

# Board Solicited Stakeholder Council Input

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PDASC Meeting  
December 15, 2025  
PDAB Staff



# Policy Review Process - Information Gathering

## COMAR 14.01.05.04(D)(2)

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Stakeholder Council Input.

(a) The Board may request input from the Stakeholder Council. This input can be a request for general input and ideas on policies or more specific requests for specific information.

(b) Board staff may provide the Board with summaries of input from the Stakeholder Council.



# The circumstances under which the prescription drug products have led to affordability challenges include:

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**At the November 17, 2025 meeting, the Board made a preliminary determination that use of Ozempic has created an affordability challenge for the State health care system.**

The circumstance under which the prescription drug product has led to affordability challenge include:

- total gross spending for Ozempic for state and local governments exceeds 4.87% of gross prescription drug spend for state and local governments (public session).

**The Board also made a preliminary determination that the use of Trulicity has created an affordability challenge for the State health care system.**

The circumstances under which the prescription drug product has led to affordability challenges include:

- total gross spending for Trulicity for state and local governments exceeds 2.27% of gross prescription drug spend for state and local governments (public session); and
- the percent change in WAC over certain periods is substantially larger than the percentage change in inflation (rate of increase in inflation) (closed session)



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“Driver” means a factor that causes a particular phenomenon to happen or develop.

1. What driver(s) caused or contributed to each of the circumstances listed above? Please explain how that driver operates in practice and how it contributed to the circumstance.
2. What information demonstrates or supports the existence of this driver?
3. Identify policies that could address this driver and how they could address the driver. For each policy, discuss:
  - a. Strengths and weaknesses of the policy;
  - b. Possible implementation of the policy through legislation, regulation, or enforcement; and
  - c. Potential impacts of the policy.



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## Example Questions to Inform Discussion



# Gross Spending Discussion Questions (Ozempic and Trulicity)

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- How should States think about what is an appropriate amount to spend on Ozempic and Trulicity?
- Does the cost of the drug help reduce spending on other healthcare services? How should we think about these reductions when evaluating the gross spending on the drug?
- What is Trulicity's place in therapy and how that might impact gross spending moving forward?



# Wholesale Acquisition Cost (WAC) (Trulicity)

## Example Questions

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- How much do production costs increase over time and what percentage of the WAC increases are attributable to production costs?
- What other costs would explain the higher rates of increase in the WAC set by the drug companies?
- Do the minimum rebate amounts negotiated between the drug companies and pharmacy benefit managers (PBM) impact the WAC? If so, how?
- How does the WAC, and potential increases in the WAC, impact PBM-manufacturer negotiations?
- Could the increase in demand for these products explain or justify the WAC increase?
- Does emerging clinical information about the product justify the WAC increase?



# Exploring Some Identified Policy Options

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- How might WAC inflation penalties (charges for manufacturers for increasing WAC faster than inflation) disincentivize WAC increases?
- What changes to PBM contracts would discourage WAC increases?
- How might an upper payment limit (UPL) change the incentives for WAC increases?
- How would the application of a UPL to the drug impact formulary placement of the drug?
- What frameworks or contextual information should be considered for each drug if setting a UPL?

