



September 4, 2025

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

RE: Public Comments on Trulicity 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 Trulicity. 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.

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.

The compiled dossiers include limited data on patient out-of-pocket costs and how assistance programs impact patient costs. Most importantly, the data only tells a small part of the story. Findings from our recent [Patient Experience Survey](#) underscore why patient input is critical to effective affordability reviews. According to patients, affordability is often shaped less by the drug's price and more by insurance barriers, cumulative health costs, and individual life circumstances. Whether patients paid \$0–\$10 per month or \$250 a month, they still reported unaffordability due to insurance denials, utilization management, collective healthcare costs, or other access challenges that largely were unrelated to the retail or net cost of the drug.

We encourage the board to utilize the results of our study as a foundation when determining patient costs in their ongoing reviews, particularly as continued attempts to gain patient insights have proved challenging. Only by starting with patient input can the board appropriately address patient needs. For these reasons, we invite the MD PDAB to collaborate with EACH/PIC and our efforts to relaunch the Patient Experience Survey, utilizing data we collect to ensure patient testimony is included.

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.

We also continue to 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.

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 that reads "Tiffany Westrich-Robertson".

Tiffany Westrich-Robertson
tiffany@aiarthritis.org



Ensuring Access through Collaborative Health (EACH) Coalition Lead

A handwritten signature in black ink that reads "Vanessa Lathan". The signature is fluid and cursive.

Vanessa Lathan
vanessa@aiarthritis.org
Patient Inclusion Council (PIC) Coalition Lead