



## **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 Comment<sup>1</sup>
- 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](https://pdab.maryland.gov).

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<sup>1</sup> 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](mailto: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