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SENT VIA EMAIL TO: HPC-Testimony@mass.gov

October 31, 2025

David Seltz, Executive Director
Commonwealth of Massachusetts
Health Policy Commission
50 Milk Street
Boston, MA 02116

Dear Mr. Seltz:

Included with this cover letter is a copy of our Pre-Filed Testimony response in the requested submission template. I am a legally authorized and empowered representative of ViatriS and this testimony is signed under the penalties of perjury.

Sincerely,

A handwritten signature in blue ink that reads "Colin Chiles".

Colin Chiles
Senior Director, State Government Relations

2025 Pre-Filed Testimony



As part of the
*Annual Health Care
Cost Trends Hearing*

Massachusetts Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

INSTRUCTIONS FOR WRITTEN TESTIMONY

If you are receiving this, you are hereby required under M.G.L. c. 6D, § 8 to submit written pre-filed testimony for the [2025 Annual Health Care Cost Trends Hearing](#).

On or before the close of business on **Friday, October 31, 2025**, please electronically submit testimony as a Word document to: HPC-Testimony@mass.gov. Please complete relevant responses to the questions posed in the provided template. If necessary, you may include additional supporting testimony or documentation in an appendix. Please submit any data tables included in your response in Microsoft Excel or Access format.

Your submission must contain a statement from a signatory that is legally authorized and empowered to represent the named organization for the purposes of this testimony. The statement must note that the testimony is signed under the pains and penalties of perjury. An electronic signature will be sufficient for this submission. All submissions are public record and will be posted to the [HPC's website](#).

If you have any difficulty with the template or have any other questions regarding the pre-filed testimony process or the questions, please contact HPC General Counsel Lois Johnson at HPC-Testimony@mass.gov or Lois.Johnson@mass.gov.

THE 2025 HEALTH CARE COST TRENDS HEARING: PRE-FILED TESTIMONY

The Massachusetts Health Policy Commission (HPC), along with the Office of the Attorney General (AGO), holds the Health Care Cost Trends Hearing each year to examine the drivers of health care costs and consider the challenges and opportunities for improving the Massachusetts health care system.

The 2025 Health Care Cost Trends Hearing offers a critical opportunity to discuss the pressing issues challenging the stability and sustainability of the Commonwealth's health care system. These include mounting affordability issues, workforce constraints, financial volatility, increasing prescription drug costs, and threats to health care access and coverage – and the ongoing efforts to address them.

Recent federal action has created uncertainties about the health care landscape in Massachusetts. It will require a renewed commitment among stakeholders and policymakers to work together towards a health care system that is more affordable, accessible, and equitable for all residents. The 2025 Health Care Cost Trends Hearing will convene industry leaders, clinicians, and community members to reflect on recent policy actions and invite further collaborative action in Massachusetts, advancing the Commonwealth's health care goals and values.

Amid the federal activity, Massachusetts is still contending with existing affordability hardships facing the Commonwealth's residents. Massachusetts now has the highest family health insurance premiums in the country. In 2024, the average annual cost of health care for a family exceeded \$31,000 (including out-of-pocket spending). As health care spending grows as a portion of household income, more and more families incur medical debt and avoid using needed care. These rates become particularly dire when health care premiums and out-of-pocket spending reach 25% of total income – a reality that 41% of Hispanic families and 26% of black families in Massachusetts faced in 2023 compared to 9% of white families. Furthermore, the average annual cost sharing per person grew from \$849 in 2019 to \$1,049 in 2023 (a 29% increase), and residents paying \$5,000 or more annually in cost sharing doubled from 2019 (1.5%) to 2023 (3.1%).

This is the first hearing since the enactment of two significant health care laws earlier this year (Chapters 342 and 343 of the Acts of 2024), which strengthen the health care market, address rising prescription drug costs, and enhance the public transparency and accountability of the Commonwealth's health care system – including requiring additional health care market participants to provide public testimony. As the HPC, the AGO, and other state agency partners continue implementation of these new laws, the 2025 Health Care Cost Trends Hearing will focus on working together to safeguard the Commonwealth's commitment to health care affordability, access, and equity.

The pre-filed written testimony affords the HPC and the AGO, on behalf of the public, an opportunity to engage with a broad range of Massachusetts health care market participants. In addition to pre-filed written testimony, the public hearing features in-person testimony from leading health care industry executives, stakeholders, and consumers, with questions posed by the HPC's Board of Commissioners about the state's performance under the [Health Care Cost Growth Benchmark](#) and the status of public and industry-led health care policy reform efforts.

QUESTIONS FROM THE HEALTH POLICY COMMISSION

1. In recent years, prescription drugs have been a key driver of spending growth in the Commonwealth, consistently growing at a faster rate than the state's health care cost growth benchmark, and contributing to challenges related to health care affordability, medication access, and health disparities among Massachusetts residents.
 - a. What policies or strategies should policymakers and/or other market participants consider to (1) provide greater transparency and (2) address the growing cost of prescription drugs in Massachusetts, balancing patient access to needed medications and therapies with the imperative to offer affordable coverage for employers and residents?

As a U.S.-based company and a leading provider of medicines to patients in the U.S. and across the world, Viatris appreciates the opportunity to provide comments to the Massachusetts Health Policy Commission.

Headquartered in Canonsburg, Pennsylvania, Viatris offers a large, diversified portfolio of both generic and brand medicines that reach approximately 1 billion patients around the world annually. Viatris is committed to advancing access and enabling people to live healthier at every stage of life.

- **Advancing access for patients** – Viatris is uniquely positioned to help address barriers to access through the combination of our deep local expertise and global infrastructure and networks. We work to advance access to quality medicines, strengthen resilient global supply and build systems designed to enable future access. We champion policies advancing greater efficiency of regulatory systems, creating policy environments that help expand access and supporting long-term market viability and global supply networks to tackle the root causes of supply disruptions.
- **Competition drives prices down** – A robust generic marketplace is critical to ensure patient access to affordable medicines:
 - o Competition in the pharmaceutical marketplace, driven by balanced intellectual property policies and expanded transparency for consumers, can significantly reduce spending on medicines and expand access.

- Last year, generic medicines and biosimilars saved Massachusetts \$8.7 Billion.¹ In 2024 generic medicines were 90% of all prescriptions filled, but only 12% of total drug costs.²
- **Meaningful transparency** – Though policies seeking greater price transparency may be well-intentioned, fragmented approaches often place burdensome requirements on generics manufacturers, threatening their ability to continue providing access to lower-cost medicines. Generic medicines are one of the primary drivers of savings to the healthcare system, and burdensome and varied reporting requirements across numerous states can increase compliance costs for manufacturers and threaten the viability of the sector. According to a recent analysis, the amount spent on all generic products in the U.S. has declined by \$6.4 billion, despite increased volume and new generic product launches.³
- **Ensuring stability in the generic market** - Due to a lack of adequate reimbursement and economic pressures, generic medicines are increasingly at risk of shortages. Without systemic reforms to stabilize the generic drug market and promote supply chain resiliency, patients’ access to affordable medications remains at risk. The existing pressures are magnified by the recent threat of tariffs on pharmaceutical imports, potentially presenting further economic headwinds and increasing the likelihood of shortages for essential, lifesaving drugs. Access to affordable generic drugs is consistently at risk, making it imperative that states specifically consider the viability and sustainability of the generic marketplace as they explore policies to increase transparency and address patient costs.

2. Direct-to-consumer (“DTC”) sales of prescription drugs is a growing trend in the United States, enabling pharmaceutical companies to sell their drug products to patients directly or through a third party or government platform, often at discounted prices. If your company currently offers or has publicly announced plans to offer any DTC programs, either directly or through a third-party, for the sale and distribution of any of your prescription drug products, please respond to the following questions:

- a. How do you select the drug products offered in your DTC programs? Which drug products do you offer through your DTC programs and which do you plan to offer?
- Viatris is committed to helping patients get the treatments they need, when and where they need them. To achieve this goal, Viatris routinely reviews its portfolio of products and considers many factors, such as, anticipated insurance coverage, patient out of pocket expense, and market landscape when determining what types of savings programs to offer. Outside of traditionally considered DTC programs, Viatris

¹ Association for Accessible Medicines. *The U.S. Generic & Biosimilar Medicines Savings Report, September 2025.*

² Ibid.

³ IQVIA Contributors (May 2023). *The Use of Medicines in the U.S. 2023.*

offers various types of programs for eligible patients to provide savings including, but not limited to:

- Viatris administers the Viatris Patient Assistance Program to provide certain medicines at no cost to patients with demonstrated financial need who have no prescription insurance. To learn more, please visit: <https://www.viatris.com/en-us/lm/united-states/patient-assistance-program>.
- Viatris offers Savings Card Programs⁴ that may help eligible patients save on their out-of-pocket costs for certain Viatris products. Below is a list of current products as well as links to the Savings Card Programs for more information:

Product	Consumer website
Tyvaya	https://tyvaya.com/savings-and-support
Celebrex	www.celebrex.com/savings
Dilantin	www.DILANTIN.com/savings-terms
Effexor XR	www.effexorxr.com/en/savings-card
Lipitor	www.lipitor.com/en/savings
Lyrica	www.lyrica.com/co-pay-savings-card
Norvasc	www.norvasc.com/en/savings
Relpax	www.relpax.com/en/savings
Revatio	www.REVATIO.com/savings-terms
Viagra	www.VIAGRA.com/savings-offer
Xalatan	www.XALATAN.com/savings-terms
Xanax	www.XANAX.com/savings-terms
Zolofit	www.ZOLOFT.com/savings-terms
Glatiramer Acetate	https://www.glatirameracetate.com/savings-support
Yupelri	https://www.activatethecard.com/yupelri/#
Tobi Solution	https://www.activatethecard.com/tobisolution/#
Tobi Podhaler	https://www.tobipodhaler.com/savings
EpiPen/AG	https://www.epipen.com/en/paying-for-epipen-and-generic
Ermeza	https://www.activatethecard.com/ermeza/
Everolimus	www.activatethecard.com/viatrisadvocate/everolimus/welcome.html
Abiraterone	https://www.activatethecard.com/viatrisadvocate/abiraterone/welcome.html#tnc
Breyna	https://www.activatethecard.com/viatrisadvocate/breyna/welcome.html

⁴ We note that certain of our Savings Card Programs are not currently available to Massachusetts residents because of the requirements of Massachusetts General Laws, ch. 175H, § 3. That law prohibits pharmaceutical manufacturers from offering co-pay support for any prescription drug that has an AB rated generic equivalent.

Emsam	https://www.activatethecard.com/viatrixadvocate/emsam/welcome.html
Lenalidomide	https://www.activatethecard.com/viatrixadvocate/lenalidomide/welcome.html
Pretomanid	https://www.activatethecard.com/viatrixadvocate/pretomanid/welcome.html
Wixela	www.wixela.com/en/savings-offer
Xulane	www.xulane.com/en/savings

b. For each drug product that you currently sell through your DTC programs, indicate the DTC price for a one-month supply, and the DTC price's percentage discount off list price (if prices differ by dosage, please respond separately for each).

- Not applicable.

c. Please describe any eligibility requirements that consumers must meet to purchase drug products through your DTC programs, and which payment methods your programs accept or will accept, including cash pay, insurance, FSA/HSA accounts, and other payment methods.

- Not applicable.

d. Please describe any prescriber consultations that you facilitate, either directly or through a partnership with a provider organization, for consumers seeking to purchase a drug product through your DTC programs.

- Not applicable.

3. Massachusetts now has the highest family health insurance premiums in the United States. In 2024, the average annual cost of health care for a family exceeded \$31,000 (including out of pocket spending). This reflects the growth in underlying health care costs. As health care spending grows as a portion of household income, more and more families incur medical debt and avoid using needed care. Collaborative, urgent action across market participants is needed to reverse these trends. How can your organization contribute to this effort?

Viatrix is a global healthcare company focused on bringing high-quality medicines to patients through an exceptionally broad portfolio of generics, complex generics, brands and innovative products. Access is fundamental to our mission and our core focus as an organization is to sustainably deliver quality medicines at scale to people, regardless of geography or circumstance. With an extensive portfolio of medicines to address nearly every health need; a global, flexible, and agile supply chain designed to reach more people with health solutions when and where they need them; and the scientific expertise to address some of the world's most enduring health challenges, we are uniquely positioned to help lower health system costs and expand patient access.

As a generics manufacturer, Viatrix provides lower cost generic medicines, and, for 2024, the average out-of-pocket cost for a generic was \$6.95⁵. Additionally, Viatrix supports patient savings, through its various Patient Assistance and Savings Card programs. Specifically, the Viatrix Patient Assistance Program detailed above provided more than \$12 million of free medicine during calendar year 2024. Additionally, the Savings Card Programs detailed above provided aggregate patient out-of-pocket savings of more than \$45 million during the 12-month period from October 1, 2024 – September 30, 2025.

Viatrix appreciates the opportunity to provide comments on these important matters and looks forward to future discussions on these issues.

⁵ Association for Accessible Medicines. The U.S. Generic & Biosimilar Medicines Savings Report, September 2025.