AARP Maryland
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May 1, 2025

To the Members of the Maryland Prescription Drug Affordability Board:

AARP Maryland, on behalf of its more than 850,000 members in the state, strongly supports the Upper Payment Limits (UPL) under consideration for Jardiance and Farxiga and urges the Maryland Prescription Drug Affordability Board (PDAB) to adopt them. These first two Rx drugs to reach the UPL stage at the PDAB are very widely used for treating diabetes, heart failure and chronic kidney disease, and their lofty and rising prices are major cost drivers for state and local government entities.

It is important that these first two drugs reaching the potential UPL stage in Maryland are included in the first phase of Medicare's Maximum Fair Price program of federally negotiated prices on vital expensive drugs. Maryland can align its new UPLs with the new federally determined rates for these drugs, which could aid state and local government price negotiations and thereby save Maryland taxpayers millions of dollars.

These kinds of UPLs represent a step that was contemplated in the original PDAB statute, which AARP Maryland strongly supported. And giving the UPLs authority to the PDAB won AARP's wholehearted support in the General Assembly last year. Now is the right time to take this step, especially since the new federal drug-price negotiations cover only Medicare. Moreover, use of UPLs is a step also being taken in several other states, which have modeled their new drug price boards on Maryland's first-in-the-nation PDAB.

The time for these UPLs is now and beginning them with Jardiance and Farxiga is appropriate for multiple reasons. These two drugs are widely used in Maryland, and putting UPLs on them now stands to save Maryland taxpayers millions of dollars

For all these reasons, AARP Maryland urges the PDAB to continue its great and thoughtful work and place UPLs on Jardiance and Farxiga promptly.

Sincerely,

James Gutman
AARP Maryland Health Care Advocacy Volunteer Lead
and PDAB Stakeholder Council Member

EACH PIC COALITION

May 14, 2025

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

RE: Public Comments on Cost Review Process and Farxiga

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

The Ensuring Access through Collaborative Health (EACH) and Patient Inclusion Council (PIC) is a two-part coalition that unites patient organizations and allied groups (EACH), as well as patients and caregivers (PIC), to advocate for drug affordability policies that benefit patients.

We appreciate the board's continued efforts to increase transparency around the cost review process. The dedication of staff to providing public information is evident and commendable. However, due to the complexity of the process, even those of us who regularly engage are unclear on specific milestones, timelines, and next steps. To support ongoing engagement, we encourage the creation of a standing document, available on the board's website, that outlines these key items and notes progression in real-time. Additional tools to assist stakeholders in following and participating in the process would also be welcomed.

We further urge the board to prioritize patient-centered engagement throughout its work. Involving patient organizations, individual patients, and caregivers is essential to ensuring that affordability reform efforts address real-world impacts on the people who rely on these medications. Our coalition stands ready to serve as a resource for engagement and collaboration. We are also encouraged by the potential expansion of the Stakeholder Council and look forward to helping connect additional patient organizations to these new opportunities for involvement.

Finally, we stress the importance of providing adequate time for public review and response to cost review materials. For example, the recent posting of the Farxiga dossier on May 12, with public comments due May 14, does not allow sufficient time for a substantive review. Timely dissemination of information is critical to meaningful stakeholder input. We have attached our initial comments on Farxiga and look forward to supplementing this information with further input prior to the next board meeting.

We appreciate the board's ongoing commitment to affordability and transparency, and we look forward to continued collaboration to ensure that patient perspectives remain central to this important work.

We look forward to continuing to engage with the board, stakeholder council, and staff as cost reviews proceed. We invite direct outreach from anyone who would be interested in more detailed perspectives from our national network of patient organizations and allied groups (EACH) and patients and caregivers (PIC).

EACH PIC COALITION

Sincerely,

Tiffany Westrich-Robertson
Ensuring Access through Collaborative Health (EACH) Coalition and Patient Inclusion Council (PIC)

Public Comments on Drugs Subject to Cost Review (Farxiga)

On behalf of our national network of coalition participants, we appreciate the opportunity to provide comments to the stakeholder council on Farxiga.

We urge the council to carefully evaluate the impact implementing UPLs could have on patients in the state and to consider the concerns of patient organizations as you provide guidance to the board throughout the process of cost reviews and consideration of UPLs.

Ensure Patients Will Benefit from Cost Reviews

UPLs fail to address many of the underlying causes and complicated factors that result in higher prescription drug costs for patients. There are also no current mechanisms in place to guarantee that payers who benefit from UPLs will pass along savings to patients.

Therefore, we urge the PDAB to focus its time on identifying and addressing patient-reported obstacles to drug affordability. Failing to resolve the underlying factors that lead to higher costs for patients can result in short-term relief and uneven benefits – aiding some but potentially leaving others with higher costs and drug accessibility challenges. Additionally, regulators should clearly define cost-saving targets, including what percentage will be for patients and what will be the state or the broader healthcare system.

Enact Patient Protections

At their core, cost reviews necessitate selecting individual drugs for review and implementing market interventions for the selected drugs. This alone puts PDABs in a position of picking winners and losers between drugs and within the broader population of Maryland patients.

While UPLs are intended to lower costs for patients, the reality is that they will create a new incentive structure for payers that could compromise patient access to the selected medications due to increased utilization management or reshuffling of formularies. We appreciate that the PDAB recently recognized that this could be a consequence of UPL implementation; however, we are disappointed that the board only intends to monitor for these types of changes after the UPL has been implemented.

Instead, we urge the council to encourage the board to work with the state legislature to put in place safeguards for patients prior to moving forward with UPL policies to protect patients from increased utilization management, compromised access to drugs under review, and other unintended consequences.

Focus on Patient Experiences and Perspectives

Finally, we continue to urge the council to ensure that patient experiences are a critical focus of the process to identify the appropriate policy remedy. We urge you to encourage the board to take the opportunity to gather more in-depth input from patients to better understand the source and reasons for affordability challenges.

We invite any members of the stakeholder council or the board to engage with our coalition participants who can serve as a direct conduit to understanding and incorporating patient and caregiver perspectives and who understand the life cycle of disease from the lens of prevention, diagnosis, and disease management.

While our health system and the policies that impact it are complicated, one principle is simple: every change that we make and policy we implement should ultimately benefit patients.

HealthHIV

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May 14, 2025

Dear Members of the Maryland Prescription Drug Affordability Board,

Introduction:
As background, **HealthHIV** is a national non-profit working with healthcare organizations, communities, and providers to advance effective HIV, HCV, STI, and LGBTQI+ health care, harm reduction, and health equity through education and training, technical assistance and capacity building, advocacy, communications, and health services research and evaluation. Our work is purposefully connected to the broader HIV ecosystem — a network that supports not only clinical care but also the comprehensive well-being of individuals living with HIV.

The Farxiga (dapagliflozin) Cost Review Process:
As the Maryland Prescription Drug Affordability Board considers pathways to address (ever) rising medication costs, we strongly urge that patient experience, clinical complexity, and health equity remain central to cost-containment strategies. For People with HIV (PWH), and particularly long-term survivors and those with high acuity, medications (such as Farxiga) play a critical role in managing comorbidities, like diabetes, chronic kidney disease, and cardiovascular complications. These conditions are not peripheral to our lives — they are common among aging PWH and contribute significantly to higher rates of morbidity, mortality, and healthcare utilization.

While Farxiga isn't an antiretroviral, it can serve as an adjunct to HIV care. And for older PWH, as we transition from systems like Ryan White, Medicare Part D coverage varies widely. But utilization is frequently imposed through formulary exclusions, prior authorization, and administrative hurdles, or therapeutic substitution practices that shift and prioritize cost over clinical appropriateness and shared decision-making.

These kinds of exclusionary practices are where applying "therapeutic alternatives" during Cost Reviews becomes problematic, such as substituting medication access based primarily on pricing metrics or administrative determinations, rather than individualized clinical need, which risks undermining treatment as prevention initiatives for vulnerable populations. And while we can't tell the Board what to do, we can say this clearly: Patients and providers need to be able to make care decisions based on real-life factors — comorbidities, contraindications, and how someone's health may change over time. These decisions aren't simple, and the Board needs to be mindful of just how complex and personal our healthcare system really is.

Conclusion:
Farxiga plays a vital role for many of us managing diabetes, heart conditions, or kidney disease — often alongside HIV or other chronic conditions. But if there's going to be an affordability review for any medication, it should really take into account whether equivalents or alternatives offer the *same* benefit across all these conditions, without making care harder to access or outcomes harder to reach, especially in today's environment. That's the balance we're asking the Board to keep in mind here.

With that, we appreciate the opportunity to share our perspectives and look forward to engaging further with the Board on critical issues related to grounding patient experiences with value-based outcomes.

Sincerely,
Scott D. Bertani, MNM, PgMP
Director of Advocacy

May 14, 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 board-certified pediatrician and rheumatologist, I have spent my career caring for patients who often struggle with access to necessary medications for chronic or disabling conditions. I have seen first-hand the hardship that patients experience when the medications they need are kept out of reach against their physician's advice. I am writing to strongly urge reconsideration of the impending Cost Review Study, as it fails to protect Marylanders' access to critical medications. Lower drug costs for patients is a commendable goal, but this mechanism will do more harm than good.

I strongly encourage the Board to carefully reconsider the direction and methodology of the Cost Review Study process in advance of the May 19th meeting. Any recommendation of therapeutic alternatives would effectively invite policymakers into the exam room and interfere with precision doctor-patient decisionmaking, thereby threatening the lives of Marylanders for whom medication access is critical. Physicians and patients remain committed to working with you to ensure affordable medications for all Marylanders, but to accomplish this goal requires a more thorough, comprehensive, and extensive consideration and collaboration.

Currently, the Board considers utilization, costs, and out-of-pocket expenses for therapeutic alternatives during a cost review. While these alternatives may appear more cost-effective, they do not always address the issues of efficacy or safety, particularly for individuals with complex or rare conditions. The prioritizing of affordability decisions in the choice of "therapeutic alternatives" risks forcing patients onto treatments that are clinically inappropriate or less effective, thereby putting their health and lives at risk. This is especially true for children and patients with rare or chronic conditions, as well as bucking the current scientific trend towards precision medical treatments.

The Board has not demonstrated sufficient consideration of the medical evidence supporting the impact to patients or their access to these drugs in its public proceedings to date. The decision to advance a Cost Review Study without a clear, transparent and both evidence- based and real world explanation of how these medications are evaluated alarms patients, clinicians and patient advocates. In past sessions, the Board has sidestepped the nuanced reality of how these drugs work, instead focusing narrowly on perceived cost comparisons. Treatment decisions should remain between the clinician and patient, not the state and should be based on what is most likely to result in the best patient outcome and not upon what will save the state the most money.

Alleviating the financial burden of prescription medications is an urgent goal and the Board's commitment to this goal should be lauded. However, the outlined cost review study glosses over the complex dynamics of pharmaceutical pricing system and fails to recognize its own limitations. A patchwork system of state regulations addressing one small area of the pharmaceutical pricing and supply system will only make the healthcare system more complicated without providing any financial relief, systemically or individually.

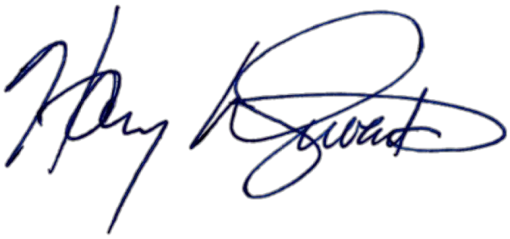
Patient out-of-pocket costs can only be reined in by addressing the entirety biopharmaceutical supply chain as a whole. This includes addressing the major role of the health insurance middlemen who drive

up costs without adding value. These supply chain intermediaries, including pharmacy benefit managers (PBMs), are already the focus of bipartisan reform bills under consideration in Congress as well as the FTC for antitrust violations. Several committees have compiled overwhelming evidence that PBMs, motivated by their own financial, self-interest, are pushing patients toward higher-cost drugs and obstructing access to lower-cost generics. Further, they are the ones who determine what medications are on formularies and how much patients pay for their medications, not the pharmaceutical manufacturers. Capping the “list price” of a medication will only result in a lower price for Marylanders if the PBMs decide it is in their best interest, not because of any actions by the Board.

I urge the Board to more strongly consider the role of PBMs in determining what drugs a patient can access, how much they pay at the pharmacy counter, and to support Congressional efforts underway to rein in their influence. A Cost Review Study which only examines one actor in the supply chain will ultimately fail to address the underlying complexity that allows drug costs to climb and give policymakers undue influence over patient care.

Thank you for your attention to this critical issue.

Sincerely,



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

May 19, 2025

Chair Mitchell, Members of the Prescription Drug Affordability Board, and Staff;

The Maryland Health Care for All Coalition (HCFA) is pleased to offer our support for the work the Prescription Drug Affordability Board (PDAB) and its staff are doing to complete the Cost Review Study for Farxiga, including the dossier published ahead of the scheduled May 19 PDAB meeting.

Farxiga is widely used for treating diabetes, heart failure, and chronic kidney disease, and we know from the Board's work and previous public comment that its high cost has harmed Maryland patients and is a direct contributor to the immense strain that expensive prescription drugs place on our state and local government budgets. Comment submitted by Public Citizen for the January 2025 Board meeting indicated that Farxiga has generated more than $20 billion in revenue for AstraZeneca, largely from charging patients in the United States ten times more than in comparable countries. Predatory patenting tactics have extended the monopoly on this product, keeping costs to patients and our health care system higher for longer.

We have held forums across the state in past years, and routinely heard from patients about their struggle to afford Farxiga. One patient shared her story of having to drastically reduce her spending on groceries after being prescribed Farxiga. She was forced to choose between affording her prescription drug and maintaining a healthy diet to manage her loss of a kidney. Another Marylander was near financial ruin after finding herself in the donut hole, prior to the issue being remedied by President Biden's Inflation Reduction Act. Being 74 and living on a fixed income, she simply could not afford the $8,000 out-of-pocket costs she was required to pay before regaining coverage of essential prescription drugs, and as a result, she frequently had to ration her medications, including Farxiga.

We know this issue extends beyond the pharmacy counter for patients, as anti-diabetics are the single biggest expenditure for the state health plan, meaning our state and local governments are burdened by the skyrocketing costs of these medications. It is important that the Board acts quickly to establish an upper payment limit for this prescription drug, along with Jardiance, so that taxpayers can begin to save millions of dollars that are essential for other critical services.

Importantly, since both Farxiga and Jardiance are on CMS list of Medicare Maximum Fair Price negotiated products, the Maryland PDAB could utilize this negotiated cost as an upper payment limit for our state.

Our coalition thanks the PDAB for its great work so far and encourages thoughtful, swift action on this matter. Should the Board and Staff wish to speak to Maryland patients regarding their experiences with Farxiga, we would be happy to connect you with consumers willing to provide feedback.

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Dear Members of the Prescription Drug Affordability Board,

I am a lifelong Maryland resident writing to raise an issue that I believe deserves attention/action: the complete lack of pricing transparency related to generic drug labeling (NDC codes) and the impact this has on out-of-pocket prescription costs for Maryland patients.

Recently, for two months in a row, I was quoted $136.39 as the price of a generic medication at a specific pharmacy by my insurer's pricing tool, only to be then charged $326.81 at that same pharmacy. The reason? The pharmacy filled the prescription using a different manufacturer (and thus NDC code) than the one tied to my insurer's negotiated price, and **neither the insurer nor the pharmacy made this difference clear or accessible beforehand**.

This already is bad enough, but when I called to try to resolve the issue, I was told by my insurer that the difference was the fault of the pharmacy, who told me their decisions were made by corporate, who told me the decision was made by my insurer. The actual truth, based on the research I've done on this topic, is that the individual retail pharmacy likely had no say in the manufacturer they keep in stock, but that those decisions are made by the company's corporate structure and their PBM, using specific wholesalers who typically have rebate agreements with the manufacturers of the expensive generics. With roughly 52% of 2024 prescription revenues coming from large retail pharmacies (*2025 Economic Report on U.S. Pharmacies and Pharmacy Benefit Managers,* Drug Channels Institute, Exhibit 34), who have seemingly-purposefully-oblique pricing systems, it's patently absurd that to get the lowest potential price for the generic of my medication, a person would need to:

1. Get high-quality insurance (must retain employment in most cases to do this even close to affordably, but even so, high-quality is still not a guarantee. My workplace-provided insurance has a $3300 deductible, charges $250 just for me to *step into* an emergency room visit (that's *after* I hit the deductible), and doesn't include 2 of the top 3 biggest pharmacies in my area in-network)
2. Call their insurer and see what their preferred NDC of my generic medication is, as this information is not available on their website.
3. Check with their insurer what the closest in-network non-retail pharmacies are (luckily for me, only a few miles out of my way, but my spouse who cannot go inside and needs a drive-up window, due to being immunocompromised, would have to drive half an hour away), to ensure the pharmacists have the autonomy to order from a specific manufacturer.
4. Call the insurer-preferred pharmacies first to see if they will be able to fill a prescription with the insurer-preferred NDC.
5. If not, call the list of in-network non-retail pharmacies and ensure they can/will order that specific NDC.
6. Go to an in-network doctor (perhaps in-person, because many non-retail pharmacies don't have the ability to receive digitally-sent prescriptions yet, and my prescription cannot be transmitted via fax, apparently) to get their prescription ($40 minimum), and have the doctor specify the insurer-preferred NDC on the script.
7. Go to the pharmacy, and hope that they didn't run out of the preferred NDC, or make a mistake in ordering, and if so, go back to step 4, and have their doctor re-issue the prescription to another pharmacy.
8. Next month (and every month, forever), repeat steps 2-7, as any of this could change at any time without warning or communication (which it has, multiple times).

It is worth it to mention, in addition, if the medication is a controlled substance, **many pharmacies will not answer any questions about their stocking practices**, as asking for information like this can be

construed as “casing” a pharmacy to see if they stock high-value medications worth stealing. So, anyone who takes ADHD medication (which is already high priced, and hard to even get an appointment to diagnose/treat), would run into several issues with doing most of the above, which is the only existing way to lower the risk of being rug-pulled upon trying to pick up their prescription. Additionally, if following such a complicated and time-consuming series of tasks monthly, just to try to ensure that I can get my medications for a reasonable price, is already annoyingly difficult for me, it would end up being absolutely impossible for someone with less flexibility in their schedule, less understanding of a overly-complicated system, and/or someone with less ability to talk on the phone, or change pharmacies due to being disabled.

I urge the Board to recommend, and eventually help enforce, policy that would require:

1. **Insurers operating in Maryland to display pricing data broken down by NDC and labeler** in their pricing tools,
2. **Public identification of "preferred NDCs"** that minimize patient cost,
3. **Pharmacies operating in Maryland to have an accessible method of disclosing which NDC they plan to dispense** before the patient gets to the pharmacy, perhaps within the contact to inform the patient that their prescription is ready, and additionally, ideally within their online portal or prescription interface.
4. **Pharmacies to provide a clear warning to patients (unless a specific NDC was requested by the patient’s prescriber for health reasons)** if their medication would be more affordable from a different manufacturer who had it available, which manufacturer would be more affordable, and the reason why the pharmacy did not carry the more affordable option.

It is my position that even a law that enforces the above requirements would not actually “fix” the issue, as ideally, **pharmacies should be required to do anything within their power to provide the medication at the quoted price, and provide generic medications at the lowest possible price to the patient** and it seems like an oversight that should have been fixed by the No Surprises Act.

We are expected to make cost-conscious decisions in healthcare, but are denied the very information that would allow us to do so. These are small policy changes that could have a huge financial impact for individuals and families, especially those managing chronic illnesses or navigating high-deductible plans.

Thank you for your time and for your work on behalf of Maryland patients.

Sincerely,

Timothy Joyce

California, Maryland

[redacted]

[redacted]

Value of Care Coalition

May 10, 2025

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

RE: Concerns Regarding the March 24, 2025 Board Meeting

Dear Chair Mitchell and the Members of the Maryland Prescription Drug Affordability Board,

As a broad coalition of advocacy organizations representing patients, caregivers, and healthcare providers, we are writing to express our deep concern regarding comments made during the Prescription Drug Affordability Board (PDAB) meeting held on March 24, 2025.

Our concerns center on two key areas:

- The review of data for drug products under cost review
- The reporting of outcomes following the implementation of upper payment limits (UPLs)

We recognize the Board's mission to lower prescription drug costs and understand that the implementation of UPLs is central to this strategy. We also trust the Board is aware—given the substantial public feedback—of the significant concern healthcare stakeholders have expressed regarding the potential impact of UPLs on both cost and patient access. Considering this, it is imperative that any government body, particularly one charged with decisions affecting public health, demonstrate a thoughtful, thorough, and transparent policy-making process. Regrettably, the comments made during your recent meeting fell short of this standard.

Concerns Regarding Cost Review

During the meeting, staff reported that cost review dossiers would consist of seven or eight elements, with four completed and three under discussion at that time.

As members raised questions and discussion unfolded, we were encouraged by those who pushed for more complete and specific data. However, other comments suggested an unsettling urgency to conclude the process rather than ensuring its rigor. Notably:

"…we get into the minutia of all of these things and the longer we take to come up with our regulations, some other new drug is going to come up, you know, in the pipeline and blow our analysis out of the water. So I think we need to move along, you know, to be able to get things done."

"*You know, we've taken now almost 40 minutes to go through the three easy ones. It'll take us longer to do the five harder ones…".*

These remarks convey a troubling message to the public: that speed may be prioritized over thoroughness. For patients whose health and quality of life depend on these decisions, 34 minutes of discussion on a drug review is hardly excessive—it is, in fact, the bare minimum for a decision of such magnitude.

Concerns Regarding Policy Outcome Reporting

Later in the same meeting, during a legislative update, the Chair inquired about the "posture" of bills, commenting that some had been "amended in ways that are not helpful for the board." Staff clarified that one bill now included additional reporting requirements in the PDAB's annual report, specifically to assess the impact of UPLs on various outcomes.

The Board's reaction to these reporting requirements was, frankly, disheartening. Among the comments:

"…I don't really care about that, because no one reads any of those reports...this little entity cannot allow every time a bill comes into the legislature somebody puts another report on it, you will be doing 30, 40, 50 reports inside of five years…"

"…amend it out and just keep our reporting as limited as possible to things that are absolutely essential for what we do, not to make someone else happy…"

"…it's people just trying to amend a bill for whatever their specific reason is, I mean they generally don't care what the report says…"

For the patients, caregivers, and providers we represent, these reports are not bureaucratic burdens but vital accountability tools. Stakeholders have repeatedly voiced concerns about UPLs' potential effects on access and affordability, and dismissing the importance of outcome reporting undermines public trust and accountability.

A Call for Consideration and Accountability

These comments suggest that some PDAB members see thorough policy review as a burdensome obligation rather than a core responsibility. Others appear to undervalue the essential role of outcome assessment in safeguarding patient access and care. These impressions erode confidence in the Board's commitment to its mission.

We urge the PDAB to embrace a more deliberate, transparent, and stakeholder-responsive approach as it moves forward. Patients' access to life-sustaining medications should never be a foregone conclusion or an afterthought in the policy-making process.

On behalf of the Value of Care Coalition and the organizations represented below, we appreciate your consideration of these concerns. Thorough deliberation, clear communication, and meaningful follow-through are essential to earning and maintaining public trust as the Board continues its important work.

Respectfully,

Derek Flowers
Executive Director
Value of Care Coalition