

DIABETES PATIENT ADVOCACY COALITION



December 3, 2025

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

RE: PDAB December 8, 2025 Meeting

Dear Members of the Maryland Prescription Drug Affordability Board,

On behalf of the **Diabetes Patient Advocacy Coalition (DPAC)**, and the thousands of Marylanders living with diabetes, we appreciate the opportunity to comment on the Board's 2025 Annual Report.

We strongly support the Board's recommendation to support legislative initiatives advancing **drug pricing transparency, patient navigation services, and biosimilar competition:**

1. **Transparency related to the cost of prescription drugs:**

DPAC fully supports legislation that expands the reporting of drug pricing data, including net costs after rebates and discounts. Policymakers, patients, and providers cannot meaningfully address affordability challenges without visibility into how rebates, administrative fees, and spread pricing affect the final cost of medications. Greater transparency will allow Maryland to identify where savings are being absorbed within the supply chain and to design reforms that ensure those savings reach patients at the pharmacy counter.

2. **Patient navigation services:**

We also support legislation establishing a statewide patient navigation program to connect Marylanders to existing affordability and access resources, such as manufacturer assistance programs, nonprofit support funds, and insurance appeals processes. Navigators can play a critical role in helping patients manage complex coverage barriers, especially for those managing chronic conditions like diabetes, who often face multiple tiers of prior authorization and cost-sharing requirements.

3. **Biosimilar interchangeability and competition:**

DPAC supports legislative efforts to strengthen the biosimilar market in Maryland. Increased uptake of safe, effective biosimilars has the potential to lower costs systemwide and improve patient access. However, current market and contracting practices often limit the competitive benefit biosimilars were meant to provide. Encouraging biosimilar interchangeability, transparent reimbursement, and equitable

formulary placement will help ensure that patients see the benefit of lower-cost alternatives.

We suggest that the Board incorporate in its 2025 Annual Report a recommendation to support legislation delinking PBM compensation from rebates (PBM compensation would be based on a negotiated flat rate rather than rebates), which the Board recommended moving forward with further investigating in the September 2025 meeting.

Finally, we respectfully ask that the Board give equal weight to evaluating all the non-UPL approaches presented by Board staff at the September 2025 meeting as it continues to move forward drafting a methodology for the Upper Payment Limit frameworks for Farxiga and Jardiance.

Maryland has an opportunity to lead the nation in demonstrating that affordability can be achieved without compromising access and without relying on UPLs. This approach keeps the patient voice at the center of every step of that process.

Sincerely,

A handwritten signature in black ink that reads "George Huntley". The signature is written in a cursive, slightly slanted style.

George Huntley
Chief Executive Officer
Diabetes Patient Advocacy Coalition



December 3, 2025

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

Dear Members and Staff of the Maryland Prescription Drug Affordability Board:

On behalf of the Ensuring Access through Collaborative Health (EACH) and the Patient Inclusion Council (PIC), we appreciate the opportunity to provide recommendations for the board's upcoming annual report to the Maryland Legislature.

Cost Reviews Must Be Appropriately Focused on Patients

We urge the board to more clearly center its cost reviews on patient-reported affordability rather than system-level cost pressures. In the board's most recent cost reviews, Ozempic and Trulicity were *not* found to present affordability challenges for patients themselves. Despite this, the board's actions could ultimately place these therapies at risk of reduced availability.

As we have emphasized in earlier comments, cost reviews and UPLs introduce new incentive structures that lead payers to restrict access, impose new utilization management, or alter formularies in ways that disadvantage patients. These risks are not hypothetical. CMS has similarly warned that pricing interventions can incentivize plans to steer patients away from selected drugs through unfavorable tier placement or additional utilization controls.

Maryland should avoid setting a precedent in which state cost pressures outweigh the lived experience and clinical needs of patients. As our prior comments noted, when policy decisions drive patients toward switching stable therapies for non-medical reasons, the consequences can include treatment failures, worsening symptoms, and higher overall medical costs. Therefore, we urge the board to center cost reviews on the experiences and needs of patients.

UPLs and Alternative Policy Remedies

We continue to encourage the board to evaluate a broad range of policy interventions and to consider upper payment limits (UPLs) as a true last resort. We are concerned that the complexity of pursuing alternative policy solutions will lead the board to defaulting to UPLs, since they are the most administratively convenient option.

Furthermore, UPLs do not guarantee lower out-of-pocket costs for patients, as they cap what payers reimburse rather than reduce what patients pay. Without a mechanism for savings to flow to patients, UPLs may create the appearance of savings while leaving patient burdens unchanged.

Patient-centered solutions require careful, deliberate analysis of underlying affordability challenges. As our prior comments and [patient survey findings demonstrate](#), these drivers are overwhelmingly linked to insurance barriers, PBM practices, and personal burdens, not the underlying list price of a drug.



Policy Recommendations for Inclusion in the Annual Report

We applaud several of the board's recent policy recommendations, including efforts to improve transparency of drug costs, expand patient navigation resources, and encourage biosimilar development. These are meaningful steps that address structural drivers of affordability.

We also urge the board to broaden its recommendations to include:

- **Greater transparency and accountability for PBMs**, whose formulary decisions, accumulator policies, and benefit designs directly influence patient costs.
- **Expanded access to assistance programs**, including efforts to increase awareness, streamline enrollment, and ensure patients can utilize available support.
- **Reforms that simplify and speed patient access**, rather than policies that risk creating additional hurdles such as increased utilization management or restrictive formularies.

These additions would more fully reflect the concerns consistently raised by Maryland patients and patient organizations and address real-world affordability challenges.

We appreciate the board's ongoing commitment to this work and encourage continued emphasis on policies that protect continuity of care, prioritize patient experience, and address the true sources of affordability challenges. EACH/PIC remains ready to support your efforts and provide further patient-generated data and perspective.

Sincerely,

A handwritten signature in cursive script, reading "Tiffany Westrich-Robertson".

Tiffany Westrich-Robertson
tiffany@aiarthrititis.org
Ensuring Access through Collaborative Health (EACH) Coalition Lead

A handwritten signature in cursive script, reading "Vanessa Lathan".

Vanessa Lathan
vanessa@aiarthrititis.org
Patient Inclusion Council (PIC) Coalition Lead



December 3, 2025

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

TO: Members of the Maryland Prescription Drug Affordability Board

As a physician with decades of experience caring for patients whose families often struggle to access and afford necessary medications, I remain concerned that the Board's process for selecting medications and conducting affordability reviews will leave Maryland patients without access to necessary medications and potentially increase their total health care costs.

I am a board-certified pediatrician whose career focused on caring for young people with chronic or disabling conditions. My primary focus is always ensuring the well-being of my patients, but as a result of your legislative charges, I fear that the Board's analyses and decisions cannot reflect this same mandate.

In this month's agenda, the Board's newest description of prescription drug pricing patterns as "[price trends](#)", misrepresents the nature of these challenges and risks policy decisions that will harm Marylanders. Trends, by definition, emerge, peak, and fade, but the systemic barriers to prescription drug access that Marylanders face are not trends. They are systemic problems that demand sustainable, evidence-based solutions, not reactive policies calibrated to what appears urgent within a single budget cycle.

When the Board implements restrictions in 2025 based on what it perceives as current "trends," it is making decisions that will still be affecting Maryland patients for years, long after the specific market or other conditions prompting today's actions may have evolved. A patient who loses access to a drug or a therapeutic alternative in 2025 will continue to face the long-term consequences for years, even if the short-term pricing "trends" have changed.

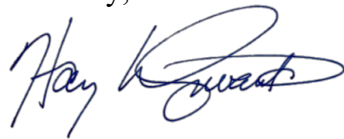
The Board needs to expand its analyses and look backward as well as forward. Rather than chasing "trends," the Board must build an evidence-based framework grounded in long-term patient outcomes, evidence from other states, and a clear-eyed assessment of what has worked to reduce total health care costs without reducing care. Without conducting comprehensive ongoing and timely reviews of today's decisions must assess which interventions actually improved health care affordability without compromising access or learning from the experiences of other states with similar restrictions risks injuring Marylanders.

Everyone shares your goal to lower prescription drug costs, but the current myopic process that only focuses on the drug list prices and not the total cost to patients risks limiting access to essential medications while creating longer term negative health outcomes. Since the Board is

unable to address the roles of all participants within the drug pricing and supply ecosystem, I fear your many efforts will be for naught. All clinicians and patients are eager to collaborate with the Board to ensure affordability decisions reflect real-world patient needs on a more thoughtful, patient-centered approach. As it stands, however, the Board's actions could inadvertently restrict access to effective cost-saving medications for those Maryland residents who need them the most. We encourage the Board to address the multiple deficiencies and restrictions placed upon it by asking the legislature to consider expanding your ability to develop methods of lowering actual drug costs, not just the list prices of drugs purchased by the State and Marylanders.

Thank you for your attention to this critical issue.

Sincerely,

A handwritten signature in blue ink, appearing to read "Harry L. Gewanter". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Harry L. Gewanter, MD, FAAP, MACR
Board Member, Let My Doctors Decide Action Network



Value of Care Coalition

December 3, 2025

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

Re: Annual Report to Legislature and Non-UPL Policy Options

Dear Members of the Maryland Prescription Drug Affordability Board:

On behalf of the Value of Care Coalition (VCC) – a broad network of patient, caregiver, and health care provider advocacy organizations – we appreciate the Maryland Prescription Drug Affordability Board’s (PDAB) mission to reduce health care costs and the dedication you have shown in pursuing that goal.

As the Board prepares to submit the annual report to the Legislature, we are encouraged by the Board’s ongoing consideration of policy strategies beyond the upper payment limit (UPL). As we have raised in previous comments, growing evidence suggests that price-setting approaches such as UPLs, including Medicare’s Maximum Fair Price, may risk unintended consequences, including *increased* patient out-of-pocket costs and *reduced* access to life-changing medicines.

CONCERNS REGARDING INCONSISTENCY IN THE ANNUAL REPORT’S TREATMENT OF NON-UPL POLICY OPTIONS

During the September 29 meeting, Board members requested that staff produce plans to implement non-UPL policy options, including “wholesale acquisition cost inflation penalty; requiring plans to adopt a real-time benefit tool for patients and prescribers; a patient navigator program; and delinking pharmacy benefit manager (PBM) compensation from rebates or wholesale acquisition cost increases.”¹

In a November public comment, VCC noted that despite this Board request, there remained an absence of an implementation plan for these important policy tools even though a detailed UPL-setting framework is under development. We expressed concern that this omission could undermine public confidence in the Board’s stated commitment to pursuing a comprehensive set of solutions to lower patient costs.

The Annual Report to the Legislature reinforces this concern by not including all non-UPL policies. The report identifies three non-UPL policies the Board decided to pursue:

- WAC inflation penalty
- Patient navigator program

¹ Inside Health Policy. *Maryland PDAB To Use MFP If Board Moves Forward With UPL*. November 2025. <https://insidehealthpolicy.com/daily-news/maryland-pdab-use-mfp-if-board-moves-forward-upl>

- Delinking PBM compensation from rebates

However, later in the report, in a section titled “Board Recommendations on Further Legislation to Make Prescription Drug Products More Affordable in the State”, three policies are put forth by the Board that do not fully match the three Board-selected policies listed above.

Again, we applaud the Board for considering policy solutions that further patient savings. However, the inconsistencies between the September meeting, the November meeting, and these two sections of the Annual Report are cause for concern.

Legislators, stakeholders, and the public have repeatedly been assured that UPLs are just one tool to reduce costs, but recent discussions and staff commentary suggest UPLs may be the **only** policy lever currently being prioritized for action. For Farxiga and Jardiance, the Board decided to examine multiple non-UPL strategies to improve affordability, but subsequent deliberations have focused almost exclusively on UPLs. The Annual Report’s recommendations to the legislature omit some of the Board-selected non-UPL solutions. No timeline, governance framework, or implementation pathway has been made public for any non-UPL policy option. These inconsistencies send mixed signals regarding the Board’s direction and could weaken confidence in its commitment to policy solutions that directly reduce patient costs.

REQUEST FOR A CONCRETE PLAN AND TIMELINE FOR NON-UPL OPTIONS

To ensure alignment with the Board’s stated objectives and to rebuild confidence among patients and stakeholders, VCC respectfully urges the PDAB to:

Publish alongside any UPL proposal a specific, time-bound implementation plan for each non-UPL policy option, including:

- Responsible agency or partner
- Required legal or regulatory authority
- Key milestones and sequencing
- Metrics for assessing impact on patient affordability and access

If legislative action is needed to advance these policies, such proposals should be included **directly and explicitly** in the Board’s recommendations to the General Assembly.

We appreciate your attention to this important matter and remain committed to working collaboratively toward solutions that meaningfully reduce prescription drug costs for Marylanders. Thank you for your continued leadership and service.

Sincerely,

Derek Flowers
Executive Director
Value of Care Coalition