February 4, 2025

Maryland Senate Finance Committee
3 East Miller Senate Office Building
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Prescription Drug Affordability Board – Authority for Upper Payment Limits (Lowering Prescription Drug Costs for All Marylanders Now Act)

Dear Chair Beidle, Vice Chair Klausmeier, and members of the Senate Finance Committee,

On behalf of the National Psoriasis Foundation, and the more than 8 million individuals living with psoriatic disease, we thank you for the opportunity to provide comment on the proposed reform to the Prescription Drug Affordability Board (PDAB). We write to convey our concerns about potential unintended consequences of the PDAB's intervention which might jeopardize patient access and to urge the Committee to allow the current process to unfold before evaluating any change to the board's authority.

Psoriasis is an immune-mediated disease that causes inflammation in the body. There may be visible signs of inflammation such as raised plaques and scales on the skin, which may look different for different skin types. The symptoms associated with psoriasis, including itch, pain, and flaking skin, can directly impact patient wellbeing, patient sleep, and ability to complete activities of daily living. Psoriasis is also well known to have systemic medical associations including metabolic syndrome, cardiovascular disease, metal health conditions like depression and anxiety, and psoriatic arthritis (PsA), a potentially debilitating inflammatory arthritis. In fact, one in three people with psoriasis may develop psoriatic arthritis.[1] Signs of PsA include swelling, stiffness, and pain in the joints and areas surrounding the joints. Scientific research on PsA progression has demonstrated that it is important for patients with PsA to begin treatment for PsA shortly after the onset of symptoms to avoid (or at least minimize) permanent joint damage.

The National Psoriasis Foundation (NPF) is a non-profit, 501 (c)(3) organization that works to drive efforts to cure psoriatic disease and improve the lives of the over 8 million Americans affected by psoriatic disease. As part of that second mission the NPF advocates for access to care reforms that will benefit people living with psoriasis, and it's in this capacity that we reach out to the committee today with our concerns about the consequences of implementing a UPL on drugs used to treat psoriatic disease.

The introduction of biologic products for the treatment of psoriasis and psoriatic arthritis has allowed many in our community to achieve a level of clearance never before possible. New systemic treatments, including biologics, have provided many patients with effective therapies for the first time in their lives. Biologics have also opened a new world of combination therapies, being used alongside other systemic

[1] Mease PJ, Gladman DD, Papp KA, et al. Prevalence of rheumatologist-diagnosed psoriatic arthritis in patients with psoriasis in European/North American dermatology clinics. J Am Acad Dermatol. 2013;69(5):729-735. doi:10.1016/j.jaad.2013.07.023

treatments, phototherapy, and/or topical treatments. Each patient is unique in the way they respond to various therapies, however, and there is no 'one size fits all' approach to managing psoriasis.

Although recent research has shed some light on the underlying factors that determine whether or not any given drug will effectively treat a patient's specific presentation of psoriatic disease (for instance, psoriatic arthritis patients with enthesitis seem to do better with IL-23 inhibitors, while those with axial involvement seem to do better with IL-17 inhibitors),[2] there is still no universal heuristic for matching a patient to the most effective treatment for their psoriatic disease. Physicians often prescribe one or more ineffective treatments for patients with psoriatic disease before identifying an approach that works, and the immunological nature of psoriatic disease means that patients may even have to cycle off previously effective treatments if they build up immune tolerance.

The extreme heterogeneity of both psoriatic disease and treatments for psoriatic disease make physician and patient access to the full range of therapies particularly important. Because of this unique set of considerations, we caution the committee to be on guard against creating scenarios in which the PDAB is called to make interventions which lead insurers to re-tier, restrict access to, or even eliminate certain drugs from their formularies. Given the diversity of drugs that could plausibly treat one patient's psoriatic disease but not another's, any incentive structure that makes it more difficult for psoriatic disease patients to access a full range of treatment options through Maryland's state-regulated plans would create major access barriers for people living with the condition.

UPLs are a new enough policy tool that our team has struggled to predict or model the potential impacts of a UPL on insurers, PBMs, hospitals, pharmacies, and providers. That said, we have seen some analyses of the likely impacts of a UPL that echo our concerns of increased utilization management. For instance, the health policy consulting firm Avalere came to many of these same conclusions after they were hired by the Partnership to Fight Chronic Disease to conduct double-blind interviews of 6 health plan representatives. Avalere summarized their findings into a March 2024 report that warned "All payers interviewed noted that UPL drugs and competitors in the therapeutic class are likely to see increased utilization management (e.g., step therapy, prior authorization) should the UPL restructure new benefit designs. Additionally, five of six payers cited in their interviews that UPL implementation would result in changes to formulary designs, such as movement up or down tiers for UPL drugs."[3]

Considering these concerns, we urge the Committee to allow the PDAB to complete its current work and affordability reviews before making any changes to its authority. NPF has commissioned a research analysis that explores how some of these specific dynamics might play out for the community we serve. We will continue to engage the PDAB and Maryland legislature to share these findings in March.

On behalf of National Psoriasis Foundation, thank you for your consideration of these comments. We invite you to call upon us, our Medical Board, and our patient community as you move forward. If you

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[2] Kamata M, Tada Y. Efficacy and Safety of Biologics for Psoriasis and Psoriatic Arthritis and Their Impact on Comorbidities: A Literature Review. Int J Mol Sci. 2020;21(5):1690. Published 2020 Mar 1. doi:10.3390/ijms21051690

[3] Avalere, Health Plans Predict: Implementing Upper Payment Limits May Alter Formularies And Benefit Design But Won't Reduce Patient Costs, https://www.fightchronicdisease.org/sites/default/files/FINAL%20PFCD%20Avalere%20PDAB%20Insurer%20Research.pdf.

have any questions, please reach out to Will Hubbert, NPFs State Government Relations Manager at Whubbert@psoriasis.org.

Sincerely,

Jason Harris
Vice President, Government Relations and Advocacy