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Maryland Prescription Drug Affordability Board
Comments on Draft Cost-Review and UPL Documents for Ozempic
April 2026

AARP Maryland, which has about 850,000 members, congratulates the state's Prescription Drug Affordability Board (PDAB) on the three draft documents it released on April 22, 2026, regarding cost review and upper payment limits (UPLs) for Ozempic. They are thoroughly researched, balanced, clear, and justified in their conclusions and proposed actions.

Based on that and the very large and rapidly growing state and local government expenditures for Ozempic, AARP Maryland urges the prompt adoption of the draft Cost Review Study Report and draft UPL regulations for Ozempic. By doing that, the PDAB will position state and local governments to withstand the rapidly rising costs for this drug, which already accounts for 4.87 percent of their gross prescription drug spend in one instance. Moreover, the usage of this drug is likely to continue rising strongly since it is increasingly being prescribed "off label" by physicians for weight loss in addition to the FDA-approved uses for type 2 diabetes, cardiovascular disease (CVD) and chronic kidney disease (CKD).

The PDAB correctly made a unanimous prior preliminary determination that Ozempic has created an affordability challenge for the state health care system. The cost to the state and local government in Maryland, the PDAB found, is "disproportionate to the net cost paid by payors." And these costs also hit individual state and local government beneficiaries hard, with the impact likely to expand in the future, since the drug is considered the preferred GLP-1 option not only for type 2 diabetes but also for CVD and CKD.

The case for taking prompt action is strengthened further by FDA findings that Ozempic is no longer in a shortage situation. Moreover, the last of the drug's patents don't expire until December 2031 and June 2033, the PDAB noted. Therefore, no generic drugs that might exert downward pressure on Ozempic's price are on the near-term horizon.

Given this situation, the PDAB's draft UPL regulation on Ozempic is needed and appropriate. Under this draft, the UPL starting January 1, 2027, would be $274 for a 30-day supply. This cost is the same as the negotiated Medicare Fair Price, lending added credence to the suitability of the figure Maryland would use as its base when the UPL starts. And there would be annual inflation adjustments starting January 1, 2028, with the new rate then tied to the federal Consumer Price Index for 18 months before the UPL took effect.

For all these reasons, AARP Maryland praises the PDAB for the Draft Cost Review Study Report, the Calculations and Analyses Underpinning Potential UPL Values, and the draft UPL

regulations for Ozempic. AARP urges the prompt adoption of all these documents so that state and local governments in Maryland — and especially their beneficiaries — can begin receiving much-needed relief from the costs of this important drug.

Maryland

Comments PDAB <comments.pdab@maryland.gov>

The Effects of GLP Drug Pricing

Schmitt, Benjamin [MD] [redacted] > Fri, May 1, 2026 at 4:11 PM
To: "comments.pdab@maryland.gov" <comments.pdab@maryland.gov>

Members of PDAB…

Use of Ozempic, Wegovy, and similar medications for weight loss at HCPSS more than tripled over the past year for the Howard County Public School System. Because manufacturers charge employers about $1,000 per month—over three times what insured individuals typically pay ($250–$350)—projected health benefit costs were set to rise well over $10 million in a single fiscal year. HCPSS attempted to negotiate lower pricing, but vendors were unwilling to reduce costs. As a result, the decision was made to discontinue coverage for weight-loss use while continuing coverage for approved medical conditions such as diabetes.

We recognize that many employees turned to GLP-1 medications after other weight-loss efforts had not been successful, and that these treatments have been an important part of their health journeys. Maintaining a healthy body mass index plays a significant role in preventing chronic disease and supporting overall well-being. We share the concern that these medications remain financially out of reach for many and hope that more affordable options become available in the future.

The official statement that was released from HCPSS can be found below. Please feel free to reach out to me with any further questions or concerns.

Benjamin Schmitt
HCEA President
Howard County Education Association

“Art enables us to find ourselves and lose ourselves at the same time.”
-Thomas Merton

Effective March 31, 2026, the Howard County Public School System (HCPSS) will stop covering GLP-1 medications (such as Ozempic/Wegovy) specifically for weight management, following a surge in costs from $485,000 to over $3.6 million quarterly. Coverage for diabetes treatment remains unaffected, but new weight-loss prescriptions will not be approved after Dec. 1, 2025.

Key Details Regarding the Decision

- **Coverage Cutoff:** Weight loss coverage ends March 31, 2026, with no new approvals after December 1, 2025.
- **Diabetes Exception:** Employees using GLP-1 drugs for diabetes management will continue to have coverage.
- **Financial Impact:** The rising cost of these drugs threatened to increase employee health premiums by nearly 20%. Despite cutting this coverage, employees still face a 13% premium increase, according to the Baltimore Sun.
- **Recommendation:** The HCPSS Benefits Advisory Committee recommended this change to manage overall benefits costs, say the staff.hcpss.org.

The decision reflects a broader trend among large employers struggling with the high costs of weight-loss drugs. Employees affected by the change are encouraged to discuss alternative treatment options with their

providers.

2 attachments

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May 1, 2026

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

VIA ELECTRONIC MAIL TO COMMENTS.PDAB@MARYLAND.GOV

Re: Novo Nordisk Ozempic – Cost Review Study Report Public Written Comments

Dear Members of the Maryland Prescription Drug Affordability Board:

Novo Nordisk (NN) is a global healthcare company committed to preventing, treating, and ultimately curing diabetes and improving the lives of those living with other serious chronic conditions, including hemophilia, growth disorders, and obesity. The Novo Nordisk Foundation, our majority shareholder, is among the top five largest charitable foundations in the world. Accordingly, our company's mission and actions reflect the Foundation's vision to contribute significantly to research and development that improves the lives of people and the sustainability of society.

We strongly support the Maryland Prescription Drug Affordability Board's efforts to improve patient access and affordability. The Board's current process, however, is unlikely to lead to meaningful results for patients. Therefore, we respectfully submit this letter in response to the Draft Cost Review Study Report, highlighting our key concerns including 1) the lack of recognition of the transformative value of Ozempic®, 2) deficient data and questionable source reliability included in the Board's cost review processes, and 3) a fundamental disregard for the evolving pricing landscape that has impacted Ozempic® significantly.

I. The Board has consistently ignored the qualitative value of Ozempic® as a unique and transformative medicine, relying on flawed metrics that could put patients at risk.

Novo Nordisk has concerns about the Board determination that use of Ozempic® has created an affordability challenge for Maryland's health care system. As reflected in the preparatory materials for previous meetings of the Board, this determination was based on the total gross spend for state and local governments, which was reported as "exceeding 4.87%," and not on patient-related out-of-pocket metrics. Using gross spend, as the Board has done here, is not an accurate representation of actual cost to the system as it disregards rebates, other discounts, and price concessions manufacturers make to payers, all of which ensure that patients are not

paying the list price that the Board is using to determine whether affordability is, in fact, a challenge. As stated in previous comment letters to the Board, 80% of US patients with insurance coverage—and 82.5% of Maryland patients, specifically—are paying $25 or less per prescription for Ozempic®, and 90% are paying $50. Clinicians with expertise in this therapeutic area recognize the significant value of Ozempic®. In it's 2026 Guideline pharmacotherapy recommendations, the American Diabetes Association stated that "in adults with Type 2 diabetes…treatment plan should include medications…like GLP-1 RA", the class of drugs to which Ozempic® belongs.[1] Despite these facts, the Board has determined that Ozempic® has created an "affordability challenge" based on flawed metrics.

Importantly, evaluating affordability by aggregate gross spending penalizes treatments for chronic disease and subjects them to continual scrutiny, even when they deliver strong clinical value for patients and generate long-term cost offsets and savings. For people living with type 2 diabetes—particularly those at higher risk of complications—Ozempic® offers a highly-effective treatment option and is frequently found to be cost-effective as compared to other glucose lowering agents in published models that consider long-term benefits and cost offsets.[2] Rather than targeting broadly used chronic disease therapies with excellent outcomes that provide good value, the Board should adopt a more holistic view of affordability and, for example, pinpoint low-value drivers of spending. Under its current narrow assessment of affordability, the Board risks setting a UPL that could undermine access to clinically effective treatments for patients who need them.

II. The Cost Review Study Report, which will impact the Board's final affordability determination, relies on deficient data and affordability metrics that are not rooted in market realities for Ozempic®.

First, reliance on non-saleable NDCs raises the risk that the resulting analysis does not accurately capture the costs relevant to Maryland patients. Saleable NDCs designate the "unit of sale"—the specific individual package of a drug that is purchased, stocked, dispensed, and ultimately reaches the patient. Other NDCs may refer to bulk components, sample packaging, or configurations not reflective of actual market transactions. Therefore, the credibility and utility of the Board's analysis depend on its focus on saleable NDCs, which represent the true point of patient access and expense.

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[1] American Diabetes Association, Standards of Care in Diabetes ---2026 accessed at standards-of-care-2026.pdf (April 28, 2026).

[2] See, for example, results of a systematic review and meta-analysis: Cost-effectiveness of Semaglutide Compared With Other Glucose-Lowering Medications in Treating Type 2 Diabetes: A Comprehensive Systematic Review and Meta-analysis accessed at Cost-effectiveness of Semaglutide Compared With Other Glucose-Lowering Medications in Treating Type 2 Diabetes: A Comprehensive Systematic Review and Meta-analysis | Diabetes Care | American Diabetes Association (April 28, 2026).

Moreover, the Board's affordability assessment relies on cost analyses that materially mischaracterize the prices actually paid for Ozempic and the drivers of patient cost burden. Much of the analysis is based on outdated, incomplete data that does not reflect current contracting arrangements or new pricing models. In addition, the Board's assessment remains implicitly anchored to Wholesale Acquisition Cost (WAC) and gross spending metrics, rather than the net prices paid by payors after statutory rebates, supplemental rebates, and negotiated discounts—particularly in state and local government channels. Because the difference between list and net price for Ozempic is substantial, analyses grounded in WAC materially overstate real-world costs and distort conclusions about affordability.

III. This Cost Review Study Report ignores the realities of the significant changes to Ozempic® pricing as a result of the currently evolving drug pricing landscape.

Novo Nordisk will offer lower prices and expanded patient access and affordability for Ozempic® in Medicaid as part of an agreement with the White House, announced in November 2025. Assessments of the affordability of Ozempic® that fail to account for substantial net price reductions and other recent actions to expand access ignore the complete picture and are constrained by stale data, rather than reflecting current market conditions. The Board's decision-making then risks prompting restrictive policies—like UPLs—that may have negative unintended consequences.

Novo Nordisk also announced significant changes to provide cost savings to patients without insurance coverage or with inadequate coverage, or those who choose to pay without using their insurance. In mid-2025, Novo Nordisk announced that Ozempic® would be made available to self-paying patients with type 2 diabetes with a prescription through NovoCare® Pharmacy. Ozempic® is now available for as low as $199 per month from NovoCare® Pharmacy and other partner direct-to-patient platforms.

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In sum, Novo Nordisk remains concerned that the Board's Cost Review Study Report fails to consider key contextual information and relies on outdated data that does not reflect the actual out of pocket costs to patients or the unique clinical value that Ozempic offers.

Thank you for the opportunity to provide comments and for your consideration of the issues raised in this letter. Should you have any questions or concerns, please contact Stephanie Kutler, Head of Policy, at NSTK@novonordisk.com for additional information.

PhRMA
RESEARCH • PROGRESS • HOPE

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By Electronic Submission

May 1, 2026

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

RE: Draft Ozempic Cost Review Study Report for Comment

Dear Members of the Maryland Prescription Drug Affordability Board:

The Pharmaceutical Research and Manufacturers of America ("PhRMA") is writing in response to the Maryland Prescription Drug Affordability Board's (the "PDAB's" or "Board's") request for written comments on its draft Cost Review Study Report for Ozempic ("Draft Report").[1] PhRMA represents the country's leading innovative biopharmaceutical research companies, which are focused on developing innovative medicines that transform lives and create a healthier world. Together, we are fighting for solutions to ensure patients can access and afford medicines that prevent, treat, and cure disease. PhRMA

[1] *See* Ozempic (semaglutide) – Draft Cost Review Study Report ("Draft Report") (Apr. 22, 2026), *available at* https://pdab.maryland.gov/Documents/Cost%20Review/2026/Final%20Ozempic%20Cost%20Review%20Study%20Report%20with%20Appendix%204.22.2026%20%281%29.pdf; In filing this comment letter, PhRMA reserves all rights to legal arguments with respect to Md. Code, Health-Gen. §§ 21-2C-01–16 (the "PDAB Statute") and the Board's implementation of the PDAB Statute. PhRMA also incorporates by reference all comments, concerns, and objections that it has previously raised regarding the Board's implementation of the PDAB Statute. *See, e.g.*, Letter from PhRMA to Board Regarding Draft Regulation – New Regulation COMAR 14.01.07.02 (Upper Payment Limit); Letter from PhRMA to Board Regarding Draft Regulations – New Regulation COMAR 14.01.06 (Implementation and Monitoring of Upper Payment Limits); New Regulation – COMAR 14.01.07 (Upper Payment Limit) (Mar. 30, 2026); Letter from PhRMA to Board Regarding Draft Cost Review Study Reports for Comment (Mar. 30, 2026); Letter from PhRMA to Board Regarding UPL Amount and Methodology Documents (Mar. 4, 2026); Letter from PhRMA to Board Regarding Cost Review Study Process and Policy Review Process (Feb. 10, 2026); Letter from PhRMA to Board Regarding Proposed Rules – Amendments to COMAR § 14.01.01.01 (Definitions); New Regulation COMAR § 14.01.01.06 (Hearing Procedures); New Chapter COMAR § 14.01.05 (Policy Review, Final Action, Upper Payment Limits) (Feb. 10, 2025); Letter from PhRMA to Board Regarding Proposed Regulation – Amendments to COMAR § 14.01.04.05 (Cost Review Study Process) (Dec. 2, 2024); Letter from PhRMA to Board Regarding Draft Regulations – Amendments to COMAR § 14.01.01.01 (Definitions); New Regulation COMAR § 14.01.01.06 (Hearing Procedures); New Chapter - COMAR § 14.01.05 (Policy Review, Final Action, Upper Payment Limits) (Nov. 8, 2024); Letter from PhRMA to Board Regarding Plan of Action for Implementing the Process for Setting Upper Payment Limits – Draft Working Document (Aug. 26, 2024); Letter from PhRMA to Board Regarding Selected Drug List (July 16, 2024); Letter from PhRMA to Board Regarding Request For Information Draft Forms (July 12, 2024); Letter from PhRMA to Board Regarding List of Proposed Therapeutic Alternatives and Sample Dashboard (May 10, 2024); Letter from PhRMA to Board Regarding Cost Review Study Process (Apr. 24, 2024); Letter from PhRMA to Board Regarding Rules of Construction and Open Meetings Proposed Rule; Confidential, Trade-Secret, and Proprietary Information; Public Comment Procedures; and Cost Study Review Process (Oct. 23, 2023); Letter from PhRMA to Board Regarding Definitions; Rules of Construction and Open Meetings; Confidential, Trade- Secret, and Proprietary Information; and Cost Review Study Process (June 30, 2023); Letter from PhRMA to Board Regarding Confidential, Trade-Secret, and Proprietary Information Proposed Rule (May 4, 2023); Letter from PhRMA to Board Regarding Rules of Construction and Open Meetings Proposed Rule (May 4, 2023); Letter from PhRMA to Board Regarding Draft Regulations on Public Information Act (May 4, 2023); Letter from PhRMA to Board Regarding General Provisions; Fee Assessment, Exemption, Waiver, and Collection Amendments; and Cost Review Process (May 1, 2023); Letter from PhRMA to Board Regarding Cost Review: Additional Metrics for Identifying Potential Drugs Presentation (Sept. 12, 2022).

member companies have invested more than $850 billion in the search for new treatments and cures over the last decade, supporting nearly five million jobs in the United States.

PhRMA recognizes the Board's ongoing work to implement and carry out its responsibilities under the Maryland PDAB Statute ("PDAB Statute").[2] PhRMA has previously expressed in detail various concerns regarding the cost review process, and we encourage the Board to consider these prior comments.[3] In addition, we provide below select comments and concerns in response to this request for comment.

I. Clear, Specific, and Meaningful Standards

Consistent with our prior comments, PhRMA continues to have concerns with the lack of sufficiently clear, specific, and meaningful standards provided by the Board to govern its cost review process.[4] PhRMA urges the Board to adopt, publish, and consistently apply clear and meaningful standards for conducting cost reviews and considering all cost review criteria to limit the risk of arbitrary decision-making.[5]

The following are examples of areas for which the Board should develop clearer standards:

- **Cost Review Process.** PhRMA continues to be concerned with the lack of clarity regarding the specific data and standards used in the Board's cost review process.[6] The Board offers only a summary of the various factors involved in its decision-making, without explaining how it weighs or balances those factors.[7] As a result, stakeholders do not have meaningful insight into the Board's process and decision-making. Moreover, the Board has not developed an adequate record of reasoning to support its decision-making, including how it evaluated the statutory and regulatory factors for each drug. The Maryland Administrative Procedure Act ("APA") requires the Board to provide a "reasoned analysis" that shows the "basis of the agency's action" and adequate "factual findings . . . to support the agency's conclusions."[8] Accordingly, PhRMA requests that the Board adopt a systematic, reasoned, and unbiased review methodology to comply with the Maryland APA and ensure the Board transparently and consistently applies review criteria in the PDAB Statute and the Board's regulations.[9]

- **"Affordability Challenge" Definition.** As we have stated in our prior comment letters, the definition of "affordability challenge" is circular, as it refers in part to "*an affordability challenge* for the State health care system," but does not identify specific criteria or a methodology for

[2] *See* Md. Code, Health Gen. §§ 21-2C-01–16.
[3] *See supra* note 1.
[4] *See* Letter from PhRMA to Board Regarding Draft Cost Review Study Reports (Mar. 30, 2026) *supra* note 1 at 3; Letter from PhRMA to Board (July 16, 2024) *supra* note 1 at 5-6; Letter from PhRMA to Board (April 24, 2024) *supra* note 1 at 4-5.
[5] *See* Letter from PhRMA to Board (July 16, 2024) *supra* note 1 at 5-6; Letter from PhRMA to Board (April 24, 2024) *supra* note 1 at 4-5.
[6] *See* Letter from PhRMA to Board Regarding Draft Cost Review Study Reports (Mar. 30, 2026) *supra* note 1 at 3; Letter from PhRMA to Board (July 16, 2024) *supra* note 1 at 5-6.
[7] *See* Draft Report (Apr. 22, 2026); *see also* Letter from PhRMA to Board Regarding Draft Cost Review Study Reports (Mar. 30, 2026) *supra* note 1 at 3.
[8] *Elbert v. Charles Cnty. Plan. Comm'n*, 259 Md. App. 499, 509 (2023); *see, e.g.*, *Mortimer v. Howard Rsch. and Dev. Corp.,* 83 Md. App. 432, 442 (1990).
[9] *See* Letter from PhRMA to Board Regarding Draft Cost Review Study Reports (Mar. 30, 2026) *supra* note 1 at 3; Letter from PhRMA to Board (July 16, 2024) *supra* note 1 at 5-6.

making an affordability determination.[10] Absent concrete criteria, the Board risks conducting inconsistent drug evaluations , which may impact the Board's cost reviews. PhRMA continues to urge the Board to adopt clear, workable standards to guide the cost review process to limit the risk of arbitrary and inconsistent decision making.

- **Use of Public Input.** As PhRMA has previously requested, the Board should provide further detail about when and how public comment informs specific decisions in the cost review process.[11] Under the PDAB Statute and Board regulations,[12] the Board is required to provide the public with notice and opportunity to comment on each meeting and pending decision of the Board, and the Board's regulations explicitly provide for consideration of public comments in the Board's cost reviews.[13] However, the Board has not meaningfully explained in the Draft Report how public comments were considered and how they impacted its decision-making. For example, the Board has yet to adequately address and account for the clinical and economic benefits of a drug, including by considering the overall disease burden.[14] PhRMA therefore urges the Board to provide additional transparency into its decision-making process and develop clear standards regarding how public comments are considered and how they impact the Board's decisions.[15]

II. Transparency Concerns

The Board should provide additional insight into its cost review process, including by revising the non-exhaustive list of processes below:

- **Data Review Process.** As noted above, PhRMA is concerned about the data review process that informs the Board's cost reviews.[16] Because the Board's processes require compiling and considering voluminous data from diverse sources, there is an inherent risk of including data that may be inaccurate, incomplete, or misleading. As expressed in prior letters, the Board should establish a process that provides manufacturers opportunity to review, evaluate, confirm, and meet with the Board about the data on which it is relying prior to the Board rendering any final decisions.[17] The Board should also ensure confidential, proprietary, and trade secret information is protected from disclosure during this process.[18]

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[10] COMAR § 14.01.05.01C (emphasis added). *See* Letter from PhRMA to Board Regarding Draft Cost Review Study Reports (Mar. 30, 2026) *supra* note 1 at 2; Letter from PhRMA to Board (Feb. 10, 2026) *supra* note 1 at 4; Letter from PhRMA to Board (Nov. 8, 2024) *supra* note 1 at 5.

[11] *See* Letter from PhRMA to Board Regarding Draft Cost Review Study Reports (Mar. 30, 2026) *supra* note 1 at 2; Letter from PhRMA to Board (July 16, 2024) *supra* note 1 at 6; Letter from PhRMA to Board (April 24, 2024) *supra* note 1 at 5.

[12] *See* Md. Code, Health-Gen. § 21-2C-03 (e)(2), (4)–(5); COMAR §§ 14.01.01.03(B), 14.01.01.05, 14.01.04.03(D)(4).

[13] *See* COMAR § 14.01.05(C)(1)(g)(xvi)-(xvii), (C)(2), (D)(1)-(2).

[14] *See* Ozempic (semaglutide) – Draft Cost Review Study Report (Apr. 22, 2026) at 109, 120-21, 141-42; *see also* Letter from PhRMA to Board Regarding Draft Cost Review Study Reports (Mar. 30, 2026) *supra* note 1 at 2.

[15] *See* Letter from PhRMA to Board Regarding Draft Cost Review Study Reports (Mar. 30, 2026) *supra* note 1 at 2; Letter from PhRMA to Board (July 16, 2024) *supra* note 1 at 6; Letter from PhRMA to Board (April 24, 2024) *supra* note 1 at 5.

[16] *See* Letter from PhRMA to Board Regarding Draft Cost Review Study Reports (Mar. 30, 2026) *supra* note 1 at 3; Letter from PhRMA to Board (July 16, 2024) *supra* note 1 at 4; Letter from PhRMA to Board (April 24, 2024) *supra* note 1 at 5.

[17] *See* Letter from PhRMA to Board Regarding Draft Cost Review Study Reports (Mar. 30, 2026) *supra* note 1 at 3; Letter from PhRMA to Board (July 16, 2024) supra note 1 at 4; Letter from PhRMA to Board (April 24, 2024) *supra* note 1 at 5.

[18] *See* Md. Code, Health Gen. § 21-2C-10 (statutory protections for confidential, proprietary, and trade secret information). For additional discussion of confidentiality issues, *see, e.g.,* Letter from PhRMA to Board (May 1, 2023) *supra* note 1 at 18-19.

- **Process for Identifying Therapeutic Alternatives.** PhRMA remains concerned about the Board's consideration of therapeutic alternatives in its cost review process, including the Board's definition of "therapeutic alternative" and how it determines which drugs meet that definition for a particular drug under review.[19] To ensure the Board's decisions are consistent with clinical evidence, PhRMA reiterates its request that the Board engage with manufacturers about potential therapeutic alternatives and publish criteria for identifying therapeutic alternatives .[20] PhRMA continues to urge caution in how the Board defines therapeutic alternatives for a particular drug, as some therapies that could be identified as therapeutic alternatives under the Board's definition are not appropriate for all patients using the therapy.[21]

* * *

On behalf of PhRMA and our member companies, thank you for consideration of our comments. Although PhRMA has concerns with the cost review process, we continue to stand ready to be a constructive partner in this dialogue. Please contact Kristin Parde at Kparde@phrma.org with any questions.

Sincerely,

Kristin Parde
Deputy Vice President, State Policy

Alexandra Hussey
Senior Director – Law

[19] *See* COMAR § 14.01.01.01(B)(61) (defining "[t]herapeutic alternative" as "a drug product that has the same or similar indications for use as a particular drug but is not a therapeutic equivalent to that drug"); Letter from PhRMA to Board Regarding Draft Cost Review Study Reports (Mar. 30, 2026) *supra* note 1 at 3-4; Letter from PhRMA to Board (July 16, 2024) *supra* note 1 at 4-5; Letter from PhRMA to Board (April 24, 2024) *supra* note 1 at 3.

[20] *See* Letter from PhRMA to Board Regarding Draft Cost Review Study Reports (Mar. 30, 2026) *supra* note 1 at 3; Letter from PhRMA to Board (July 16, 2024) *supra* note 1 at 4-5; Letter from PhRMA to Board (April 24, 2024) *supra* note 1 at 3.

[21] *See* Letter from PhRMA to Board Regarding Draft Cost Review Study Reports (Mar. 30, 2026) *supra* note 1 at 3-4.

Maryland

Comments PDAB <comments.pdab@maryland.gov>

Re: public comments needed for semaglutide/Ozempic

Dr. Benna Z Sherman [redacted] Fri, Apr 24, 2026 at 11:30 AM
To: comments.pdab@maryland.gov

Dear Prescription Affordability Board Members,

As a licensed psychologist practicing in Maryland since 1993, I urge you to work to make Ozempic affordable for my patients. Many patients suffering from mental disorders and disabilities have gained weight due to their symptoms, their required medications, and their life experiences. Their physical and mental health then worsens because of the well documented effects of obesity on both. It is unacceptable that a solution to this cycle exists but is out of reach because of the astronomical cost and the fact that many insurance plans and Medicare do not cover GLP-1s. Please work to make this medication and other GLP-1s affordable to patients in Maryland who already struggle with numerous mental and physical challenges. Thank you.

Benna Z Sherman, PhD
Licensed Psychologist
Severna Park MD 21146
[redacted]
General email:
[redacted]
Patient email:
[redacted]

Http://www.DrBennaSherman.com
Author of "How to Get and Give Love-- Relationship Maps"

Facebook: @ Dr. Benna Sherman

"Three things in human life are important. The first is to be kind. The second is to be kind. The third is to be kind." -- Henry James

Maryland

Comments PDAB <comments.pdab@maryland.gov>

Maryland Coverage for Ozempic

Dr. Stemberger [redacted] Thu, Apr 23, 2026 at 5:18 PM
To: comments.pdab@maryland.gov

Dear Prescription Affordability Board Members,

As a licensed psychologist practicing in Maryland since 1993, I urge you to work to make Ozempic affordable for my patients. Many patients suffering from mental disorders and disabilities have gained weight due to their symptoms, their required medications, and their life experiences. Their physical and mental health then worsens because of the well documented effects of obesity on both. It is unacceptable that a solution to this cycle exists but is out of reach because of the astronomical cost and the fact that many insurance plans and Medicare do not cover GLP-1s. Please work to make this medication and other GLP-1s affordable to patients in Maryland who already struggle with numerous mental and physical challenges. Thank you.

Kind regards,

Ruth Stemberger, Ph.D.
Licensed Psychologist
[redacted]
https://drstemberger.com
[redacted]