Exhibit 6A-

Written Comments

(60-day COMAR 14.01.04.05C(2))

Maryland

Comments PDAB -PDAB- <comments.pdab@maryland.gov>

Board Selected Drugs: Jardiance, Ozempic, Trulicity and Farxiga

1 message

Patrick Mutch <pmutch@chasebrexton.org> Fri, Jul 19, 2024 at 6:37 PM
To: "comments.pdab@maryland.gov" <comments.pdab@maryland.gov>
Cc: [redacted]

Dear Members of PDAB,

As President and Chief Executive Officer of Chase Brexton Health Care, I am expressing our concerns focused on the several of latest diabetes medications under review, Jardiance, Ozempic, Trulicity and Farxiga. We rely on these medications to manage the complex healthcare needs of the over 4,700 diabetic patients, most of whom are underserved patients from marginalized communities.

Chase Brexton Health Care is a Federally Qualified Health Center (FQHC) non-profit organization with five centers in Baltimore City, Columbia, Glen Burnie, Woodlawn (Security Square) and Easton. We serve more than 45,000 unique patients annually, most of whom are underserved and would not have any other access to health care. Of the 45,000+ patients, 45% are insured by Medicaid, and 26% are uninsured.. As a safety net provider, Chase Brexton relies on the 340b margins from these diabetic medications to provide comprehensive outpatient services to care for our patients and sustain our mission.. Our chief medical officer, Dr. Sebastian Ruhs has submitted a separate letter to comment on the clinical benefits of these medications and potential negative effects if an upper payment limit negatively impacts the ability of patients to receive these medications.

Once again, we would like to bring to your attention that Federally Qualified Health Centers such as Chase Brexton Health Care have a dedicated mission to serve impoverished communities “regardless of ability to pay”. Chase Brexton Health Care and other FQHCs utilize their 340B savings to provide the array of integrated care that includes, but not limited to, adult and pediatric primary care, behavioral health, substance use, psychiatry, ob/gyn services, dental services, pharmacy, social services, LQBTQ affirming care, food assistance, transportation, and housing. The 340B savings are essential to safety-net providers in reducing health care disparities, increasing access to comprehensive services, and ensuring patients have access to life saving medications. Indeed, FQHCs are some of the best stewards of the program and any reduction in the 340B savings reduces those entities’ ability to serve the most marginalized of Marylanders. **We respectfully ask the Board to review the potentially negative impacts to 340B covered entities before implementing any actions. Thank you for the opportunity to comment.**

Patrick F. Mutch

Patrick F. Mutch
President & Chief Executive Officer

Pronouns (he/him)

Chase Brexton Health Care
Because everyone’s health matters.

Chase Brexton Health Care

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July 19, 2024

Submitted for Public Comment: Maryland Prescription Drug Affordability Board

Dear Members of the Maryland Prescription Drug Affordability Board,

As Chief Medical Officer, I write on behalf of the medical and pharmaceutical team at Chase Brexton Health Care which foresees a potentially significant negative impact on the health outcomes of Diabetes Mellitus (DM) patients should an upper payment limit on vital, preferred medications, such as Ozempic, Trulicity, Farxiga, and Jardiance, be established and restrict these medications from use. Cost increases may be seen should providers have to switch patients to non-preferred drug options. I will not address the other issue which is the significant 340b margins from these medications which are totally reinvested in caring for the vast majority of our patients who have complex healthcare needs and are underserved and often uninsured.

I can attest to both the importance and complexity of treating this chronic disease which has been diagnosed in nearly 500,000 (1 in 10) Marylanders and remains undiagnosed in an estimated 140,000 Marylanders. This number of patients and potential patients in need of effective and accessible treatment options should lead the Prescription Drug Affordability Board (PDAB) to reduce restrictions to ensure positive and cost-effective health outcomes for every community member in our state.

Patient outcomes and cost effective, accessible treatment for this complex disease is a priority. As providers and pharmacists, we must consider many factors in creating our treatment plan including adherence, identified comorbid conditions, and risks of developing comorbid conditions.

Treatment of DM is a complex matter and when prescribing medications, many factors must be considered:

> **1) Adherence**: Complex regimens, such as insulin injections multiple times a day, are less likely to be taken as prescribed than simple regimens. Trulicity and Ozempic, which are once weekly injections, have shown to greatly improve adherence, which leads to better controlled sugar levels. **Optimized blood glucose control decreases the risk of developing costly complications from DM, such as renal failure, heart attacks, and strokes.**
>
> **2) Comorbid conditions:** People with DM are more likely to have other comorbid conditions, such obesity, hypertension, kidney disease, and cardiovascular disease. Some of those conditions are strongly associated with DM and a result of poorly treated or untreated DM. Some medications treating DM can

Chase Brexton Health Care

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improve clinical outcomes in patients with existing renal or cardiovascular disease. Farxiga and Jardiance belong to the class of sodium-glucose co-transporter-2 (SGLT2) inhibitors. SGLT2 inhibitors have shown to improve clinical outcome in patients with preexisting congestive heart failure and preexisting renal disease. **SGLT2s, like Farxiga and Jardiance, can improve overall mortality and decrease hospital admissions in patients with those conditions.** Not having the option to choose from such DM regimens can lead to further exacerbation of such preexisting conditions, such as renal failure leading to dialysis and congestive heart failure with increases in hospital admissions and worsening overall mortality.

3) Risk of developing new cardiovascular disease in patients at risk: Some DM drugs decrease the risk for developing new cardiovascular disease, such as heart attacks and strokes. Ozempic and Trulicity belong to the class of glucagon-like-peptide-1 (GLP-1) agonists. In addition to improving blood glucose levels, those GLP-1s promote weight loss, which is an important factor in treatment of DM, and they decrease the risk of heart attacks and strokes in at risk patients. **Being able to choose from Ozempic and Trulicity to treat DM minimizes the risk of developing cardiovascular complications which can lead to poor clinical outcomes and increase in cost.**

To treat DM, we need to be able to choose from options that improve adherence, and which can be tailored to the individual needs of the patient, depending on their pre-existing comorbid conditions, or their risk of developing such. **Limiting access to Farxiga, Jardiance, Ozempic, and Trulicity and aswitching patients to non-preferred, less effective medications, will put multitudes of patients at risk of reduced adherence, poor control of blood sugar level, and increases in complications from comorbid conditions all of** which then further increases the risk of developing complications from DM. These factors will ultimately lead to an increase in new drugs prescribed and an increase in hospital admissions, and therefore an increase in overall cost.

Sincerely,

Sebastian Ruhs, MD, PhD
Infectious Disease Physician
Chief Medical Officer

CC: Patrick Mutch, CEO, Chase Brexton Health Care
Mahro Ershadi, Chief Pharmacy and Strategy Officer, Chase Brexton Health Care
Jeff Cywinski, Director of Pharmacy, Chase Brexton Health Care

Eli Lilly and Company

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July 17, 2024

By Electronic Submission

Maryland Prescription Drug Affordability Board
16900 Science Drive, Suite 112-114
Bowie, MD 20715
comments.pdab@maryland.gov

Re: Board Selected Drugs

Dear Members of the Maryland Prescription Drug Affordability Board ("Board" or "PDAB"):

Eli Lilly and Company ("Lilly") is the manufacturer of Trulicity® and submits these written comments to the Board in response to Trulicity's inclusion on the list of selected drugs from the May 20, 2024, PDAB meeting and cost review study process (collectively, the "Selected Drug List"). Lilly urges the Board to consider the following before proceeding any further with its cost reviews.

Price controls may limit patient access

The arbitrary capping of prices or profits within the drug supply chain could restrict patients' access to life-saving therapies in Maryland. Access may suffer if an intermediary or dispenser cannot obtain or stock the drug because the cost to acquire or dispense exceeds an Upper Payment Limit ("UPL").

Many entities play a role in determining the net cost of pharmaceuticals, and a UPL fails to address cost concerns at the pharmacy counter for patients as patients should, but do not, have information about how payors and PBMs limit access to prescriptions medicines, such as formulary and utilization management techniques. Setting a UPL could cause formularies to move affected drugs into non-preferred or higher cost tiers, resulting in increased out-of-pocket for patients. Some plans may choose to eliminate coverage for the drug entirely, or severely reduce the options available to patients within a therapeutic class. This could hamstring important facets of managing patient healthcare such as individual patient experiences, health care providers' expertise and the importance of patient-centered care.

Price controls also may jeopardize the development of new medicines available to patients. Investments may shift away from research, development and exploration of post-approval uses if such investment is not financially viable.

The data review and drug selection process should be more transparent

Lilly is concerned about the lack of transparency and data review process that led to the selection of Trulicity for cost review. We appreciate that the Board's compilation of the Selected Drug List required the aggregation of large sets of data from multiple sources; however, stakeholders did not get the opportunity to validate or provide feedback or additional context to any data utilized in the selection. Data sources reviewed by the Board may be incomplete or inaccurate for this purpose. For example, the Maryland All Payer Claims Database ("APCD") excludes self-insured ERISA health plans, as well as other plans that do not report. In addition, aggregated and spending data at the highest total gross spending does not reflect the nature of the industry, the pricing by intermediaries (wholesalers, pharmacies) and the negotiation of net cost by pharmacy benefit managers or health plans. Using this data as an initial source for cost review selection is flawed, and at least one state has chosen to "pause affordability reviews . . . so the board can review, assess and possibly improve the criteria and methods used to assess and select drugs for potential affordability reviews in 2025, using a refreshed data set."[1]

The cost review process for Trulicity is unnecessary

As stated in Lilly's previous letter to the Board and Prescription Drug Affordability Stakeholder Council on May 10, 2024, Trulicity is affordable. Patients in Maryland paid an average of $2 to $39 per month for their therapy, which equates to only 0.2% to 4% of the list price.[2] This affordability stems from exceptional access provided by payers within the state, as well as affordability programs provided by Lilly: Trulicity is available on over 80% of formularies across segments (including healthcare marketplace, Medicaid and Medicare)[3]. Lilly

[1] https://dfr.oregon.gov/pdab/pages/affordability-review.aspx#:~:text=UPDATE%3A%20At%20the%20June%2026,using%20a%20refreshed%20data%20set.
[2] Based on information licensed from IQVIA: IQVIA™, Real-World Evidence Claims Data for the period March 2023 - Feb 2024 reflecting estimates of real-world activity. All rights reserved. Accessed on April 23, 2024.
[3] Ibid.

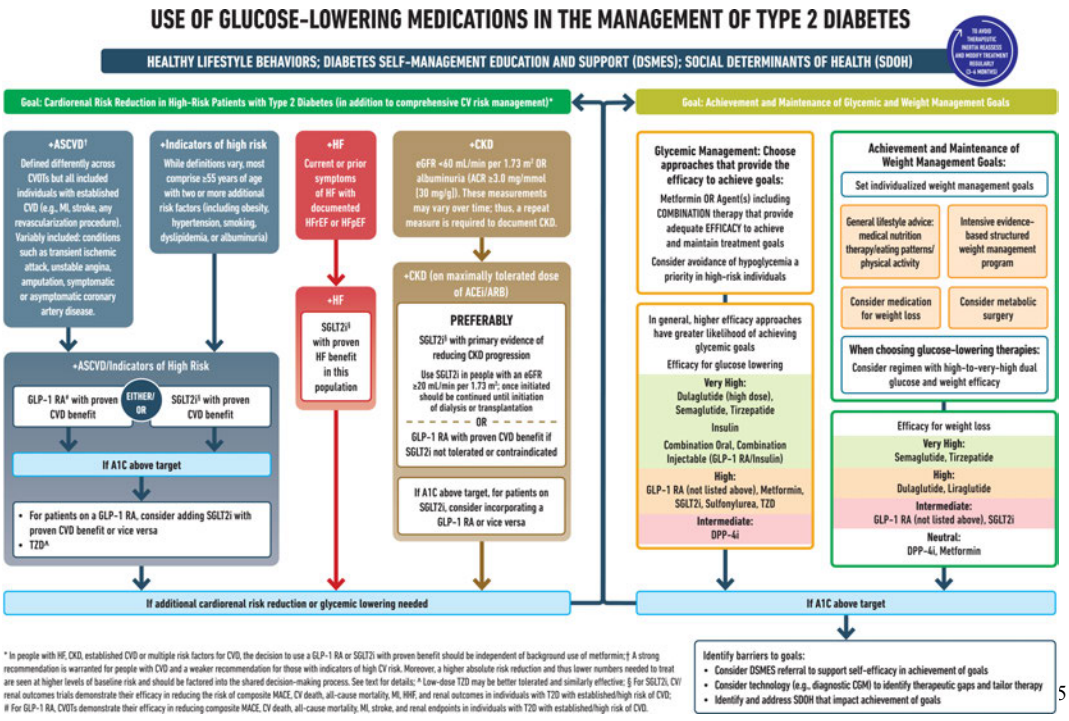
continues to advocate for patient choice, with most patients having the ability to choose the incretin therapy that is appropriate for them with the help of their healthcare provider. This choice has maintained healthy competition in the broader incretin therapy market.

The Board's selection of therapeutic alternatives is inconsistent with clinical guidelines

As part of the Cost Review Study Process, the Board published "Trulicity Proposed Therapeutic Alternatives." Lilly believes a number of drugs contained on this listing are not necessarily valid alternatives for therapy with Trulicity. Semaglutide (Ozempic), liraglutide (Victoza), exenatide (Byetta), lixisenatide (Adlyxin), exenatide-extended release (Bydureon), semaglutide (Rybelsus), tirzepatide (Mounjaro) are valid alternatives that should remain on the listing. All other products, which are not glucose-dependent insulinotropic polypeptide (GIP) receptor or glucagon-like peptide-1 (GLP-1) receptor agonist products, should be removed prior to any further price comparisons in products potentially subject to a cost review.

The American Diabetes Association ("ADA") publishes annually The Standards of Care in Diabetes ("Standards of Care").[4] It includes the current clinical practice recommendations of the ADA and is intended to provide clinicians, researchers, policy makers, and other individuals with the components of diabetes care, general treatment goals, and tools to evaluate the quality of care. Lilly urges the Board to review these guidelines, as therapies are not interchangeable in Type II diabetic patients:

[4] https://professional.diabetes.org/standards-of-care (accessed July 17, 2024)



[5]

***Trulicity provides value to patients*[6]**

Trulicity is for adults and children 10 years of age and older with type 2 diabetes used along with diet and exercise to improve blood sugar (glucose). Trulicity is also used in adults with type 2 diabetes to reduce the risk of major cardiovascular (CV) events (problems having to do with the heart and blood vessels) such as death, heart attack, or stroke in people who have heart disease or multiple cardiovascular risk factors. Trulicity is the only GLP-1 RA that provides this combination of benefits: powerful A1C reduction across 4 doses, proven CV benefit in both primary and secondary prevention patients, simply delivered.[7] In fact, in AWARD-11, Trulicity provided sustained A1C reduction at 1 year of <7%.[8] Trulicity acts like the natural human hormone, GLP-1, helping the body do what it's supposed to do naturally:

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[5] Use of glucose-lowering medications in the management of type 2 diabetes. ACEi, ACE inhibitor; ACR, albumin-to-creatinine ratio; CVOT, cardiovascular outcomes trial; DPP-4i, dipeptidyl peptidase 4 inhibitor; GLP-1 RA, glucagon-like peptide 1 receptor agonist; HHF, hospitalization for heart failure; SGLT2i, sodium-glucose cotransporter 2 inhibitor; T2D, type 2 diabetes. Adapted from Davies MJ, Aroda VR, Collins BS, et al. Diabetes Care 2022;45:2753–2786.

[6] See full Prescribing Information for Trulicity at https://uspl.lilly.com/trulicity/trulicity.html#pi

[7] Treating Adults with Type 2 Diabetes | HCP | Trulicity (dulaglutide)

[8] Clinical Trials: Lowering A1C, Weight Change & CV Data | HCP | Trulicity (dulaglutide)

reduces hepatic glucose production by decreasing glucagon secretion, slows gastric emptying and releasing glucose-dependent insulin. Reductions in fasting and postprandial serum glucose were observed as quickly as 48 hours after the first dose of Trulicity.[9]

* * *

We appreciate that the Board shares our commitment to prescription drug affordability; however, the cost review for Trulicity is unnecessary and, if performed, may be wrought with inaccurate conclusions based on incomplete or missing data. Patients and their caregivers count on access to pharmaceutical products and the imposition of any type of price control may put this access at risk. We remain committed to work with the state of Maryland to find alternative common-sense solutions to safeguard patient access and the affordability of medicines. Please reach out with any questions or clarifications.

Sincerely,

Cynthia Ransom
Sr. Director, Government Strategy

[9] How Trulicity Works, MOA & FPG and PPG Reductions | HCP | Trulicity (dulaglutide)

July 22, 2024

Maryland Prescription Drug Affordability Board
16900 Science Drive, Suite 112-114
Bowie, MD 20715

RE: SIX DRUGS CHOSEN FOR COST REVIEW
(FARXIGA, JARDIANCE, OZEMPIC, TRULICITY, DUPIXENT, SKYRIZI)

Dear Members of the Board,

As a broad coalition of advocacy organizations representing patients, caregivers and health care providers, we write concerning the value of the six drugs chosen by the Prescription Drug Affordability Board for cost review and consideration of affordability. The Coalition has previously submitted comments expressing concern that methods available to the Board to lower health care spending – the setting of upper payment limits, in particular – may restrict patients' access to needed treatments. Therefore, we are hopeful that the Board will consider the value of access to these drugs when considering affordability.

The Value of Care Coalition believes that value is best determined by those who know – providers who prescribe medicines and patients who rely on the medicine to keep their medical conditions stable. Just as the term "affordability" has many different definitions and could be determined by a multitude of criteria, so does "value". Cost and value are not the same thing, but cost, or affordability, cannot be fully considered without accounting for value.

DIABETES TREATMENTS

At the May 20 meeting of the Prescription Drug Affordability Board, the Board voted to review four drugs with an indication for type 2 diabetes as a "class". It is not clear what this grouping means for how reviews are conducted, or the drugs are compared to each other or other treatments, and it is not clear if such a grouping is appropriate considering the different types of treatments within the group.

FARXIGA, JARDIANCE, OZEMPIC, TRULICITY

Two of these treatments, Farxiga and Jardiance, are SGLT-2 inhibitors. Two others, Ozempic and Trulicity, are GLP1 agonists. While each drug is used to treat type 2 diabetes, they are not all the same and physicians value each for their unique role in their toolbox of treatments.

For example, Farxiga and Jardiance both treat chronic kidney disease and heart failure independent of diabetes, but are commonly used for patients with both heart failure or chronic kidney disease and diabetes. Farxiga has also been shown to reduce cardiovascular death with certain kinds of heart failure, while Jardiance may be prescribed for people with diabetes and established cardiovascular disease or stroke. These two drugs are taken orally.

Ozempic and Trulicity are commonly prescribed for type 2 diabetes and weight loss. Ozempic has also been shown to reduce risk of cardiovascular hospitalizations and death. These two drugs are injected.

There is a well-established connection between diabetes and cardiovascular disease. People with diabetes are at a greater risk of heart failure.[1] In fact, according to the Partnership to Advance Cardiovascular Health, "people with type 2 diabetes are twice as likely to develop heart disease and if they struggle with obesity their risk is even higher."[2]

Cardiovascular disease was the cause of death for over 900,000 Americans in 2020 – more than all forms of cancer and Chronic Lower Respiratory Disease combined. Meanwhile, in 2020, heart attacks occurred approximately every 40 seconds, and someone died of stroke every 3 minutes 17 seconds in the United States. As of 2018, the prevalence of adult obesity stood at 43% of males and 41.9% of females in America with an upward trend over the previous twenty years.[3]

In the face of these statistics, physicians value treatments tailored to patients' unique needs and comorbidities. Additionally, loss of access to these medications could force doctors to veer from evidence-based guidelines.

At the same time, the value patients find in these treatments is immense. Without access to a treatment that works for them, that they're comfortable with and that keeps their condition stable, their diabetes may be less well controlled. This can lead to weight gain and higher risk for other complications such as eye disease, neuropathy, foot complications and limb loss, gum disease, hearing loss, and cardiovascular disease, chronic kidney disease, and stroke.[4] These comorbidities are each debilitating in their own way, causing patients pain, suffering and an inability to go about their day to day lives as they otherwise would.

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[1] CDC, *Your Heart and Diabetes,* https://www.cdc.gov/diabetes/diabetes-complications/diabetes-and-your-heart.html

[2] Partnership to Advance Cardiovascular Health, *The Diabetes-Cardiovascular Connection, https://www.youtube.com/watch?v=RshYNrftKwo*

[3] American Heart Association, *2023 Heart Disease and Stroke Statistics Updated Fact Sheet, https://professional.heart.org/en/science-news/-/media/453448D7D79948B39D5851D1FF2A0CFE.ashx*

[4] American Diabetes Association, *Diabetes Complications, https://diabetes.org/about-diabetes/complications*

Left untreated, the progression of chronic kidney disease can lead to cardiovascular complications, hospitalizations, dialysis and kidney transplant.

Likewise, the benefits of these treatments related to cardiovascular diseases are profound. Consider a patient who suffers a stroke. Lucky to be alive, they may face paralysis causing them to lose mobility, have speech and language problems, vision problems, trouble thinking and memory issues. They can no longer work or even hold their child or grandchild. The value of treatment proven to reduce stroke risk is extraordinary to this patient.

In addition to the value found in quality-of-life aspects provided by these treatments, a forced switch to another medication may result disease progression, symptoms re-emerge or new side effects surfacing, more doctor visits, hospitalizations, additional treatments, and lost economic output in terms of missed work. In fact, the American Heart Association estimates the indirect cost of cardiovascular disease alone to be "$155.9 billion in lost productivity/mortality" from 2018-2019.[5]

DUPIXENT

Dupixent is a biologic approved for several conditions, including eczema, asthma, nasal polyps and eosinophilic esophagitis, including approval for young children for many of those indications. Prescribers value Dupixent for its versatility as asthma and nasal polyps often coexist, as do asthma and eczema. Like other treatments being assessed, Dupixent treats multiple debilitating conditions at the same time.

From the patient perspective, consider a patient with severe asthma and nasal polyps. Symptoms of polyps can include runny nose or congestion, postnasal drip, loss of smell and taste, pain in the face and teeth, headache and snoring.[6] With proper treatment, polyps shrink. The patient no longer needs surgery to remove polyps. Their nose stops running and they can breathe again. They can smell again and taste food. And they may feel better than they have in decades.

In the short term, asthma patients can have trouble breathing, suffer from wheezing, coughing and tightness or pain in the chest. Symptoms can be exacerbated by simple changes in the weather, seasonal cycles, and many other common triggers. [7]

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[5] American Heart Association, *2023 Heart Disease and Stroke Statistics Updated Fact Sheet, https://professional.heart.org/en/science-news/-/media/453448D7D79948B39D5851D1FF2A0CFE.ashx*

[6] Mayo Clinic, *Nasal Polyps, https://www.mayoclinic.org/diseases-conditions/nasal-polyps/symptoms-causes/syc-20351888#:*

[7] Asthma and Allergy Foundation of America, *Asthma Facts, https://aafa.org/asthma/asthma-facts/*

Like many chronic conditions, uncontrolled asthma can lead to further complications. Damage to airways and lungs can occur, sleep can be disrupted, pregnancy complications can arise, patients face an increased risk of infection, gastroesophageal reflux disease and obesity.[8] On average, 10 Americans die from asthma each day and nearly all deaths are avoidable with proper treatment and care.[9]

Conversely, when not facing common asthma symptoms or reducing the impact of common triggers, patients value the ability to live their daily lives, missing fewer days of work, exercising, playing outdoors with their friends or their children.

For a patient with eczema, the impact of proper treatment can be equally valuable. According to the National Eczema Association (NEA), 10% of Americans have some form of eczema. Unbearable itching can occur, lasting 12 or more hours per day. Some patients have severe pain. About a third of patients face insomnia, shorter sleep time, daytime sleepiness and fatigue. NEA states that hospitalizations due to flares of atopic dermatitis "and related infections is associated with an 8.3-year reduction in lifespan compared to the general population."[10]

Without their condition controlled, sores emerge requiring regular antibiotics. Lifestyle impacts emerge. Patients report feeling angry or embarrassed about their appearance due to their disease, causing them to limit interactions with others. They turn down job or educational opportunities. Children and teens are bullied because of their disease. Mental health can suffer as feelings of isolation, frustration, helplessness and sadness set in. Economically speaking, NEA reports "nearly 5.9 million work days annually are lost due to eczema."[11]

SKYRIZI

Plaque psoriasis, psoriatic arthritis, Crohn's disease and ulcerative colitis are all treated with Skyrizi. The inflammatory bowel diseases can be life-threatening, while psoriatic arthritis can be debilitating, and plaque psoriasis can be associated with severe complications. Like other treatments chosen for assessment, prescribers value Skyrizi in their toolbox because of its versatility. It is not uncommon for psoriatic arthritis and inflammatory bowel disease to occur simultaneously, and Skyrizi is one of only two drugs in its class that are approved to treat the joint, skin and bowel conditions.

Clinicians also note that the medical benefits of this drug can be life-changing for patients, and switching to another drug on the PDAB's therapeutic alternative list may be inappropriate for

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[8] Asthma.com, *Uncontrolled Asthma's Effects Over Time,* https://www.asthma.com/treating-asthma/effects-of-asthma/

[9] Asthma and Allergy Foundation of America, *Asthma Facts, https://aafa.org/asthma/asthma-facts/*

[10] National Eczema Association, *Eczema Stats, https://nationaleczema.org/research/eczema-facts/*

[11] ibid

the patient's condition. Moreover, when talking about autoimmune diseases, it is important to understand that people sometimes have an initial response to a treatment followed by a change in their immune system which causes them to need a different treatment. Similarly, a patient switched to another drug followed by a return to the original drug may find that the original drug does not work anymore due to changes in the immune system. Therefore, prescribers value access to multiple treatments with a variety of mechanisms of action and the ability to maintain access to the treatment as long as it's working.

Among psoriasis patients, plaque psoriasis is the most common type of psoriasis and causes scaly, itchy, painful patches on skin.[12] If not controlled, this can lead to frequent complications such as infections, requiring additional doctor visits and treatments. Psoriatic skin disease can cause superinfections than can lead to life-threatening sepsis. Unfortunately, about one in three people with plaque psoriasis will develop psoriatic arthritis.[13]

For patients whose psoriatic arthritis is newly controlled by proper, effective treatment, the elimination of joint inflammation leads to incredible gains in quality of life. Where their disease can be deforming, debilitating and deadly due to an increased risk of early heart disease, and it had previously caused them to be unable to work or do hobbies, play with their kids or be active in their communities, effective treatment allows them to function, work, and go about their daily lives.

Meanwhile patients with inflammatory bowel disease face persistent diarrhea, abdominal pain, bleeding, weight loss and fatigue.[14] This disease puts patients at risk for gastrointestinal cancer and can lead to removal of portions of the gastrointestinal tract. If the disease is active, the patient may be bleeding and not absorbing food, which can be deadly. With proper treatment, symptoms can be managed, and disease progression can be slowed or stopped, preventing these outcomes.

Unfortunately, inflammation in the gut, skin and joints can flare relentlessly and simultaneously. Without proper treatment, this can lead to worse health outcomes and absorption of more medical resources, time and cost for the system and the patient.

CONCLUSION

Each treatment selected for review by the Maryland Prescription Drug Affordability Board provides unique value to prescribers and the patients they treat.

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[12] National Psoriasis Foundation, *Plaque Psoriasis,* https://www.psoriasis.org/plaque/
[13] National Psoriasis Foundation, *About Psoriasis,* https://www.psoriasis.org/about-psoriasis/
[14] CDC, *What is inflammatory bowel disease?,* https://www.cdc.gov/ibd/what-is-IBD.htm#

In each instance, prescribers value the ability to treat their patients more efficiently and holistically as the conditions the drugs treat often exist simultaneously (i.e. psoriatic arthritis and inflammatory bowel disease) or create greater risk for each other (i.e. diabetes and cardiovascular disease). To be able to effectively treat one condition while also lowering the risk of another with one medication is impactful to their practice of medicine. While there may be other treatments for each indication, each drug listed is a valuable tool in the toolbox for doctors as they assess the medical needs of each individual patient.

Patients value the ways these treatments change their lives for the better. What was once a deadly diagnosis is something that can now be managed. They now have the power to control their symptoms and do things many Americans may take for granted – work, play, interact with friends, family and colleagues in a meaningful, productive way, exercise, go outside, and even simply breathe normally.

While it may be difficult to properly quantify the value doctors find in these treatments or that patients receive in terms of quality of life, these benefits cannot be ignored when considering cost and affordability. The Value of Care Coalition asks that as the Board evaluates the affordability of the treatments its chosen, it considers the value these treatments provide to clinicians and patients in Maryland.

Sincerely,

Derek Flowers
Executive Director
Value of Care Coalition