EACH PIC COALITION

September 15, 2026

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

RE: Comments on Dupixent Cost Review

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.

As the board begins its cost review of Dupixent, we urge it to focus first on whether Maryland patients are experiencing affordability or access challenges, identify the specific factors driving those challenges, and ensure that any resulting policy recommendations are tailored to address them. A finding that a drug imposes costs on the health care system is not, on its own, evidence that the drug is unaffordable for patients or that an upper payment limit (UPL) will improve patient affordability.

Centering the Process on Patient Burdens and Affordability

We urge the board to focus on identifying and addressing patient concerns with prescription drugs. Our Patient Experience Survey found that 41% of respondents had paid multiple out-of-pocket amounts for the same drug over time, and more than half of those respondents reported that the same medication had been affordable at one point and unaffordable at another. Ninety percent of respondents who explained why their costs changed attributed those shifts to insurance-related factors. These findings demonstrate why a cost review must look beyond a drug's price and determine what is actually driving affordability challenges for patients.

In evaluating patient affordability, the board should distinguish between affordability challenges driven by direct cost-sharing and access challenges driven by coverage denials, deductibles, utilization management, formulary restrictions, or limitations on financial assistance. Those experiences may all be reported as “unaffordability,” but they point to different underlying problems and require different policy responses.

Maryland's framework allows the board to evaluate both UPL and non-UPL policy interventions as part of its affordability work. The board should use the Dupixent review not simply to determine whether an affordability challenge exists, but to identify its source and evaluate which available policy response is best suited to address it.

Therapeutic Class Framework and Patient Value Assessments

Therapeutic alternatives should not be treated as evidence that patients can readily substitute one therapy for another. Setting prices based on class-wide comparisons may unintentionally encourage insurers and PBMs to treat distinct therapies as substitutes, when the lived experience of patients shows they are not.

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Our survey revealed that among respondents who had tried multiple treatments, more than 80% described their current medication as valuable, often because other treatments had failed or stopped working, caused different side effects, were more difficult to administer, or were less appropriate given other health conditions. Even patients taking the same medication reported very different experiences, underscoring that treatment value cannot be generalized.

These differences matter when evaluating therapeutic alternatives. When patients experienced non-medical switching, they reported disease recurrence, side effects, worsened outcomes, and other disruptions to care.

These experiences reinforce that the availability of drugs within the same therapeutic class does not mean those treatments are interchangeable for an individual patient. Reviews that flatten those differences risk reinforcing coverage policies that overlook patient value and could unintentionally disrupt access to the therapies that work best for them.

Evaluate Potential Access Consequences Before Recommending Policy Interventions

Any policy intervention resulting from the Dupixent review should be evaluated not only for its intended effect on costs, but also for its potential impact on patient access and continuity of care. Changes in payer incentives can affect formulary placement, utilization management, coverage criteria, and treatment availability. For patients who have already found a therapy that effectively manages their condition, even an unintended change in access can have significant consequences.

While UPLs are intended to address affordability, they also create new financial incentives for payers that could affect formulary placement, utilization management, or coverage of selected medications. The board should carefully evaluate these potential consequences before recommending a UPL, particularly when the affordability challenges identified through its review may be better addressed through other policy interventions.

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.

Conclusion

As the board undertakes its review of Dupixent, we respectfully encourage it to distinguish patient affordability from broader health system costs, identify the specific drivers behind any patient-reported affordability or access challenges, and evaluate policy responses based on their ability to address the identified problem without disrupting access to effective treatment.

Sincerely,

Tiffany Westrich-Robertson
tiffany@aiarthritis.org
Ensuring Access through Collaborative Health (EACH) Coalition Lead

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