover additional co-payment costs;
- continuing to invest in HIV treatment research, including novel programs devoted to curing HIV;
- increasing your communication to the community about your drug development pipeline;
- devoting significant resources to ensure federal contributions to Ryan White and ADAP, the National HIV/AIDS Strategy process as well as state advocacy programs;
- negotiating a price agreement with the ADAP Crisis Task Force to minimize the harm to ADAP from steeply reduced state funds.

In the coming year, we would like to see BMS take further actions to benefit people living with HIV. These include:

- changing the eligibility criteria of your patient assistance program (PAP) from 300 to 500% of the federal poverty level so that disenrolled ADAP clients and other patients in need can access life-saving drugs until health care reform is fully implemented;
- keeping price increases at or below the consumer price index for inflation;
- continuing to share early data on the development of your experimental HIV drug programs; and,
- participating in the Welvista program for people who have been put on ADAP waiting lists.

Thank you for your attention to these concerns. We greatly appreciate your willingness to remain engaged in constructive dialog with the HIV community. We will be following up with a more comprehensive evaluation in our 2011 HIV Drug Company Report Card next year.

Sincerely,

AIDS Treatment Activists Coalition

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