



Janet T. Mills
Governor

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

Noah Nesin
Chair

Maine Prescription Drug Affordability Board
Tuesday April 26, 2022 @ 10:30 am
Microsoft TEAMS Meeting

Board members in attendance: Peter Hayes, Kenneth McCall III (Mac), Dr. Noah Nesin, Dr. Julia Redding, Jennifer Reck, Rhonda Selvin, Dr. Susan Wehry (Total = 7)

Board members absent: None.
(Council seat 1 vacant)

Others Present:

Advisory Council: Kate Ende, Kristy Gould, Jennifer Kent, Christina Moylan, AnneMarie Toderico

Employee Health & Wellness: Lilianne Ford, Roberta Leonard, Shonna Poulin-Gutierrez

All Others: Dr. Alan Cobo-Lewis, Kevin Bourque, Ann Woloson

| Agenda Item | Discussion; | Action/Next Steps |
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| I. Call to Order (10:34am) | Kenneth McCall III (Mac) called the meeting to order. | |
| II. Introductions | Announcement of Kenneth McCall III's departure. | Dr. Noah Nesin mentioned that the Board is looking to fill Mac's position with someone of similar credentials. |
| III. Approval of the Minutes (February 22, 2022) | | Dr. Noah Nesin made motion to accept the meeting minutes; Peter Hayes seconded the motion. Motion passed. |
| IV. Monthly Business | | |
| a. MPDAB Report – Kenneth McCall III | Information contained in written reports; highlights and discussion noted below: <ul style="list-style-type: none"> This report has been handed over to the Committee. It is unknown if any action has been taken regarding this report and no communication has been received. The legislature has been busy closing out their session. | Discussion occurred that the Board should consider investigating the 340B plans as they relate to prescription drug affordability. |
| b. Bylaws – Kenneth McCall III | Discussion highlights below: <ul style="list-style-type: none"> No Bylaws have been created yet. Will continue to stay on the agenda. | |



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| V. Other Business | | |
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| <p>a. Understanding QALY Methods – Dr. Alan B. Cobo-Lewis</p> | <p>Discussion highlights below:</p> <ul style="list-style-type: none"> • <u>LD 1636 “An Act To Reduce Prescription Drug Costs by Using International Pricing:”</u> This would require the Executive Director of Health at DAFS to annual list the 250 most costly prescription drugs based on net price times utilization and look at determining referenced rates for those drugs based on lowest cost among wholesale acquisition cost and official publications of Ontario, Quebec, British Columbia, and Alberta with the list of referenced drugs and determined analysis of cost savings from subjecting drugs to referenced rates. State health plan that opted into this plan would be prohibited from paying more than the referenced rates. This would also require any manufacturer of distributor of referenced drugs to be prohibited from withdrawing that drug from sale or distribution to avoid the rate limitations. • <u>LD 1636 as Amended:</u> Title was changed to “An Act To Determine Potential Savings in Prescription Drug Costs by Using International Pricing” Signed by the Governor on 04/14/2022 and will go into effect 90 days after the current session. As amended, this requires the Maine Health Data Organization (MHDO) to identify the 100 most costly and 100 most utilized prescription drugs in Maine, based on MHDO all-payer claims data, manufacturers of those drugs, and average wholesale acquisition cost for each drug during the most current 12-month period. To the extent possible, MHDO, in conjunction with MPDAB, shall determine referenced rates by comparing wholesale acquisition costs to cost in official publications of Ontario, Quebec, British Columbia, and Alberta. Beginning on 01/01/2023 the MHDO shall report out. • <u>The Equity Challenge:</u> Canadian provinces use the Quality Adjusted Life Years (QALYs) in cost-utility analyses that drive pricing. The goal of QALYs is to put outcomes (life extension and a variety of clinical outcomes) on a common metric. QALY = Year of Life x Quality of Life. The ‘value set’ determined to translate ratings on such items to quality of life. | |



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| | <p>These value sets come from administering the set of items to a sample from population. This population is typically country-specific, but it's the general population then it can present a problem.</p> <ul style="list-style-type: none"> • <u>QALYs vs (Unadjusted) Lys in Measuring Life Extension:</u> QALYs weight lives of people with disabilities less than lives of people without disabilities. In health utility that feeds a QALY calculation, a year of life for a young and healthy person is valued at 1 QALY, but A year of life for a person with total blindness could be valued at .26 (Brown et al., 2001). A year of life for a young child with Type 1 spinal muscular atrophy might be valued at only -0.12 QALY (Lloyd et al., 2019). Less than zero = too expensive at any price. Using QALYs to assess a drug's life-extension effect is clearly discriminatory against person with disabilities. Lys are more appropriate than QALYs for measuring life extension. • <u>Combining Life-Years with Quality of Life Measures:</u> Institute for Clinical and Economic Review has suggesting combining life-years with quality of life measures. If only life-years (not QALY) would be used to assess association with life extension and a valid quality of life measure to assess association with improved quality of life; this appears most reasonable and wouldn't undervalue the lives of people. • <u>Costs and Other Barriers to Equitable Access:</u> High costs can present an equity issue, too. Access can be restricted inequitably by high cost, restrictive formularies, or artificially low costs. • <u>Suggestions:</u> Review any lists flagging drugs with potentially high cost to benefit ratio to make sure QALYs not used as measure of life extension and that any benefit of the drugs are not understate by quality measure unvalidated in the relevant population. If MPDAB isn't adequately resourced to make such determinations than it should raise the issue on any materials it reviews. | |
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| a. Meeting Schedule Discussion – Kenneth McCall III | Discussion highlights below: <ul style="list-style-type: none"> • Proposal to meet quarterly per statute. | It was determined that there will be another meeting in May, and this item will be revisited based on the timelines for the Boards goals for this year. |
| b. Open Discussion | Discussion highlights below: <ul style="list-style-type: none"> • No discussion noted. | |
| VI. Adjourn (11:46am) | | Peter Hayes made motion to adjourn; Dr. Noah Nesin seconded the motion. Motion passed. Meeting adjourned. |

Next meeting: May 24, 2022