

Consumer Notification (online and phone)

Use this form to report to Oregon's Drug Price Transparency Program a prescription drug cost increase or a high prescription drug cost. Complete this form and email to: rx.prices@dcbs.oregon.gov.

Anyone can report a high or increased cost. Consumer reports are published on the Drug Price Transparency Program's website (<https://dfr.oregon.gov/drugtransparency>) and may be used in the annual report to the Oregon Legislature. Your responses and personally identifiable information will be kept anonymous.

Upon request, we will provide this form in an alternate format for people with disabilities or in another language. If you have questions, want help reporting, or need to request an accommodation, email rx.prices@dcbs.oregon.gov or leave a message at 503-947-7200 or 833-210-4560 (toll-free).

Which are you reporting? (Mark one or both boxes)

- A drug cost increase
- A high drug cost


1. Enter your ZIP code: _____

2. Select the type of health insurance you used from the list below:

- Direct individual
- Employer
- Medicaid (Oregon Health Plan or Coordinated Care Organization)
- Medicare
- Oregon Educators Benefit Board (OEBB)
- Oregon Health Insurance Marketplace (Healthcare.gov)
- Public Employees' Benefit Board (PEBB)
- Small group
- Uninsured
- Other _____
- Don't know

3. If individual, employer, OEBB, PEBB, or small group is selected above, select your health insurance company from this list:

- BridgeSpan
- Health Net
- Kaiser Permanente
- Moda
- PacificSource
- Regence BlueCross BlueShield
- Samaritan Health Plans
- UnitedHealthCare


Hometown Pharmacy
 1234 Main Street
 Anywhere USA 11111 (800) 888-8888

NO 0060013-134 Best Doctor MD
 Best Client
DATE 01/01/2015

Take one tablet by mouth every day
TRIAM/HCTZ 75-50 MG TABLET
 GENERIC FOR: MAXZIDE 75-50 TAB MYLA
QTY: 90 **NDC: 60505 5-2657-05**

REFILLS: 2 until 11/10/2019 Use before: 11/2020

Rx CHECK WITH YOUR PHYSICIAN OR PHARMACIST BEFORE USING SALT SUBSTITUTES
 THIS MEDICINE IS A(N) YELLOW SCORED OVAL-SHAPED TABLET IMPRINTED WITH APO ON ONE SIDE AND 7660 ON THE OTHER SIDE. ADD INFO: BICONVEX
 YOU SHOULD AVOID PROLONGED OR EXCESSIVE EXPOSURE TO DIRECT AND/OR ARTIFICIAL SUNLIGHT WHILE TAKING THIS MEDICATION.

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Circled above in red are the drug name, dosage, NDC (national drug code), and quantity to help with the following questions. Get information on how to [read drug labels](#).

4. NDC and name of prescription drug _____
5. Dosage of drug (example: 100 mg or 100 mL) _____
6. Quantity of drug (example: 90 pills or 1 vial) _____
7. For your most recent payment for the drug described above:
 - a Date you paid for the drug _____
 - b Price you paid for the drug _____
 - c Name of pharmacy, facility, or mail-order service _____
8. Skip this question if you are reporting a high drug cost. If you are reporting a drug cost increase, answer the following for your previous payment for the drug described above:
 - a Date you paid for the drug _____
 - b Price you paid for the drug _____
 - c Name of pharmacy, facility, or mail-order service _____
9. Did you use any coupons or assistance programs to reduce the cost of your prescription drug?
 - No
 - Yes
 - i. Community-based or charitable organization assistance program
 - ii. Coupon from manufacturer
 - iii. Oregon Prescription Drug Program (OPDP) card
 - iv. Patient assistance program
 - v. Other: _____

10. To your knowledge, where does the high cost or cost increase of your prescription drug come from?

- Insurance related cost increase (co-pay, co-insurance, deductible, formulary change)
- Non-insurance-related cost increase
- Don't know

11. Why are you reporting this high or increased cost? (select all that apply)

- The cost increased from the last time I filled my prescription..
- The cost increase is causing me to stress about my personal finances.
- I experienced a mid-year formulary change that increased my cost.
- I am experiencing issues with a patient assistance program from the drug manufacturer.
- I am unable to pay the cost of this prescription.
- Other: _____

Resources

If you have insurance issues about prescription drug coverage, contact the DCBS Consumer Advocacy Team at 888-877-4894 (toll-free) or DFR.InsuranceHelp@dcbs.oregon.gov.

Anyone can enroll for free into the [ArrayRx Discount Card Program](#) (Oregon Prescription Drug Program), which may provide discounts on prescriptions medications for those uninsured or for drugs not covered by the person's insurance plan. For information, call 800-913-4284 (toll-free).

If you are uninsured, visit OregonHealthCare.gov for information on the health insurance plans that may be available to you.

DCBS Consumer Advocacy

888-877-4894 (toll-free)

DFR.InsuranceHelp@dcbs.oregon.gov

Oregon Health Insurance Marketplace

855-268-3767 (toll-free)

Info.marketplace@dhsosha.state.or.us

Oregon Health Plan – Oregon Health Authority

800-699-9075 (toll-free) | (711 TTY) — ONE Customer Service Center

<https://one.oregon.gov/>



Department of Consumer
and Business Services