



May 14, 2025

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

RE: Public Comments on Cost Review Process and Farxiga

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.

We appreciate the board's continued efforts to increase transparency around the cost review process. The dedication of staff to providing public information is evident and commendable. However, due to the complexity of the process, even those of us who regularly engage are unclear on specific milestones, timelines, and next steps. To support ongoing engagement, we encourage the creation of a standing document, available on the board's website, that outlines these key items and notes progression in real-time. Additional tools to assist stakeholders in following and participating in the process would also be welcomed.

We further urge the board to prioritize patient-centered engagement throughout its work. Involving patient organizations, individual patients, and caregivers is essential to ensuring that affordability reform efforts address real-world impacts on the people who rely on these medications. Our coalition stands ready to serve as a resource for engagement and collaboration. We are also encouraged by the potential expansion of the Stakeholder Council and look forward to helping connect additional patient organizations to these new opportunities for involvement.

Finally, we stress the importance of providing adequate time for public review and response to cost review materials. For example, the recent posting of the Farxiga dossier on May 12, with public comments due May 14, does not allow sufficient time for a substantive review. Timely dissemination of information is critical to meaningful stakeholder input. We have attached our initial comments on Farxiga and look forward to supplementing this information with further input prior to the next board meeting.

We appreciate the board's ongoing commitment to affordability and transparency, and we look forward to continued collaboration to ensure that patient perspectives remain central to this important work.

We look forward to continuing to engage with the board, stakeholder council, and staff as cost reviews proceed. We invite direct outreach from anyone 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)

Public Comments on Drugs Subject to Cost Review (Farxiga)

On behalf of our national network of coalition participants, we appreciate the opportunity to provide comments to the stakeholder council on Farxiga.

We urge the council to carefully evaluate the impact implementing UPLs could have on patients in the state and to consider the concerns of patient organizations as you provide guidance to the board throughout the process of 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 PDAB 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 that the PDAB recently recognized that this could be a consequence of UPL implementation; however, we are disappointed that the board only intends to monitor for these types of changes after the UPL has been implemented.

Instead, we urge the council to encourage 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.

Focus on Patient Experiences and Perspectives

Finally, we continue to urge the council to ensure that patient experiences are a critical focus of the process to identify the appropriate policy remedy. We urge you to encourage the board to take the opportunity to gather more in-depth input from patients to better understand the source and reasons for affordability challenges.

We invite any members of the stakeholder council or 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.