



January 22, 2025

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

RE: Public Comments on Drugs Subject to Cost Review (Jardiance)

Dear Members and Staff of the Maryland Prescription Drug Affordability Board and Stakeholder Council:

The Ensuring Access through Collaborative Health (EACH) and Patient Inclusion Council (PIC) is a two-part coalition that unites patient organizations and allied groups (EACH), as well as patients and caregivers (PIC), to advocate for drug affordability policies that benefit patients.

On behalf of our national network of patient organizations, we appreciate the opportunity to provide comments to the board on Jardiance. We continue to urge the board to carefully evaluate the impact implementing UPLs could have on patients in the state and to consider the concerns of patient organizations as they proceed with cost reviews and consideration of UPLs.

Ensure Patients Will Benefit from Cost Reviews

UPLs fail to address many of the underlying causes and complicated factors that result in higher prescription drug costs for patients. There are also no current mechanisms in place to guarantee that payers who benefit from UPLs will pass along savings to patients.

Therefore, we urge the board to focus its time on identifying and addressing patient-reported obstacles to drug affordability. Failing to resolve the underlying factors that lead to higher costs for patients can result in short-term relief and uneven benefits – aiding some but potentially leaving others with higher costs and drug accessibility challenges. Additionally, regulators should clearly define cost-saving targets, including what percentage will be for patients and what will be the state or the broader healthcare system.

Enact Patient Protections

At their core, cost reviews necessitate selecting individual drugs for review and implementing market interventions for the selected drugs. This alone puts PDABs in a position of picking winners and losers between drugs and within the broader population of Maryland patients.

While UPLs are intended to lower costs for patients, the reality is that they will create a new incentive structure for payers that could compromise patient access to the selected medications due to increased utilization management or reshuffling of formularies. We appreciate the board's recognition that this could be a consequence of UPL implementation; however, we are disappointed that the board only intends to monitor for these changes after the UPL has been implemented.

Instead, we urge the board to work with the state legislature to put in place safeguards for patients prior to moving forward with UPL policies to protect patients from increased utilization



management, compromised access to drugs under review, and other unintended consequences of the board's actions.

Focus on Patient Experiences and Perspectives

Finally, we continue to urge the board to ensure that patient experiences are a critical focus of the process to identify the appropriate policy remedy. Rather than immediately proceeding to a UPL, the board should instead take the opportunity to gather more in-depth input from patients to better understand the source and reasons for affordability challenges.

We invite the board to engage with our coalition participants who can serve as a direct conduit to understanding and incorporating patient and caregiver perspectives and who understand the life cycle of disease from the lens of prevention, diagnosis, and disease management.

While our health system and the policies that impact it are complicated, one principle is simple: every change that we make and policy we implement should ultimately benefit patients. We urge the board to keep this principle as a singular focus of the policy review process.

We look forward to continuing to engage with staff as cost reviews proceed. We invite any and all opportunities to speak directly with any board member who would be interested in more detailed perspectives from our national network of patient organizations and allied groups (EACH) and patients and caregivers (PIC).

Sincerely,



Tiffany Westrich-Robertson
Ensuring Access through Collaborative Health (EACH) Coalition and Patient Inclusion Council (PIC)