



March 4, 2025

Via Electronic Correspondence

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

RE: COMAR 14.01.05.06D(4) – Jardiance: Upper Payment Limit Methodology

Dear Chair Mitchell:

Aimed Alliance is a not-for-profit health policy organization that seeks to protect and enhance the rights of healthcare consumers and providers. We appreciate the Maryland’s Prescription Drug Affordability Board’s (“PDAB” or “Board”) commitment to addressing the rising cost of prescription drugs for Maryland patients. As the Board continues to move forward with the upper payment limit (UPL) rulemaking process for Jardiance, Aimed Alliance urges it to proceed with caution, carefully monitoring potential unintended consequences and ensuring that patient feedback is meaningfully prioritized during the process.

I. Exercise Caution as the Board Proceeds with the UPL Rulemaking Process and Consider Unintended Consequences

Aimed Alliance recognizes the inherent challenges and complexity of conducting affordability reviews and setting UPLs. For this reason, we urge the Board to move forward with caution and diligence as it continues the rulemaking process for Jardiance. We are particularly concerned about possible unintended consequences. Recent data indicate that 57 percent of surveyed health plans expect both UPL-targeted drugs and their therapeutic alternatives to face formulary changes, while half anticipate increased utilization management.¹ These findings suggest a strong likelihood that pharmacy benefit managers (PBMs) may exclude Jardiance from formularies or impose more aggressive non-medical switching once a UPL is implemented.

Such practices can be incredibly harmful to patients who have spent months or years cycling through alternative treatments before finding one that is effective. Non-medical switching jeopardizes these patients’ stability and undermines patient progress. For patients who are stable on their current therapy, being forced to switch medications due to a UPL may trigger disease flares, or accelerate disease progression, potentially erasing any potential short-term savings the UPL might produce.

II. Intentionally Monitor the UPL’s Effects on Patients and Establish Clear Safeguards

If the Board decides to move forward with setting a UPL, it is essential that it closely and intentionally monitor its effects on patients. Because the Board’s mission includes protecting state residents from high prescription drug costs, it should ensure not only that a UPL lowers

¹ Avalere Health, *Update: Health Plans’ Perceptions of PDABs and UPLs* (Mar. 28, 2025), <https://advisory.avalerehealth.com/insights/update-health-plans-perceptions-of-pdabs-and-upls>.



costs for consumers, but also that it does not inadvertently harm patients by reducing access to medically necessary therapies. This requires ongoing monitoring of utilization management practices adopted by health plans following implementation, for both Jardiance and for its therapeutic alternatives. Without this oversight, patient access issues may go undetected, and the Board will not have the information needed to correct such unintended consequences.

These considerations raise several important process questions regarding implementation. For example:

- What will constitute sufficient harm to warrant withdrawal of a UPL?
- Will the threshold apply only to patient harm, or also to harm experienced by providers?
- What data sources will be used to assess impact, and how will data be collected and measured?

Without a transparent and enforceable mechanism to monitor patient impact, it is unclear how the Board would effectively and swiftly identify and address unintended consequences. We therefore urge the Board to develop a deliberate process that meaningfully tracks UPL impacts and provides patients with opportunities to engage the Board when access challenges arise.

III. Prioritize the Patient Voice During the UPL Rulemaking Process

Aimed Alliance appreciates the Board's commitment to considering the patient voice throughout the affordability review and UPL-setting process. However, because patients are the individuals most directly affected by affordability decisions, their experiences and perspectives should serve as essential evidence rather than commentary that is acknowledged but not acted upon.

One way to do this is by drawing on international actors with extensive experience implementing drug-pricing mechanisms comparable to UPLs.² Across health technology assessment systems globally, widely recognized best practices highlight the importance of embedding patient perspectives directly into affordability and reimbursement decisions. These practices include establishing consumer-engagement frameworks that prioritize transparent communication and timely notification; expanding centralized consumer support; elevating consumer evidence and input; maintaining a structured feedback loop following committee recommendations; and offering user-friendly tools, such as a digital consumer portal, that enable ongoing patient participation and accountability.³

Integrating patient feedback in this manner can also help the Board and legislators determine whether supplemental reforms may be more appropriate than setting a UPL. For example, if patients report that a drug is unaffordable primarily due to payer policies rather than the drug's actual price, it is critical for the Board to reconcile this information before moving forward.

² Australian Government Department of Health and Aged Care, Enhance HTA: An Enhanced Consumer Engagement Process in Australian Health Technology Assessment A Report of Recommendations (June 2024), <https://www.health.gov.au/sites/default/files/2024-09/enhance-hta-an-enhanced-consumer-engagement-process-in-australian-health-technology-assessment-a-report-of-recommendations.pdf>.

³ *Id.*



Implementing a UPL for a drug whose affordability issues are not price-driven could lead to ineffective policy choices and increased time and spending on solutions that fail to address the underlying problem.

For these reasons, Aimed Alliance urges the Board to meaningfully center patient experience as it considers whether to set a UPL for Jardiance. We encourage the Board to closely evaluate and reconcile the feedback it has gathered with its ultimate decisions, ensuring that patient input is treated as a formal data source.

IV. Conclusion

In conclusion, Aimed Alliance commends the Board for its commitment to addressing the rising cost of prescription drugs for Maryland patients. However, we urge the Board to proceed with caution, carefully evaluating potential unintended consequences and ensuring that patient feedback is meaningfully prioritized during the process. If you have any questions or wish to discuss these matters further, please contact us at policy@aimedalliance.org.

Sincerely,

Olivia Backhaus
Staff Attorney