



July 3, 2025

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

RE: Public Comments on Jardiance Dossier

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

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.

Comment Deadlines and Complexity of Process

While we appreciate the board's continued effort to implement a transparent and thorough cost review process, we again must emphasize that Maryland has established an incredibly complex process with multiple and overlapping deadlines for comment. Further, providing only a 15 day comment period on the dossiers for Farxiga and Jardiance is inadequate to allow for substantive analysis and response.

We again urge the board and staff to provide greater clarity around the cost-review process as a whole and provide a minimum 60-day comment period on data related to cost reviews and UPL implementation.

Centering the Process on Patient Burdens and Affordability

We continue to encourage the board to center cost reviews around the lived experiences of patients and the real-world affordability challenges they face. A review that focuses solely on systemic or payer-level costs risks overlooking the most meaningful aspect of affordability: the context behind affordability concerns, including the impact on people's ability to access and adhere to their prescribed medications.

We urge the board to make good on its commitment to consider multiple policy interventions, by utilizing the cost review process to clearly identify the root causes of affordability and access challenges for patients for each drug under review.

Therapeutic Alternatives Are Not Interchangeable

The course of treatment for each patient is as unique as the individual and their disease. Once diagnosed with a chronic condition, each patient starts an often life-long journey to identify the correct treatments and regimen to successfully manage their symptoms and improve their



health. Many will also face multiple chronic conditions or need medications to treat specific symptoms or even side effects of their preferred treatment. Patients with chronic conditions often rely on a complicated and personalized course of treatment that is not easily altered.

For these patients, therapeutic alternatives may not be alternatives at all. Very often drug interactions or other health conditions would prevent individual patients from being able to switch to an alternative medication that, on paper, seems like it would be an appropriate treatment. Further, patients with chronic conditions can build up a tolerance to medications over time, so they must retain access to all treatments in a class of drugs to prolong their treatment.

Therefore, we urge the board to carefully evaluate the needs of all patients. Failure to do so can result in limiting options within a therapeutic class to only one option - which might not be the right option for many patients.

Protect Patient Access to Care

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 encourage the board to take the necessary time and care to ensure this process supports, not disrupts, continuity of care. Patients must not face unintended consequences from policy decisions that limit treatment options or impose additional burdens.

To that end, we strongly urge the board and staff to utilize the authority of the board to fully explore with all healthcare stakeholders how they will implement UPLs to identify in advance any potential adverse impact to patients.

Finally, we invite the board to utilize this organization and its EACH and PIC members as a direct conduit to understanding and incorporating patient and caregiver perspectives, as we have the best understanding of the life cycle of disease from the lens of prevention, diagnosis, and disease management.

We appreciate your commitment to this work and offer our coalition as a continued resource in elevating patient voices and informing thoughtful, patient-centered policymaking.

Sincerely,

A handwritten signature in cursive script, reading "Tiffany Westrich-Robertson".

Tiffany Westrich-Robertson

tiffany@aiarthritis.org

Ensuring Access through Collaborative Health (EACH) Coalition Lead



Vanessa Lathan

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