

March 21, 2024

**Subject: Alliance for Health Innovation about Maryland Prescription Drug Affordability Board's decision to proceed with Drug Cost Reviews**

Honorable Members of the Maryland Prescription Drug Advisory Board,

The Alliance for Health Innovation (Alliance) is a group of diverse cross-sector stakeholders representing patients, providers, caregivers, academia, biopharmaceutical innovators, and business communities.

Led by the Global Coalition on Aging (GCOA), the Alliance is committed to establishing the importance of innovation in achieving healthy aging and advocates for state policy solutions that support a thriving innovation sector that enables Maryland residents and other communities to live longer – and healthier – lives.

We are concerned about your decision to proceed with drug cost reviews without a finalized plan for enforcing how an Upper Payment Limit (UPL) would be implemented. This lack of clarity on UPL enforcement and decision-making severely hinders public and patient voices, risking decades of life-saving innovations becoming inaccessible and leaving vulnerable Marylanders decades behind their peers regarding treatment efficacy, access, and cost.

Further, we continue to be deeply concerned about the possibility of the PDAB actually setting a UPL on prescription drugs, as this would likely decrease reimbursements from payers to pharmacies and providers for certain drugs. While this may save payers in the short term, the Alliance believes pharmacies and providers will be forced to respond by limiting patient access to newer – and often more effective – medicines if not adequately reimbursed.

Such policies typically lead to significant access restrictions for patients, which disproportionately affect the disadvantaged populations these policies are meant to protect. HIV is a powerful and critical example of this, as specific disadvantaged populations – like older adults living with HIV – are even more dependent on access to innovative medicines than average. By 2030, over 70% of the HIV positive population in the US will be over 50, and in 2021, over 53% of new HIV diagnoses in the United States were in people aged 50 and older.<sup>1,2</sup>

Thanks to years of biomedical investment and innovation, a person with HIV who starts treatment soon after their diagnosis can expect to live the same lifespan as an HIV-negative person. However, access to innovative medications is required – and in Maryland, only 61.8% of people living with HIV are virally suppressed. Further, over 52% of the deaths associated with HIV are in the Black community – who also account for over 70% of the new diagnoses in the state.<sup>3</sup>

As people with HIV live longer, they can develop comorbidities that affect their health-related quality of life and are costly to treat. People living with HIV are more likely to develop additional health issues as they age and tend to develop them earlier than people who do not have HIV. Further, uninterrupted access to drugs that suppress the HIV virus is essential to limiting spread and ending the HIV epidemic. Limiting access to other prescription drug products through the establishment of UPLs could have a similar effect – creating a problem at the population level that will extend generations into the future.

If the Board decides to move forward with the process and start looking into the affordability of prescription drugs without a clear overview of the negative effects, the Board should at least be transparent in how they consider the input of patients and the communities that represent them in the review process to minimize the harmful effects of the drug affordability reviews and ensure broad access for impacted communities.

---

<sup>1</sup> WING E. J. (2017). The Aging Population with HIV Infection. Transactions of the American Clinical and Climatological Association, 128, 131–144.

<sup>2</sup> Centers for Disease Control and Prevention. HIV in the United States by Age: HIV Diagnoses. <https://www.cdc.gov/hiv/group/age/diagnoses.html>

<sup>3</sup> AIDSvu. Local Data: Maryland. <https://aidsvu.org/local-data/united-states/south/maryland/>

We urge the Board to take the necessary steps to ensure that patients potentially impacted by the outcome of these drug affordability reviews are informed and engaged in the review process. Therefore, we suggest that the board at minimum takes the following steps:

- Actively communicate with patients, caregivers, their organizations, and healthcare professionals to ensure that every patient who depends on a drug under review knows that these drugs are undergoing an affordability review and can provide input as part of the review process.
- Transparently communicate the goal of any stakeholder engagement meetings. Patients, caregivers, and healthcare providers deserve to know how their input will be weighed as part of the affordability review process and to what degree their testimony can impact the board's decisions.
- Follow up with publicly available post-event information summarizing critical takeaways of the stakeholder engagement meetings and a statement from the Board explaining how the information shared by patients, caregivers, their organizations, and healthcare professionals is weighed as part of the affordability review. The Board needs to be transparent about what they've done with stakeholder input and how this input will affect the outcome of the affordability review.

Thank you for allowing us to share our concerns and for your commitment to finding solutions to Maryland patients' affordability and access challenges. We would be happy to discuss these concerns further or answer any questions you might have.

Sincerely,

Michiel Peters

Head of Advocacy Initiatives, Global Coalition on Aging