



December 15, 2025

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

**RE: Stakeholder Input on Farxiga, Jardiance, Ozempic, and Trulicity**

Dear Members of the Maryland Prescription Drug Affordability Stakeholder Council,

DPAC strongly supports the Board's recommendations to advance drug-pricing transparency, strengthen patient navigation services, and increase biosimilar competition in its 2025 draft Annual Report. These reforms are essential to addressing systemic drivers of patient affordability challenges and ensuring that savings generated within the pharmaceutical supply chain flow directly to patients.

However, based on the Board's own September 2025 policy pathway discussion, the expectation was that staff would **advance evaluation of both UPL and non-UPL solutions in parallel** for Farxiga and Jardiance. At that meeting, the Board identified multiple non-UPL strategies worth further analysis, alongside development of a UPL framework for state and local government payers. Unfortunately, due to limited staffing capacity and resource constraints, the Board has not yet been able to meaningfully advance those non-UPL pathways. As a result, stakeholder discussions have become disproportionately focused on UPLs — not because they are the best tool for improving patient affordability, but because other policy options have not been fully developed or assessed.

This unintended shift away from a balanced policy approach creates significant concern for patients. As DPAC has consistently emphasized, UPLs, however well-intentioned, pose serious risks to continuity of care and affordability. UPLs may disrupt existing formulary structures and rebate arrangements in ways that could incentivize Pharmacy Benefit Managers (PBMs) and insurers to limit coverage, impose stricter utilization management, or move medications to higher cost-sharing tiers. Such outcomes would directly conflict with the Board's mission and could leave individuals with diabetes facing **reduced access and increased out-of-pocket costs** for the therapies they rely on to sustain their health.

These risks are particularly acute for medications such as Ozempic and Trulicity, where demand is growing rapidly and patient populations are diverse. Because the pricing landscape and market dynamics for these therapies are changing quickly, including new direct-to-consumer demand and evolving distribution practices, rigid price caps could unintentionally create supply constraints, limit access to innovations in care, or discourage investment in future improvements and expanded indications that benefit patients. From a patient perspective, affordability solutions should ensure both **immediate access** and **long-term therapeutic advancement**, not jeopardize one in pursuit of the other.

Non-UPL policy solutions are less disruptive and they better align with the Board's mission to improve affordability while preserving access and innovation. We therefore ask the Stakeholder Council to urge the Board to give **equal (or greater) weight** to all the non-UPL approaches presented by Board staff at the September 2025 meeting and in particular **delinking PBM compensation from rebates** so that PBM compensation would be based on a negotiated flat rate rather than rebates.

As the Board continues to draft a methodology for UPL frameworks for drugs such as Farxiga, Jardiance, and moves forward with the policy review process for Ozempic, and Trulicity, we urge the Stakeholder Council, in its advisory capacity, to recommend that the Board **prioritize and give equal weight to non-UPL solutions** that directly support patient affordability without compromising continuity of care or future innovation.

Thank you for considering the perspective of the diabetes community. We value the Council's continued commitment to addressing the affordability challenges faced by Marylanders and stand ready to support balanced, patient-centered policy solutions.

Sincerely,

A handwritten signature in black ink that reads "George Huntley". The script is fluid and cursive, with the first letters of each word being capitalized and prominent.

George Huntley  
Chief Executive Officer  
Diabetes Patient Advocacy Coalition