



Maryland Prescription Drug Affordability Board
Meeting Agenda
Virtual
March 25, 2024 — 2:00 p.m.

- I. Call Meeting to Order
- II. Approve January 29, 2024 Meeting Minutes
- III. Opportunity for Public Comment¹
- IV. Cost Review Study - Selection of Drugs for Referral to Stakeholder Council
Attachment A, incorporated herein, Preliminary Identification of Potential Drugs
for Referral to Stakeholder Council
- V. Regulations
Amend COMAR 14.01.02 Fee Assessment Regulations
- VI. Administrative Update
Legislative Update
- VII. Chair's Update
- VIII. Adjournment

Please register for the Prescription Drug Affordability Board Meeting on March 25, 2024 at 2:00 PM ET [here](#). After registering, you will receive a confirmation email containing information about how to join the webinar.

Next PDAB Meeting: The Board's next regularly scheduled meeting will be on May 20, 2024. Registration information for this meeting will be published on the PDAB website at pdab.maryland.gov.

¹ The public may submit written comments on the Board's pending decisions, or general comments regarding the Board's work, to comments.pdab@maryland.gov. For more information on presenting comments during the meeting, please visit the Board Meetings page at the PDAB's website.

**Attachment A:
March 25, 2024 Preliminary Identification of Potential Drugs for Referral to the
Stakeholder Council**

| Drug | Drug Name | Dose Strength | Dose Strength Unit of Measure |
|-------------|-------------------------------|----------------------|--------------------------------------|
| BIKTARVY | Biktarvy | 50-200-25 | MG |
| DUPIXENT | Dupixent | 300 | MG/2ML |
| | Dupixent | 200 | MG/1.14ML |
| FARXIGA | Farxiga | 10 | MG |
| | Farxiga | 5 | MG |
| JARDIANCE | Jardiance | 25 | MG |
| | Jardiance | 10 | MG |
| OZEMPIC | Ozempic (0.25 or 0.5 MG/DOSE) | 2 | MG/1.5ML |
| | Ozempic (1 MG/DOSE) | 2 | MG/1.5ML |
| | Ozempic (1 MG/DOSE) | 4 | MG/3ML |
| | Ozempic (2 MG/DOSE) | 8 | MG/3ML |
| SKYRIZI | Skyrizi | 150 | MG/ML |
| | Skyrizi (150 MG Dose) | 75 | MG/0.83ML |
| | Skyrizi Pen | 150 | MG/ML |
| TRULICITY | Trulicity | 0.75 | MG/0.5ML |
| | Trulicity | 1.5 | MG/0.5ML |
| | Trulicity | 3 | MG/0.5ML |
| | Trulicity | 4.5 | MG/0.5ML |
| VYVANSE | Vyvanse | 70 | MG |
| | Vyvanse | 60 | MG |
| | Vyvanse | 50 | MG |
| | Vyvanse | 40 | MG |
| | Vyvanse | 30 | MG |
| | Vyvanse | 20 | MG |