Tackling Prescription Drug Costs-What Could a Revamped Maine Prescription Drug Affordability Board Accomplish?

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Maine PDAB

HC4ME Conference

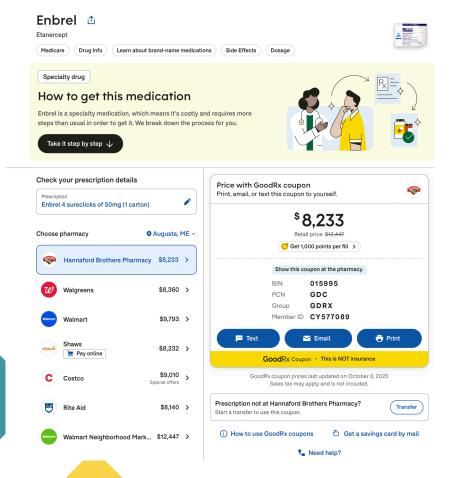
October 7, 2025

Why do prescription drugs cost so much?? It's complicated!

- Patent policy and evergreening of brand-name drugs
- Convoluted "system" for pricing and distributing pharmaceuticals with limited transparency
- Multiple public and private-sectors programs with different rules
- Conflicts of interest, vertically integrated entities, opportunities for self-dealing and incentives/opportunities to game system
- Complicated state and federal coordination and interactions
- State-federal and other legal issues provide opportunity for litigation threats and chill and complicate state-level regulation

The Washington Post

Embrel example



"Since the medication was first approved by the Food and Drug Administration in 1998, its wholesale price has increased 1,582 percent, according to the state. One study by the Initiative for Medicines, Access, and Knowledge found that Amgen has filed at least 57 patents covering Enbrel, a maneuver critics call a "patent thicket" that allows the company to extend its monopolv."

States fed up with high drug prices are cracking down

Setting the pace, Colorado just took action against the cost of Amgen's rheumatoid arthritis drug Enbrel.

Updated yesterday at 11:41 a.m. EDT

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A mother pays for her daughter's prescription at their local pharmacy. (Joe Buglewicz/For The Washington Poet)

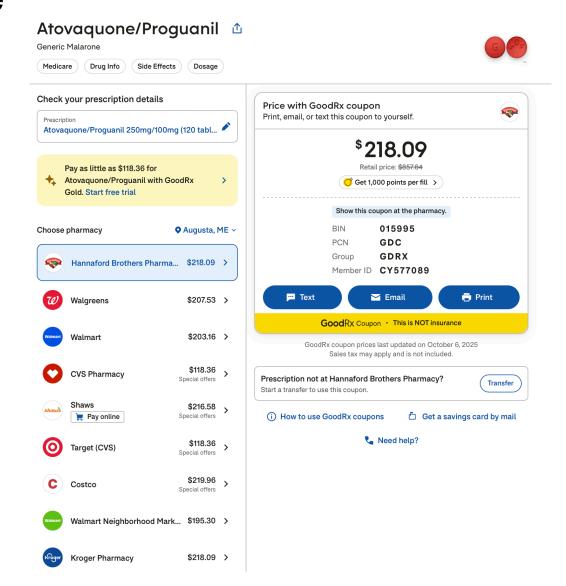


Colorado regulators have approved a dramatic price cap on one of the nation's best-selling drugs, cutting its price to less than one-third of its previous level, in a novel attempt by a state to respond to widespread anger over the rising cost of prescriptions.

Maryland, Minnesota and Washington also have passed legislation in recent years that enables state officials to set price caps on specific drugs deemed unaffordable, and they are now expected to follow Colorado's path.

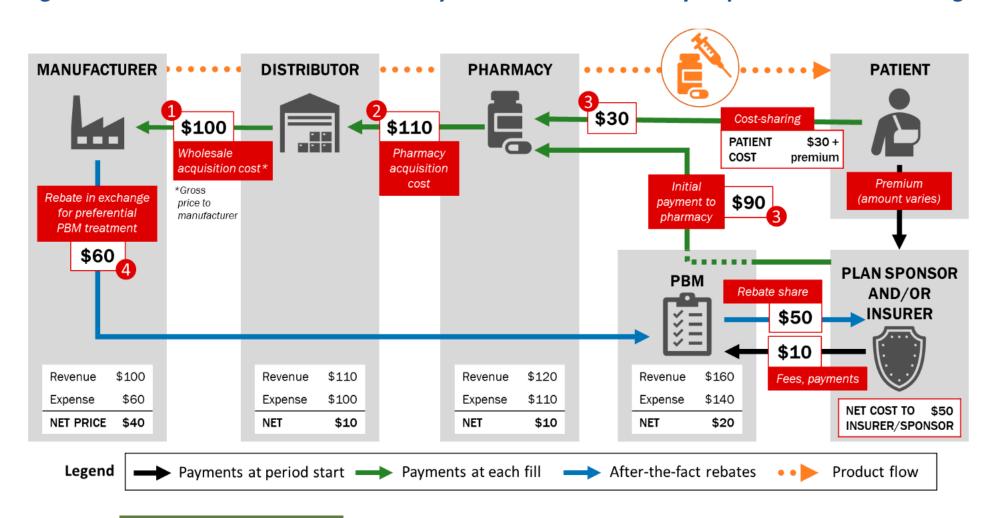
Malarone generic example

Retail cost/month



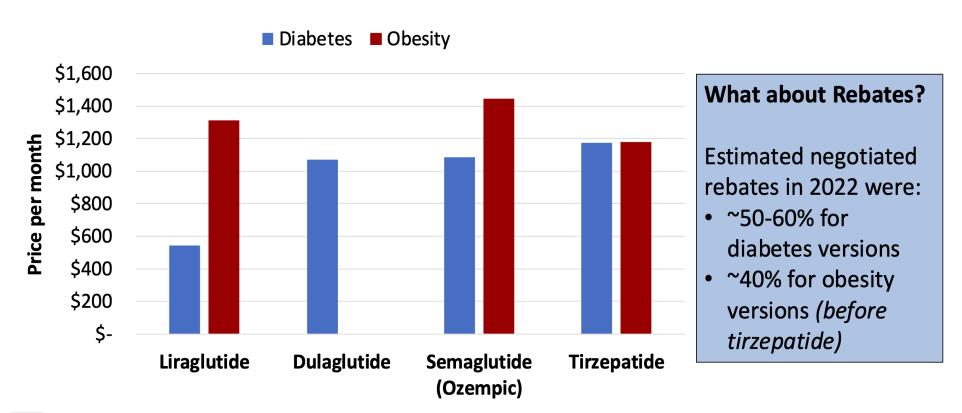
Complex, convoluted, opaque

Figure 3. Illustrative Flows of Product and Payments for Retail Pharmacy-dispensed Brand-name Drugs



New expensive drugs for common conditions

Cost of GLP-1 Receptor Agonists





Comparing the U.S. to other countries

Monthly List Prices for Weight Loss Drugs are Much Higher in the U.S. Than Peer Nations, Though It's Hard to Compare Net Prices After Rebates

	Ozempic (semaglutide, injection)	Rybelsus (semalglutide, tablets)	Wegovy (semaglutide, injection)	Mounjaro (tirzepatide, injection)
U.S.	\$936	\$936	\$1,349	\$1,023
Japan	\$169	\$69	-	\$319
Canada	\$147	\$158	=	-
+ Switzerland	\$144	\$147	-	-
Germany	\$103	_	\$328	_
Netherlands	\$103	\$203	\$296	\$444
Sweden	\$96	\$103	~	-
United Kingdom	\$93	-	-	-
Australia	\$87	-	-	-
France	\$83	-	-	_

Note: Data as of August 2023

Year-to-year price increases exceed general inflation even for older drugs (AARP)

Lifetime List Price Increases Often Exceed the Corresponding Rate of Inflation ■ Lifetime list price change (actual) Lifetime general inflation (CPI-U) Trulicity (2014) Trelegy Ellipta (2017) Biktarvy (2018) Xtandi (2012) Humalog (1996) 101% Ibrance (2015) Jakafi (2011) Ofev (2014) Pomalyst (2013) 35% Levemir (2005) Tresiba (2015) Linzess (2012) 36% Victoza (2010) 45% Breo Ellipta (2013) 35% Tradienta (2011) Creon (2009) Ingrezza (2017) Janumet (2007) Calquence (2017) 9% Tagrisso (2015) Epclusa (2016) Xifaxan (2004) Vyndamax (2019) Cabometyx (2016) Sources: AARP Public Policy Institute analysis of data from the Centers for Medicare & Medicaid Services' Medicare Part D Spending by Drug Dashboard and Medi-Span Price Rx Pro.

Note: The year in parentheses after each brand-name drug is the year the product entered the market. The general inflation rate is

FIGURE 2

Drug List Prices Increase Dramatically the Longer a Product Is on the Market

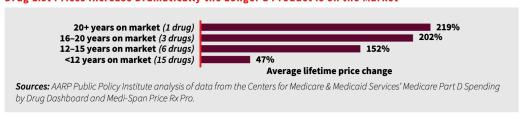
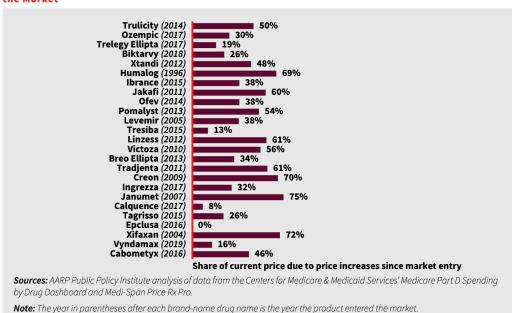


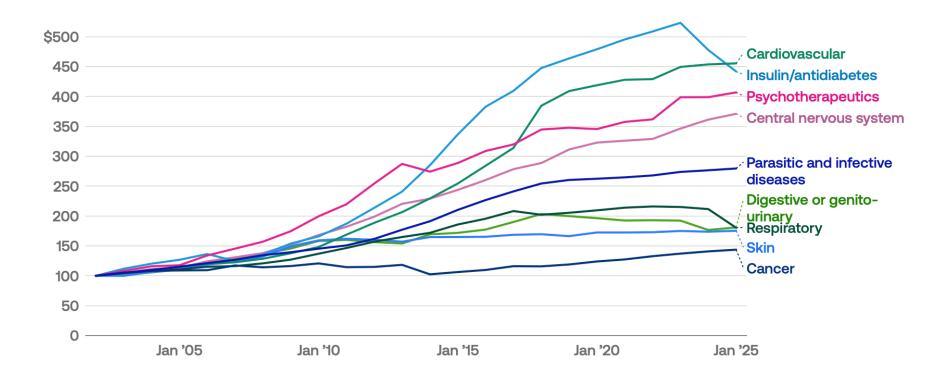
FIGURE 3
Substantial Portion of Top 25 Drug List Prices Is Due to Price Increases After the Products Entered the Market



based on the CPI-U All Items.

Heart and diabetes medications have had the largest price increases since 2002.

Price changes of a \$100 pharmaceutical product in 2002 by category, according to PPI



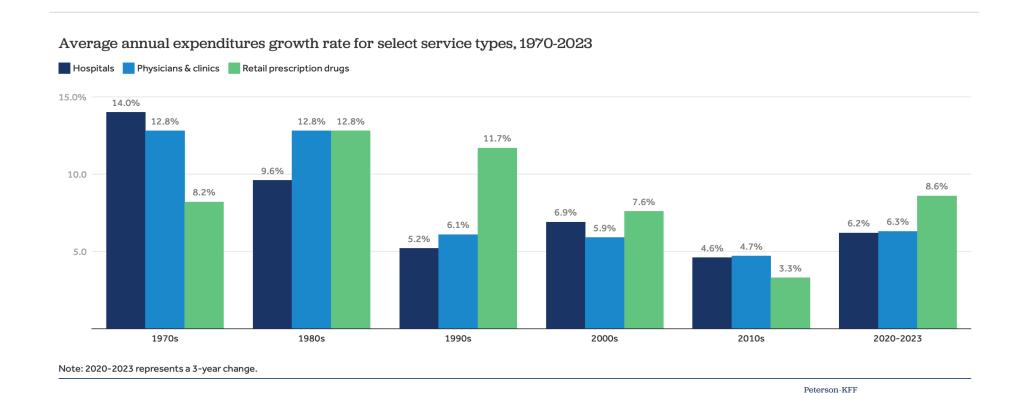
Price calculated for January of each year. All data are subject to revision up to 4 months after initially published.

Chart: Federal Reserve Bank of St. Louis • Source: FRED • Get the data • Embed • Download image • Download SVG

Growth in prescription drug spending

Source: KFF analysis of National Health Expenditure (NHE) data • Get the data • PNG

Since 2020, retail prescription drugs spending has grown faster than hospital and physician service spending



Health System Tracker

Overview of Prescription Drug Spending in Maine

- In 2023, payments for retail pharmacy claims reported to the MHDO for all prescription NDCs was approximately \$3.0 Billion, representing approximately 23% of all payments reported.
- The top 10 most costly drug families are commonly prescribed for indications including rheumatoid arthritis, Crohn disease, blood clots, diabetes, multiple myeloma, cystic fibrosis, and opioid use disorder.
- Eight of the top 10 drug families that were most utilized and having the highest year over year cost increase are commonly prescribed for indications including high cholesterol, hypothyroidism, high blood pressure, asthma, depression, heartburn, and epilepsy.

Payer Type	Total Pharmacy Claims	Total Paid Amount	
Commercial	3,599,024	\$856,479,945	
MaineCare	2,906,151	\$581,814,366	
Medicare	7,551,381	\$1,514,026,592	
Total	14,056,556	\$2,961,320,903	

Maine Health Data Organization data comparing costliest drugs in Maine to prices in Canada

Maine law (PL 2021, Ch.606, LD 1636) requires the MHDO to produce an annual report regarding potential savings that could be achieved by subjecting drugs identified as the costliest and most frequently prescribed in Maine to a referenced rate as defined in the law.

In 2023, MHDO found potential savings of \$171.1 Million (primarily for brand-name drugs) for 65 drugs with a reference rate based on the lowest cost option identified in the Canadian provinces. In 2022, MDHP found potential savings of \$146.7 Million.

(**Note:** potential savings calculations do not consider the impact of rebates to net prices in the US market as rebate data at the NDC level is not available in the MHDO claims data).

Maine's Prescription Drug Affordability Board

- Established in 2019 legislation (LD 1499, Sen. Jackson; MRS Title 5 Chapter 167-1) with a limited mission: to determine annual spending targets for prescription drugs purchased by Maine public payers and make recommendations to achieve the targets
 - Original bill had broader mission and authority, including affordability reviews and determinations if drug prices too high
 - From its earliest annual report to the Legislature, the Board has urged policymakers to expand its
 mission to address prescription drug costs for both public and private payers, and to implement a
 range of policies including PBM regulation, pricing and payment transparency, drug affordability
 reviews, consideration of reference pricing and setting upper payment limits.
 - Several PDAB recommendations have been enacted into law, including data collection and analysis by MDHO and re-establishing regulation of PBMs including fiduciary requirements and enhanced audit authority.
- However, the PDAB still lacks authority to more directly address drug costs:
 - 2021 legislation to expand PDAB authority was vetoed (LD 675).
 - 2023 legislation authorizing the Board to take steps to institute reference pricing and providing dedicated staff passed the House and Senate but died unfunded in 2024 (LD 1829, Sen. Reny).
 - 2025 legislation (LD 697, Sen. Reny) was enacted with bipartisan majorities including funding for one staff; current status in limbo



LD 697 - New Charges

At a minimum, the board shall assess the following strategies:

- Upper Payment Limits
- · Referenced Based Pricing
- Implementing transparency requirements and regulation of supply chain entities (including PBMs regarding the role of discounts and rebates)
- Implementing strategies to reduce out-of-pocket costs for prescription drugs
- Developing opportunities for engagement with providers and other health care professionals to disseminate information about prescription drug costs and pricing
- Implementing strategies to reduce out-of-pocket costs for prescription drugs through the regulation of insurance and the rate review process
- Aligning the payment for prescription drugs with actual drug acquisition costs
- · Recommending annual spending targets for public payors or segments of the commercial sector



LD 697 Status & Bill Pathway

- Because the Legislature adjourned before the 10 day time limit that allows a bill to become law without the Governor's signature, LD 697 is still awaiting action by the Governor. It will become law unless the Governor vetoes it within 3 days after the reconvening of the legislature, in this case the convening of the 132nd Second Regular Session on January 7th, 2026
- The PDAB should have more information about whether LD 697 will become law by January 10th, 2026

Despite the unresolved status of LD 697, Maine's PDAB has initiated a planning process to support implementation of the bill if it goes into law.

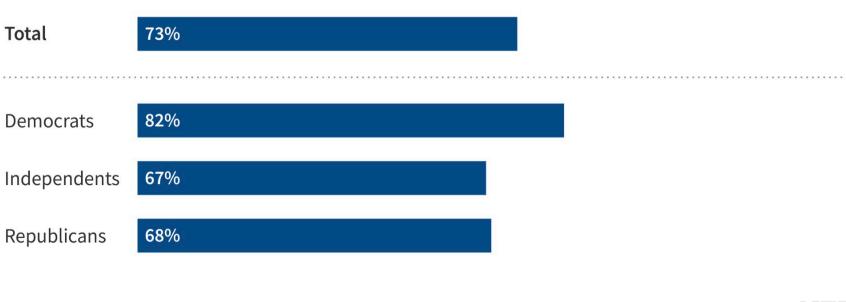
We are reviewing a range of policy options intended to improve the affordability of prescription drugs, and identifying the legal and operational challenges, including staffing, to carry out these policies.

Options include reference pricing and upper payment limit authority being implemented in other states including Colorado and Maryland. We are hopeful that by January, the PDAB will be a step closer to fulfilling the promise envisioned by the sponsors of our 2019 enabling legislation.

Public support for action

Majorities Across Partisanship Say There Is Not Enough Government Regulation When It Comes To Limiting the Price of Prescription Drugs

Percent who say there is not as much regulation as there should be when it comes to limiting the price of prescription drugs



Source: KFF Health Tracking Poll (July 11–19, 2023)



Thank you

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