



Janet T. Mills  
Governor

STATE OF MAINE  
Maine Prescription Drug Affordability Board  
61 State House Station  
Augusta, ME 04333-0061

Dr. Noah Nesin  
Chair

**Maine Prescription Drug Affordability Board  
Monday September 25, 2023 @ 10:30 am  
Microsoft TEAMS Meeting**

**In Person Location:** Burton M. Cross Building, Augusta, Maine - Room 600, 6th Floor, ME

Board Members in Attendance: Peter Hayes, Jennifer Reck, Rhonda Selvin, Sharon Treat, Kelsie Snow, Dr. Susan Wehry  
(Total = 6)

Board Members Absent: Dr. Noah Nesin, Heather Perreault, Dr. Julia Redding  
Vacant Seat(s): 0

Others Present:

Advisory Council: Jennifer Kent, Anne-Marie Toderico, Shonna Poulin-Gutierrez, Jonathan French, Kristy Gould, Heather Perreault

Employee Health & Wellness: Devon French, Roberta DuPont, Emma-Lee St. Germain, Charles Luce

Lockton: Ryan Czado, Amy Deschaines, Hope Edgerly Nakazato

All Others: Meg Garratt-Reed, Kevin Bourque, Drew Gattine, Rachel Cottle Latham, Patrick McGary

Agenda Item:	Discussion:	Action/Next Steps:
I. Call to Order (10:30 am)	Dr. Susan Wehry called the meeting to order.	
<b>II. Introductions</b>		
a. Introduction of New Members -	Information contained in written reports; highlights and discussion noted below: <ul style="list-style-type: none"> <li>• <b>Kelsie Snow</b> - Dr. Kelsie Snow is an Assistant Professor of Pharmacy Practice in the College of Health and Pharmacy.</li> <li>• <b>Sharon Treat</b> - Sharon Treat is Senior Attorney at the Institute for Agriculture and Trade Policy. Sharon served 11 terms in the Maine Legislature from 1990-2014 in both the Senate and House, holding numerous leadership positions including Senate Majority Leader and chair of Committees on Judiciary; Environment and Natural Resources; Insurance and Financial Services; and Health and Human Services.</li> </ul>	



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<p><b>III. Approval of the Minutes (May 22, 2023)</b></p>	<p><b>Jennifer Reck states:</b> <i>Hussain Lalani is part of the PORTAL team, and the last two bullets on page 4, “Cost by State Funded Health Plans” and “State Beneficiaries,” need to be amended to include more information.</i></p>	<p><b>Peter Hayes</b> made a motion to table the meeting minutes for clarification on Cost by State Funded Health Plans and State Beneficiaries; <b>Jennifer Reck</b> seconded the motion. Motion passed.</p>
<p><b>IV. Monthly Business</b></p>		
<p><b>a. Recent Drug Spending and Trends – Hope Edgerly-Nakazato and Ryan Czado, Lockton</b></p>	<p>Information contained in written reports; highlights and discussion noted below:</p> <ul style="list-style-type: none"> <li>• <u>Prescription Drug Costs:</u> Specialty continues to drive pharmacy spend. Only 1.82% of claims make up Specialty Drugs, 13.17% make up Brand Name Drugs, and 85.01% make up Generic Drugs. The minimum guarantee for Specialty Drug rebates goes back to the plan sponsor per the State of Maine contract.</li> <li>• <u>Biologic Market Share by Disease - 2022:</u> Biologic manage inflammation for diseases like Ulcerative Colitis (10%), Chron’s Disease (19%), Rheumatoid Arthritis (32%), Psoriatic Arthritis (17%), Plaque Psoriasis (17%), and Ankylosing Spondylitis (4%). Pharma is investing heavily in this area and blowing out indications to appeal to a larger audience.</li> <li>• <u>Inflammatory Disease is Heavily Managed by Biologics (Specialty Medications):</u> Inflammatory disease is heavily managed by Biologics include Humira, Stelara, Embrel, Rinvoq, Dupixent, Skyrizi, and Cosentyx.</li> <li>• <u>Managing Biosimilars and Adoption:</u> Clinical trials for Rheumatology patients have focused on meeting endpoints of functional improvement and quality of life improvement. Biosimilars entering the market could enter up to 80-90% lower in Average List price than biologics. Expect to see increase in specialty prescribing due to quality-of-life improvements and clinical endpoints being met. Prices need to be reduced by 25% to be effective.</li> <li>• <u>GLP-1 are Driving Non-Specialty Brand Expense for Plans:</u></li> </ul>	<p><b>Meg Garrett-Reed asks:</b> <i>Has the State ever explored or would consider exploring a value-based contract for a drug like biologics and asking for some guarantee of return on investment?</i></p> <p><b>Ryan Czado responds:</b> <i>It's something we can look at.</i></p>



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	<ul style="list-style-type: none"> <li>○ <b>Wegovy:</b> Also known as “Semaglutide,” Wegovy was Approved in 2021 and is a once-weekly subcutaneous injection that was originally designed to treat diabetes, now repurposed (at higher doses) for chronic obesity management.</li> <li>○ <b>Saxenda:</b> Also known as “Liraglutide,” Saxenda was approved in 2014 and is a once-daily subcutaneous injection that was originally designed to treat diabetes, now repurposed (at higher doses) for chronic obesity management.</li> <li>• <u>Managing Weight Loss Cost and Utilization:</u> Clinical trials show a significant reduction in body weight verses the placebo. Wegovy average weight loss from baseline in various study populations is 10% to 16%. The list price for this drug is significantly higher than oral appetite suppressants. The expectation is that the Wegovy and Saxenda injectable chronic weight management market to expand significantly.</li> <li>• <u>What is Biosimilar:</u> A biosimilar is an FDA-approved biological product that is highly similar in structure/function to a reference product with no clinically meaningful difference from a reference product.</li> <li>• <u>Biosimilar Adoption Increases Over Time:</u> Estimated Healthcare savings of between \$38.4-\$124.5B between 2021-2025, for the respective lower and upper bound scenarios.</li> </ul>	
<b>V. Advocacy</b>		
<p><b>a. Advocacy – Dr. Susan Wehry</b></p>	<p>Information contained in written reports; highlights and discussion noted below:</p> <ul style="list-style-type: none"> <li>• No items were brought to the board.</li> </ul>	
<b>VI. Other Business</b>		



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<p><b>a. Legislative Updates</b> <b>– Jennifer Reck</b></p>	<p>Information contained in written reports; highlights and discussion noted below:</p> <ul style="list-style-type: none"> <li>• <b>L.D. 1395:</b> This measure requires each hospital participating in the federal 340B drug program to provide an annual report to the Maine Health Data Organization (MHDO). Enacted June 23, 2023.</li> <li>• <b>L.D. 1816:</b> An Act to Reduce Prescription Drug Costs Using Reference-based Pricing. The Committee voted Ought Not to Pass.</li> <li>• <b>L.D. 1829:</b> This measure prohibits the dispensing, delivering, or administration of a prescription drug to a consumer for a cost exceeding the referenced rate during the price applicability period. The referenced rate is defined as the maximum rate for a prescription drug published by the US Department of Health and Human Services. Health Coverage, Insurance and Financial Services Committee decided to use LD 1829 as a vehicle for future action next session.</li> <li>• <b>L.D. 1793:</b> Resolve, Directing the Department of Health, and Human Services to Contract for Discounted Insulin Manufactured and Distributed by Civica Rx. This measure requires the Department of Health and Human Services to enter into a contract with Civica Rx in order to purchase discounted insulin pens and to obtain preferential access to insulin manufactured at Civica Rx's facility. This bill was carried over.</li> <li>• <b>L.D. 1165:</b> An Act to Enhance Cost Savings to Consumers of Prescription Drugs. This measure requires all compensation remitted by or on behalf of a pharmaceutical manufacturer to a carrier or pharmacy benefit manager (PBM) be remitted directly to the covered person at the point of sale to reduce out-of-pocket costs for the prescription drug.</li> <li>• <b>L.D. 759:</b> An Act to Reduce Out-of-pocket Prescription Drug Expenses for Coinsurance. This measure reduces the maximum out-of-pocket limit for prescription drugs subject to coinsurance that a carrier may establish to \$1500 per year.</li> <li>• <b>Colorado Prescription Drug Affordability Board</b> have selected the following 5 prescription drugs for affordability reviews:</li> </ul>	
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	<ul style="list-style-type: none"> <li>○ Enbrel</li> <li>○ Genvoya</li> <li>○ Cosentyx</li> <li>○ Stelara</li> <li>○ Trikafta</li> </ul> <p>Data and research regarding the 14 affordability review components will be prepared for the Board’s review and any non-confidential documents will be posted on the website.</p> <p>To receive the required input from patients and caregivers, individuals with scientific or medical training, and safety net providers, Board staff will facilitate stakeholder meetings for each group.</p>	
<b>b. Open Discussion</b>	<p>Discussion highlights below:</p> <p><b>Sharon Treat states:</b> <i>There needs to be more focus on transparency and think about Legislative times where it would be appropriate to add this topic to the Legislative calendar.</i></p> <p><b>Meg Garratt-Reed:</b> <i>I think for public prayers, which in the legislation is essentially defined as the state employee health plan, you know right now it is a pretty distinct charge. I think that's something that Dr. Nesin was interested in discussing, so I think it would be worth setting that broader conversation about what the board envisions.</i></p>	<p><b>Peter Hayes states:</b> There needs to be a strategic plan for what topics the committee will report out on going forward as week as revisiting the charge of the board.</p> <p><b>Dr Susan Wehry responds:</b> <i>That will be added to the next agenda.</i></p> <p><b>Dr. Susan Wehry suggests:</b> <i>I suggest the board revisit the frequency of the meetings and set a legislative plan for 2025.</i></p> <p><b>Peter Hayes asks:</b> <i>Can we move this to October?</i></p> <p><b>Dr. Susan Wehry suggests:</b> <i>She will take the suggestion to Dr. Noah Nesin and will have a poll sent out to the committee.</i></p>
<b>VII. Adjourn (12:03pm)</b>		<p><b>Jennifer Reck</b> made a motion to adjourn; <b>Sharon Treat</b>, seconded the motion. The motion passed. Meeting adjourned.</p>

**Next meeting: November 27, 2023**