Insurer Reports on Prescription Drugs

Drug Price Transparency Program

2019

Overview

Oregon's Prescription Drug Price Transparency Program requires health insurance companies to report on prescription drugs in Oregon. Health insurance companies are required to report the 25 most prescribed drugs, the 25 most costly drugs, and the 25 drugs which caused the biggest increases in yearly health plan spending.

Lists were received by nine health insurance companies:

- BridgeSpan Health Company
- Health Net Health Plan of Oregon
- Kaiser Foundation Health Plan of the Northwest
- Moda Health Plan
- PacificSource Health Plans
- Providence Health Plan
- Regence BlueCross BlueShield of Oregon
- Samaritan Health Plans
- UnitedHealthcare Insurance Company

The lists submitted by health insurance companies were reviewed and made into three combined lists. These combined lists show which prescription drugs ranked the highest across the insurance company reports.

In this document you will find the following information:

Combined Top 25 Most Prescribed Drugs

Combined Top 25 Most Costly Prescription Drugs

Combined Top 25 Drugs with the Greatest Increase in Plan Spending

Impact of Prescription Drug Costs on Premium Rates

The combined lists show the overall top 25 drugs in each group, which companies manufacture the drugs, and drug category.[1] In addition, a unique color has been assigned to each of the 16 drug categories included in the lists to help illustrate commonalities between drugs.

[1] The drug categories in the aggregated lists are the United States Pharmacopeia (USP) categories from the 2019 USP Drug Classification, published by the USP. This classification can be downloaded from the USP website: https://www.usp.org/health-quality-safety/usp-drug-classification-system

The Prescription Drug Price Transparency Program has published these combined lists at dfr.oregon.gov/drugtransparency. The combined list Excel documents include specific information about the drugs' therapeutic classes, what the drugs are commonly prescribed for, their US Food and Drug Administration approval dates, and whether generic versions of the drugs are available in the United States. Individual health insurance reports are also published on the program website. Appendix B in this document provides more information on how individual insurers created their lists.

Descriptions of the lists

The 25 most prescribed drugs

The most prescribed drugs based on the number of prescription drug claims received by the health insurance companies for prescription drugs in 2018. This includes prescription drugs covered under both pharmacy and medical benefits.

The 25 most costly drugs

The most costly drugs are the prescription drugs that are the most expensive for insurance companies based on annual health plan spending in 2018. This includes the net effect of any rebates and other price concessions.

The 25 drugs causing the greatest increase in plan spending from one year to the next

Health insurers reported the prescription drugs causing greatest increase in total plan spending in 2018 as compared to 2017. This includes the net impact of any rebates or other price concessions.

Impact of Prescription Drug Costs on Premium Rates

The impact of costs of prescription drugs on premium rates, based on a per member, per month (PMPM) basis was reported by health insurers. This required the consideration of total annual spending, including the net impact of any rebates or other price concessions. Several health insurance companies provided additional narrative information regarding the impact of prescription drug costs. This information can be found within the individual company reports.[2]

How are the manufacturers listed?

The combined lists include the manufacturers of the brand drugs reported by health insurers. Generic drugs are listed as generic because there are typically several manufacturers who produce the generic drug. The companies that own the manufacturers of the drug are also listed, because drugs are sometimes manufactured by different companies.

[2] Information reported to the department was self-reported by health insurance companies and has not be validated by the department.

These manufacturers and owners are formatted as “Manufacturer/Owner”, and sometimes “Manufacturer/Owner/Owner” if the company who owns the manufacturer is itself owned by another company.

Some drugs are the result of collaborations between manufacturers. In that case we separate the company names with an ampersand (&).

Examples of how the manufacturers are listed are as follows:

The drug Eliquis is a collaboration between Pfizer and Bristol-Myers Squibb, so its manufacturer is listed as “Pfizer & Bristol-Myers Squibb”.

The drug Dupixent is a collaboration between Regeneron and Genzyme, and Genzyme is owned by Sanofi, so the drug’s manufacturer is listed as “Regeneron & (Genzyme/Sanofi)”.

The drug Rituxan is a collaboration between Genentech and Biogen, and Genentech is owned by Roche Holding AG, so the drug’s manufacturer is listed as “(Genentech/Roche Holding AG) & Biogen”.

What do the colors mean?

Each color is associated with a unique drug category. There are 16 drug categories in the three combined lists. This makes it easy to see, for example, that Respiratory Tract/Pulmonary Agents and Blood Glucose Regulators are the only drug categories that appear on all three lists.

Limitations of the combined lists

The ranks in the combined lists are based only on the rankings in the lists submitted to the Prescription Drug Price Transparency Program by the insurance companies from pharmacy and medical benefits. If a drug is near the top of one of the combined lists, that is because it is near the top of many of the insurance companies’ lists.

The combined lists are not based on any quantitative data such as numbers of enrollees, prescription counts, or dollar amounts.

A detailed description of the method used to create the combined lists can be found at the end of this document.

About the Prescription Drug Price Transparency Program

Oregon's Prescription Drug Price Transparency Program was created in 2018 when the Oregon legislature passed the Prescription Drug Price Transparency Act (House Bill 4005). The program is a part of the Division of Financial Regulation which is part of the state's largest consumer protection agency, the Oregon Department of Consumer and Business Services.

The program's mission is to provide accountability for prescription drug pricing through transparency of specific cost and price information from pharmaceutical manufacturers and health insurers, and to provide consumers a way to report prescription drug price increases.

Annual reports based on the information collected by the program and any recommendations for legislative changes to contain the cost or reduce the impact of prescription drug prices will be available every year on or before December 15.

Report a Price Increase to the Program

If you or someone you know experienced an increase in price for one of your prescription drugs, report it one of three ways:

Call 833-210-4560 (toll free)

Email rx.prices@oregon.gov

Visit dfr.oregon.gov/drugtransparency

About DCBS: The Department of Consumer and Business Services is Oregon's largest business regulatory and consumer protection agency. For more information, visit oregon.gov/dcbs.

About Oregon DFR: The Division of Financial Regulation is part of the Department of Consumer and Business Services, Oregon's largest business regulatory and consumer protection agency. Visit oregon.gov/dcbs and dfr.oregon.gov.

Combined Top 25 Most Prescribed Drugs

The table below displays the most prescribed drugs reported by health insurance companies. Most prescribed means the number of claims received for prescription drugs in the pharmacy and medical benefit. See Appendix A for more information on how this list was created.

Rank	Drug	Manufacturer	Category
1	Hydrocodone-Acetaminophen	Generic	Analgesics
2	Hydrochlorothiazide	Generic	Cardiovascular Agents
3	Atorvastatin Calcium	Generic	Cardiovascular Agents
4	Ventolin	GSK	Respiratory Tract/Pulmonary Agents
5	Lisinopril	Generic	Cardiovascular Agents
6	Amlodipine Besylate	Generic	Cardiovascular Agents
7	Proair	Teva	Respiratory Tract/Pulmonary Agents
8	Trazodone Hydrochloride	Generic	Antidepressants
9	Azithromycin	Generic	Antibacterials
10	Omeprazole	Generic	Gastrointestinal Agents
11	Losartan Potassium	Generic	Cardiovascular Agents
12	Metformin Hydrochloride	Generic	Blood Glucose Regulators
13	Sertraline Hydrochloride	Generic	Antidepressants
14	Flu Vaccine 2018-2019	Generic	Vaccine
15	Amoxicillin	Generic	Antibacterials
16	Levothyroxine Sodium	Generic	Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)
17	Gabapentin	Generic	Anticonvulsants
18	Bupropion Hydrochloride	Generic	Antidepressants
19	Montelukast Sodium	Generic	Respiratory Tract/Pulmonary Agents
20	Basaglar	Eli Lilly and Company	Blood Glucose Regulators
21	Ondansetron	Generic	Antiemetics
22	Escitalopram Oxalate	Generic	Antidepressants
23	Fluoxetine Hydrochloride	Generic	Antidepressants
24	Metoprolol Succinate	Generic	Cardiovascular Agents
25	Suprep Bowel Prep Kit	Braintree/Sabela	Gastrointestinal Agents

Combined Top 25 Most Costly Drugs

The table below displays the most costly prescription drugs, in both the pharmacy and medical benefits, reported considering total annual spending and rebates or other price concessions. See Appendix A for more information on how this list was created.

Rank	Drug	Manufacturer	Category
1	Humira	Abbvie	Immunological Agents
2	Enbrel	Amgen	Immunological Agents
3	Tecfidera	Biogen	Central Nervous System Agents
4	Truvada	Gilead	Antivirals
5	Stelara	Janssen Biotech/Johnson&Johnson	Immunological Agents
6	Remicade	Janssen Biotech/Johnson&Johnson	Immunological Agents
7	Herceptin	Genentech/Roche Holding AG	Antineoplastics
8	Rituxan	(Genentech/Roche Holding AG) & Biogen	Antineoplastics
9	Cosentyx	Novartis	Immunological Agents
10	Genvoya	Gilead	Antivirals
11	Tysabri	Biogen	Immunological Agents
12	Neulasta	Amgen	Blood Products and Modifiers
13	Revlimid	Celgene	Antineoplastics
14	Copaxone	Teva	Central Nervous System Agents
15	Soliris	Alexion	Immunological Agents
16	Keytruda	Merck	Antineoplastics
17	Perjeta	Genentech/Roche Holding AG	Antineoplastics
18	Basaglar	Eli Lilly and Company	Blood Glucose Regulators
19	Odefsey	Gilead	Antivirals
20	Ocrevus	Genentech/Roche Holding AG	Central Nervous System Agents
21	Triumeq	ViiV Healthcare/GSK/Pfizer/Shionogi	Antivirals
22	Epclusa	Gilead	Antivirals
23	Opdivo	Bristol-Myers Squibb	Antineoplastics
24	Humalog	Eli Lilly and Company	Blood Glucose Regulators
25	Novolog	Novo Nordisk	Blood Glucose Regulators

Top 25 Drugs with the Greatest Increase in Plan Spending

The table below displays the reported prescription drugs, in both the pharmacy and medical benefit, causing the greatest increase in total plan spending considering rebates or other price concessions during 2018. See Appendix A for more information on how this list was created.

Rank	Drug	Manufacturer	Category
1	Humira	Abbvie	Immunological Agents
2	Mavyret	Abbvie	Antivirals
3	Ocrevus	Genentech/Roche Holding AG	Central Nervous System Agents
4	Stelara	Janssen Biotech/Johnson&Johnson	Immunological Agents
5	Truvada	Gilead	Antivirals
6	Cosentyx	Novartis	Immunological Agents
7	Revlimid	Celgene	Antineoplastics
8	Herceptin	Genentech/Roche Holding AG	Antineoplastics
9	Opdivo	Bristol-Myers Squibb	Antineoplastics
10	Symdeko	Vertex	Respiratory Tract/Pulmonary Agents
11	Remicade	Janssen Biotech/Johnson&Johnson	Immunological Agents
12	Enbrel	Amgen	Immunological Agents
13	Neulasta	Amgen	Blood Products and Modifiers
14	Keytruda	Merck	Antineoplastics
15	Dupixent	Regeneron & (Genzyme/Sanofi)	Immunological Agents
16	Basaglar	Eli Lilly and Company	Blood Glucose Regulators
17	Triumeq	ViiV Healthcare/GSK/Pfizer/Shionogi	Antivirals
18	Zytiga	Janssen Biotech/Johnson&Johnson	Antineoplastics
19	Tagrisso	AstraZeneca	Antineoplastics
20	Perjeta	Genentech/Roche Holding AG	Antineoplastics
21	Tecfidera	Biogen	Central Nervous System Agents
22	Glatiramer Acetate	Generic	Central Nervous System Agents
23	Rituxan	(Genentech/Roche Holding AG) & Biogen	Antineoplastics
24	Eliquis	Pfizer & Bristol-Myers Squibb	Blood Products and Modifiers
25	Genvoya	Gilead	Antivirals

Impact of Prescription Drug Costs on Premium Rates

The table below displays the reported impact of costs of prescription drugs on premium rates, on per member, per month (PMPM) basis considering total annual spending and rebates or other price concessions in 2018 by health insurance company. [3] This impact is reported as a dollar value and as a percentage of premium rates. Several health insurance companies provided additional narrative information regarding the impact of prescription drug costs. This information can be found in Appendix B and within the individual company reports.

Health Insurance Company	Impact of Prescription Drug Costs on Premium Rates
BridgeSpan Health Company	$86.00 PMPM (18%)
Health Net Health Plan of Oregon, Inc.	$53.78 PMPM (15.5%)
Kaiser Foundation Health Plan of the Northwest	Individual plans: $54.08 PMPM (11.1%)
	Small group plans: $46.46 PMPM (11.0%)
Moda Health Plan, Inc.	Individual plans: $27.50 PMPM (5.3%)
	Small group plans: $12.81 (2.5%)
PacificSource Health Plans	$52.94 PMPM (11.9%)
Providence Health Plan	Individual plans: $60.83 PMPM (12%)
	Small group plans: $44.24 PMPM (10%)
Regence BlueCross BlueShield of Oregon	Individual plans: $84 PMPM (18%)
	Small group plans: $63 PMPM (14%)
Samaritan Health Plans, Inc.	$50.43 PMPM (42%)
UnitedHealthcare Insurance Company	$43.59 PMPM (13%)

[3] Information reported to the department was self-reported by health insurance companies and has not be validated by the department.

Appendix A: Method for Combining the Lists

The Prescription Drug Price Transparency Program combined the lists submitted by assigning a score for each drug based on its rank in each insurance company's list, then taking the 25 drugs with the highest total scores. This was done for each of the three lists.

If an insurer's list contained each drug only once, the drug at the top of the list got 25 points, the next drug got 24 points, all the way down to the last drug on the list which got 1 point.

Some drugs appeared multiple times on a single list because those drugs are offered with different dosages or delivery methods. For example, a drug may be available as a tablet which has either 10mg or 20mg of its active ingredient. To ensure the **Combined Top 25** lists only listed each drug once, the drugs with identical names were assigned a duplicate drug of 0.5. All other drugs in the list were then scored by rank (25 points, 24 points, 23 points…) as if there were no duplicates, then those scores were decreased by 0.5 for each duplicate. This fixed the maximum possible score a drug could have in an insurer's list at 25.

After scoring each drug in each insurer's list, each drug's total score is computed in each category (most prescribed, most costly, and greatest increase in plan spending) and the drugs were ranked in order of these total scores. The 25 drugs with the highest total scores became the **Combined Top 25**.

This method was used for handling duplicates because a drug with duplicates could have been ranked higher if its different dosages had all been combined when the insurance company computed how often it was prescribed or how much it cost. If this method of handling duplicates was not used, and just used the original scores (25 at the top down to 1 at the bottom), a drug with duplicates would be weighted higher than it should be when summing its scores to create the **Combined Top 25** list.

An example of this scoring process for a single insurer's list is shown on the next page.

The R computer code used to automate the scoring process to create the **Combined Top 25** lists, along with excel files containing each insurance company's lists, can be downloaded as a zip file from the Prescription Drug Pricing Transparency Program website (dfr.oregon.gov/drugtransparency).

Example scoring process:

The tables below display an example of the scoring process used to create the combined lists from individual health insurer reports.

Rank	Drug Name
1	Humira Pen
2	Enbrel Sureclick
3	Eliquis
4	Tecfidera
5	Basaglar kwikpen
6	Humira
7	Novolog Flexpen
8	Stelara
9	Enbrel
10	Remicade
11	Revlimid
12	Novolog
13	Cosentix
14	Truvada
15	Zytiga
16	Lantus Solostar
17	Herceptin
18	Gilenya
19	Ocrevus
20	Xarelto
21	Genvoya
22	Xtandi
23	Ibrance
24	Victoza
25	Imbruvica

Scoring Process

Score	Drug Name
23.5	Humira
22.5	Enbrel
21.5	Eliquis
20.5	Tecfidera
19.5	Basaglar
0.5	Humira
18.5	Novolog
17.5	Stelara
0.5	Enbrel
16.5	Remicade
15.5	Revlimid
0.5	Novolog
14.5	Cosentix
13.5	Truvada
12.5	Zytiga
11.5	Lantus
10.5	Herceptin
9.5	Gilenya
8.5	Ocrevus
7.5	Xarelto
6.5	Genvoya
5.5	Xtandi
4.5	Ibrance
3.5	Victoza
2.5	Imbruvica

Appendix B: How Insurers Created Their Lists

Below are the descriptions provided by health insurers regarding how they compiled the lists submitted to the program. Some health insurers provided descriptions for each list, which has been identified below. Others provided a singular description of their methods.

The lists submitted by the individual insurers can be found in this report's companion Excel file, available on the Oregon Prescription Drug Price Transparency Program website.

BridgeSpan & Regence

Drug name is based on Medispan's product name; in some cases it has been truncated or otherwise scrubbed to group like products together. E.g., Humira and Humira Pen are both listed under "Humira". Related 9 digit-NDCs sharing the same drug name (product name, not including strength or form) are provided in a comma-separated list. This helps provide a more robust picture of the most costly products.

Most Costly: Products listed by total annual spend (paid), after rebates subtracted, descending.

Greatest Increase: Products listed by total annual spend (paid), after rebates subtracted, calculated each for 2017 and 2018, then divided by member months to produce net paid per member per month (PMPM). Products listed by [2018 net paid PMPM]/[2017 net paid PMPM], descending.

HealthNet

Commercial data resides in different systems and while HealthNet was able to obtain the total annual spend for both retail and medical, it was unable to obtain the rebates. The reported data is total plan spend not taking into account rebates. Per our PBM, rebates are not done on a drug by drug level. Our PBM negotiates an AWP discount with CVS Caremark, our claims adjudicator. The AWP discount is a guaranteed rate that is applied across the board on brands/generics.

Most Costly: Analysis of both medical and pharmacy paid claims for 2018 with the highest cost drug as #1.

Greatest Increase: Final paid claims for 2017 and 2018 with highest increased cost difference in 2018 ranked #1.

Kaiser

Kaiser's medical claims data for 2017-2018 does not consistently carry an NDC for drug administrations. So often it requires mapping the HCPCS code to an NDC. It should be noted that HCPCS to NDC is not a 1 to 1 map. It's one to many and sometimes many to many. So here is the method I used to map to a single NDC from the HCPCS code:

Map the HCPCS code to a set of possible NDCs based on a combination of an internal crosswalk and the CMS ASP cross walks.

For internal claims, select the NDC that was most recently purchased before the service date of the claim.

For external claims (and any internal that did not get resolved by step 2), use the experience of claims with an NDC and join back to the claims without, based on HCPCS, service year, and Allowed amount.

Finally, if not resolved by 2 or 3 (which was ~3% of the claims), then use an arbitrarily selected NDC for each HCPCS from the combined internal/cms crosswalk.

There were a small amount of one-off HCPCS's that failed 2-4, which I looked up manually if they had significant $$s or counts associated

After assigning an NDC, the medical claims and pharmacy claims were stacked together and the lists where calculated from that single data set by aggregating by NDC9 (First 9 digits - the product portion of the NDC11).

Moda

Most Costly & Greatest Increase: Total Cost Allowed minus any rebates paid in the given year. Those with the greatest difference in year over year adjusted cost were ranked the highest. This was performed at the NDC level.

PacificSource

PacificSource relied on its pharmacy benefit manager, CVS Health, for reporting on pharmacy drugs.

For medications billed to PacificSource directly from providers, PacificSource summarized its own claims records and merged the results with the data from CVS Health. Total annual spending reflects claims paid by PacificSource (allowable billed amounts minus member cost sharing). Reporting is on an incurred basis for calendar year 2018, paid through 3/31/2019. It reflects all fully insured commercial PacificSource business lines.

Greatest Increase: The results do not differentiate whether increases are due to changes in utilization, insured populations, or drug costs per unit.

Providence

To determine ranks, all fully-insured commercial plans (including Individual, Small Group and Large Group) were aggregated. Rebates are received at the brand level and were allocated to the NDC level using the % allowed to the total allowed by brand. Plan cost (net of member share) by NDC was reduced by allocated rebates to find net plan cost for ranking purposes.

Providence excluded drugs that were billed as part of a case rate, such as an inpatient admission, an outpatient surgery or an emergency room visit.

Samaritan

The Samaritan Health Plans (SHP) submission is based on combined prescription drug utilization and corresponding cost adjudicated through both medical payments (CPT J-codes under the medical plan separated by NDC where available) and pharmacy payments (NDC codes under the prescription drug plan) for the experience period of January to December 2018, as well as the prior period of January to December 2017. Prescription drug cost represents all commercial members and the SHP employee plan, and was measured based on plan paid amounts after member cost sharing.

The calculation of the ranks incorporated all commercial markets (large group, associations, and small group) as well as the Samaritan Health employee benefit plan.

At this time, SHP can only access aggregate information with respect to prescription drug rebates so is not able to determine the rebate amounts for each drug listed above. Therefore, Samaritan's lists do not account for rebates.

UnitedHealthcare

The following markets are included in the data: all fully-insured commercial and Medicare supplemental. UnitedHealthcare did not have any OEBB/PEBB plans for 2018 CY experience period.

Most Costly & Greatest Increase: The pharmaceutical cost, net of expected pharmacy rebate amount, was used to determine the ranking.