sanofi

May 15, 2024

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

Re: Sanofi Comment for May 20 MD PDAB Board Meeting – Agenda Item V(b)

Dear Members of the Maryland Prescription Drug Affordability Board,

Sanofi appreciates the opportunity to submit comments to the Maryland Prescription Drug Affordability Board ("Board") for the May 20, 2024 Board meeting. Our comments will address item V(b) of the posted agenda – specifically, the posted List of Proposed Therapeutic Alternatives to Dupixent ("Proposed List"). Sanofi submitted a detailed comment on May 13, 2024 that addressed the Proposed List from the perspective of our team of medical and scientific experts. As discussed below, Dupixent (dupilumab) has no therapeutic alternative under the Board's own regulatory definition of this term, and the Board, therefore, will not be able to conduct a statutorily- and regulatorily-compliant cost review which requires consideration of therapeutic alternatives. Accordingly, the Board should not finalize the Proposed List, and should not proceed with a cost review for Dupixent.

A consistent and transparent methodology for selecting therapeutic alternatives is essential for conducting a reasonable drug cost review, because any cost review should proceed by a comparison of the target drug to its therapeutic alternatives. The Board has not publicly adopted and applied such a consistent and transparent methodology. Moreover, a reasonable and thoughtful process for identifying therapeutic alternatives requires many methodological decisions (e.g., deciding whether to look to drugs across therapeutic classes and consideration of approval for multiple indications) and the evaluation of many factors (including relative efficacy, safety, and the sequence by which therapies are used in clinical care). To date, the Board (and staff) have provided no explanation of their methodology for selecting or support for the Proposed List. The Board has undercut the effectiveness of the public comment process by providing the public so little information on which to comment. Finalizing the Proposed List and proceeding to a cost review in these circumstances would be premature and unreasonable.

The difficulty of identifying reasonable therapeutic alternatives is especially evident with Dupixent, a novel drug approved for multiple indications encompassing a range of diseases and therapeutic areas, and deploying a unique mechanism of action. As shown in the included chart, Dupixent is approved for five indications across multiple age ranges, with three additional potential

indications under review by the FDA. For some of these approved indications, Dupixent is the only FDA-approved biologic treatment.[1]

Dupixent is also being evaluated for the treatment of other conditions, including chronic obstructive pulmonary disorder ("COPD"). If approved, Dupixent would be the first advanced therapeutic approved for the treatment of COPD in over ten years, providing hope to patients whose disease is not well controlled with the currently approved therapeutic options. The Board should carefully consider the effect that any upper payment limit could have on patients for which Dupixent is the only approved advanced treatment, and on patients with disease states being studied for future indication approvals that lack adequate available treatments.

I. DUPIXENT HAS NO THERAPEUTIC ALTERNATIVE UNDER MARYLAND'S OWN DEFINITION OF THAT TERM, SO DUPIXENT CANNOT BE SUBJECTED TO A COST REVIEW

The Board's regulations define a "therapeutic alternative" as "a drug product that has the same or similar indication**s** for use as a particular drug."[2] In other words, the Board's regulation defines a "therapeutic alternative" (a singular product) as "a drug product" (again, a singular product) that shares plural "indication**s**" (i.e., that shares multiple indications) with the target drug. However, as shown in the following chart (which also appears in the Medical and Scientific Appendix to Sanofi's May 13 comment letter) no potential therapeutic alternative on the Proposed List shares the same number of FDA approvals for the treatment of the same indications as Dupixent, or even comes close.

This means that Dupixent lacks any therapeutic alternative by the Board's own definition of this term. Because Dupixent lacks any therapeutic alternative, the Board cannot move forward with a cost review of Dupixent. The Board's own regulations provide that "If the Board selects a prescription drug product for cost review, the Board **shall** approve the therapeutic alternative**s** to be used in conducting the cost review study."[3] In other words, because the Board "shall" -- not may -- approve "therapeutic "alternative**s**" (plural) for each "prescription drug product" (singular) selected for cost review, a drug like Dupixent that lacks any therapeutic alternative cannot be subject to cost review because there is no alternative (let alone the multiple alternatives required by the regulation). Likewise, the Board regulations provide, "The Board **shall** determine the therapeutic alternative**s** for each prescription drug product selected for a cost review study."[4]

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[1] Please see the Medical and Scientific Appendix to our May 13, 2024 comment letter on the Proposed List for more detail
[2] COMAR § 14.01.01.01(61) (emphasis added).
[3] COMAR § 14.01.04.03(I)(8) (emphasis added).
[4] COMAR § 14.01.04.03(H)(5) (emphasis added).

The Board statute and Board regulations reinforce this conclusion, by requiring the Board to compare many aspects of the target drug to that of its therapeutic alternatives.[5] For example, the Board would not be able to consider the "price at which therapeutic alternatives have been sold in the State"[6] when there is no therapeutic alternative to look to. Likewise, the Board would not be able to compare a target drug's WAC, AWP, NADAC, SAAC, ASP, or FSS price to that of a therapeutic alternative if no such alternative exists. Any cost review of Dupixent, therefore, will be inherently flawed and contrary to the Board's authorizing statute and regulations.

Table 1. Key characteristics of dupilumab and proposed MD PDAB therapeutic alternatives[a]

Indications	Approvals and guideline recommendations	Dupixent® (dupilumab)[1–4]	Adbry® (tralokinumab)[2,5,6]	Cibinqo™ (abrocitinib)[2,7]	Rinvoq® (upadacitinib)[2,8]	Xolair® (omalizumab)[9–13]	Nucala® (mepolizumab)[14–21]	Fasenra® (benralizumab)[13,22–28]
	FDA approved for five type 2 inflammatory diseases	YES	No	No	No	No	No	No
AD	AAAAI/ACAAI recommended first- line systemic therapy	YES	YES	Second line after biologic failure	Second line after biologic failure	No	No	No
	FDA approved for ages ≥6 months	YES	Approved for ages ≥12 years	Approved for ages ≥12 years	Approved for ages ≥12 years	Failed clinical trial	Failed clinical trial	Failed clinical trial
ASTHMA	FDA approved for moderate-to-severe eosinophilic asthma ages ≥6 years	YES	Failed clinical trial	No	No	Approved for allergic asthma only	Approved for severe eosinophilic asthma only	Approved for severe eosinophilic asthma only
	FDA approved for OCS-dependent asthma	YES	No	No	No	No	No	No
EoE	FDA approved for EoE ages ≥1 years	YES	No	No	No	Failed clinical trial	Failed clinical trial	Failed clinical trial
PN	FDA approved for PN	YES	No	No	No	No	No	No
CRSwNP	FDA approved for CRSwNP	YES	No	No	No	YES	YES	No
COPD	Met primary end points in Phase 3 trials	YES	Not studied	Not studied	Not studied	Not studied	Failed clinical trial	Failed clinical trial

[a]Tacrolimus ointment (Protopic®) is not included, because it is not a systemic treatment for AD.

[5] Md. Code Ann., Health Gen., 21-2C-09(2)(iv)-(v), (ix); COMAR 14.01.04.05(C)(1)(c), (e).
[6] Md. Code. Ann., Health Gen., 21-2C-09(2)(iv).

II. THE BOARD MUST EXPLAIN ITS METHODOLOGY FOR SELECTING THERAPEUTIC ALTERNATIVES AND PROVIDE SUPPORT FOR ITS PROPOSED LIST

Determining appropriate therapeutic alternatives requires a nuanced analysis, a robust and transparent methodology, and more than just comparing approved indications. Instead, it should involve a comprehensive evaluation of multiple critical factors for each therapeutic, such as the drugs' safety, efficacy, pharmacology, and cost-effectiveness. A robust, transparent methodology should also reflect patient-specific factors and shared decision-making with healthcare providers to ensure that the selected alternatives genuinely meet patient therapeutic needs for the severity of their disease.

Neither the Board nor its staff have explained how the staff developed the Proposed List, nor have they solicited input on their methodological assumptions (whatever they may be) from stakeholders such as medical professionals in appropriate specialties or relevant patient advocacy groups. Soliciting public comment in this manner would have helped to ensure a thoughtful and reasonable process for developing the Proposed List.

Rather, it appears that the staff may have developed the Proposed List by merely identifying products with some of "the same or similar" indications as the drugs under review, without any consideration of the above factors. The Board has not explained what makes indications "similar," nor why a drug's indications are sufficient to identify therapeutic alternatives. This lack of clarity and lack of explanation introduces significant ambiguity into the Board's decision-making process and undermines the reasonableness of the Board's determinations. Without established and transparent guidelines on how therapeutic alternatives were identified, it is impossible for Sanofi and stakeholders to properly comment on the process and unreasonable for the Board to make determinations on therapeutic alternatives let alone choose whether to subject a drug to cost review.

Finally, with only seven days between the submission deadline for comments on the Proposed List and the May 20 Board meeting at which the agenda suggests the Board will be voting to finalize the Proposed List, and only five days between the submission deadline for comments on agenda items and the May 20 Board meeting, the Board has not given itself enough time to digest and consider public comments on such a complex subject. In addition, the Board has only today (May 15) posted the summary of feedback from the April 29, 2024 Stakeholder Council meeting, which includes comments on therapeutic alternatives, giving less than 24 hours for any comments to be submitted on the summary.

Given the lack of adequate or existing therapeutic alternatives for Dupixent's approved indications, the lack of transparency into the Proposed List selection process, and the potential harm to patients if the Board proceeds with a price control for Dupixent, the Board should not finalize the Proposed List or proceed with a cost review of any product at this time, and especially not Dupixent.

Please feel free to contact me at deanne.calvert@sanofi.com with any questions.

Sincerely,

Deanne Calvert
Head, State Government Relations, Sanofi