Oregon Prescription Drug Affordability Board

350 Winter Street NE, Salem, OR 97309-0405 | 971-374-3724 | pdab@dcbs.oregon.gov | dfr.oregon.gov/pdab

Agenda

This is a regular meeting. *Date*: **November 15, 2023** | *Time*: **9:30 a.m.**

This is a revised agenda and subject to change.

Meeting name	**Prescription Drug Affordability Board**
Meeting location	Virtual
Zoom link	Register for the meeting

Board Members: Chair Akil Patterson; Vice Chair Shelley Bailey; Daniel Hartung; Dr. Richard Bruno; Amy Burns, Robert Judge; John Murray

Staff: Ralph Magrish, executive director; Cortnee Whitlock, policy analyst; Stephen Kooyman, project manager; Brekke Berg, policy analyst, Amanda Claycomb, research analyst, Melissa Stiles, administrative specialist; Jake Gill, counsel; Pramela Reddi, counsel

Purpose	Subject	Presenter	Estimated Time Allotted
Informational and vote	Call to order, roll call, and approval of minutes	Chair Patterson	5 minutes
Informational	Executive director's program update	Ralph Magrish	5 minutes
Informational	Presentation on insulin Questions from board members	PORTAL	20 minutes
Discussion and vote	OAR 925-200-0010 Board discussion and vote • Insulin drugs and vote on subset • Orphan designation of Rx drugs and vote on updated subset	Staff	40 minutes
Discussion	Board review of policy submissions	Ralph Magrish & Cortnee Whitlock	30 minutes
Discussion	Board survey overview for OAR 925-200-0020	Brekke Berg	10 minutes
Informational	Announcements	Staff	3 minutes
Informational	Public comment	Chair Patterson	5 minutes
Informational	Adjournment	Chair Patterson	2 minutes

Next meeting

Dec. 13, 2023, at 9:30 a.m.

Accessibility

Anyone needing assistance due to a disability can contact Melissa Stiles at least 48 hours ahead of the meeting at pdab@dcbs.oregon.gov or 971-374-3724. advance.

How to submit public comment

Oral testimony

For oral comments, please submit the PDAB Public Comment Form no later than 24 hours before the PDAB meeting. The form is located on the Oregon Prescription Drug Affordability Board website here: https://dfr.oregon.gov/pdab/Pages/public-comment.aspx

Written testimony

For written comments, please submit the PDAB Public Comment Form no later than 72 hours before the PDAB meeting. The form is located on the Oregon Prescription Drug Affordability Board website here: https://dfr.oregon.gov/pdab/Pages/public-comment.aspx
Written comments will be posted to the PDAB website.

Open and closed sessions

All board meetings except executive sessions are open to the public. Pursuant to ORS 192.660, executive sessions are closed, with the exception of news media and staff. No final actions will be taken in the executive session. When action is necessary, the board will return to an open session.

Oregon Prescription Drug Affordability Board

Oregon Prescription Drug Affordability Board (PDAB) Regular Meeting
Wednesday, October 18, 2023
Draft Minutes

Web link to the meeting video: https://www.youtube.com/watch?v=516QeYcToPA&feature=youtu.be
Web link to the meeting materials: https://dfr.oregon.gov/pdab/Documents/20231018-PDAB-document-package.pdf.
Web link to Excel spreadsheets and data information: https://dfr.oregon.gov/pdab/Pages/data.aspx

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Call to order and roll call: Vice Chair Shelley Bailey called the meeting to order at 9:30 am and the roll was called.
Board members present: Vice Chair Shelley Bailey, , Dr. Amy Burns, Dr. Daniel Hartung, Robert Judge, John Murray. Dr. Richard Bruno joined the meeting after the roll call and minutes were approved.
Board members absent: Chair Akil Patterson

Approval of minutes: John Murray made a motion and **Robert Judge** provided a second to approve the minutes on Pages 3-7 in the agenda packet.

MOTION to approve the minutes.
Board Vote:
Yea: Amy Burns, Daniel Hartung, Robert Judge, John Murray, Vice Chair Shelley Bailey
Nay: None
Absent: Richard Bruno, Akil Patterson
Motion passed 5-0

Program update: Executive Director Ralph Magrish announced a change in the agenda order. The affordability review would move ahead of the policy recommendation discussion. View the executive director's report in the meeting video at minute 00:01:40.

Federal court ruling on copay accumulators: Jessie O'Brien, DFR policy manager, provided an update. View in the meeting video at minute 00:07:18.

Board continuation of affordability review outlined in OAR 925-200-0010: Ralph Magrish, executive director, reviewed the criteria on Pages 28-45 of the agenda packet. View video of the board discussion at minute 00:15:45 and vote of subset of prescription drugs at minute 01:26:40. Vice Chair Shelley Bailey called for a motion to select a subset of prescription drugs to move forward with the affordability review using the list of prescription drugs indicated in Table 1 below. **Amy Burns** made a motion and **John Murray** provided a second.

MOTION selection of a subset of prescription drugs to move forward with the affordability review with the list of prescription drugs shown in Table 1:
Board Vote:
Yea: Amy Burns, Daniel Hartung, Robert Judge, John Murray, Shelley Bailey
Nay: None
Absent: Richard Bruno, Akil Patterson
Motion passed 5-0.

Table 1: Board approved subset list of prescription drugs pursuant to OAR 925-200-0010.

Non-proprietary name	Proprietary name(s)
Abacavir-Dolutegravir-Lamivudine	Triumeq / Triumeq PD
Adalimumab	Humira / Humira Pediatric Crohns Start / Humira Pen / Humira Pen-CD/UC/HS Starter / Humira Pen-Pediatric UC Start / Humira Pen-Ps/UV/Adol HS Start / Humira Pen-Psor/Uveit Starter
Aflibercept	Eylea
Albuterol Sulfate	Albuterol Sulfate / Albuterol Sulfate ER / Albuterol Sulfate HFA / ProAir HFA / ProAir RespiClick / Proventil HFA / Ventolin HFA
Apixaban	Eliquis / Eliquis DVT/PE Starter Pack
Budesonide-Formoterol Fumarate Dihydrate	Budesonide-Formoterol Fumarate / Symbicort
Dulaglutide	Trulicity
Dupilumab	Dupixent
Elvitegravir-Cobicistat-Emtricitabine-Tenofovir Alafenamide	Genvoya
Empagliflozin	Jardiance
Etanercept	Enbrel / Enbrel SureClick
Guselkumab	Tremfya
Immune Globulin (Human) IV or Subcutaneous	Gammagard / Gammaked / Gamunex-C
Infliximab-dyyb	Inflectra
Lisdexamfetamine Dimesylate	Vyvanse
Nivolumab	Opdivo
Ocrelizumab	Ocrevus
OnabotulinumtoxinA	Botox
Pancrelipase (Lipase-Protease-Amylase)	Creon / Pancreaze / Pertzye / Viokace / Zenpep
Pembrolizumab	Keytruda
Risankizumab-rzaa	Skyrizi / Skyrizi Pen
Rivaroxaban	Xarelto / Xarelto Starter Pack
Secukinumab	Cosentyx / Cosentyx Sensoready Pen / Cosentyx Sensoready
Semaglutide	Rybelsus / Ozempic
Ustekinumab	Stelara
Vedolizumab	Entyvio

Board continuation of affordability review for insulin outlined in OAR 925-200-0010: Ralph Magrish, executive director, reviewed the criteria for insulin on Pages 36-45 of the agenda packet. View the board discussion in the meeting video at minute 01:28:45. Board members agreed to continue the discussion at the next regular meeting on Nov. 15, 2023.

Board review of proposed policy recommendations: Cortnee Whitlock, policy analyst, reviewed the proposed policy recommendations submitted by the public shown on Pages 9-27 in the agenda packet. View the discussion in the meeting video at minute 01:55:23. The board will review the draft report with recommendations on Nov. 15.

Public comment: Vice Chair Shelley Bailey called on the person who signed up in advance to speak to the board. Dharia McGrew, PhRMA, provided oral and written testimony to the board. View the oral testimony in the meeting video at minute 02:08:08. Genentech also provided written testimony to the board. The written testimony is posted on the PDAB website.

Adjournment: The meeting was adjourned at 11:45 a.m. by a motion from **Robert Judge,** a second by **John Murray** and all voted in favor.

Oregon Prescription Drug Affordability Board

2024 Board Calendar: Click on the date to register for the Zoom meeting.

Meeting 1	Wednesday, Jan. 17	9:30 – 11:30 a.m.
Meeting 2	Wednesday, Feb. 21	9:30 – 11:30 a.m.
Meeting 3	Wednesday, March 20	9:30 – 11:30 a.m.
Meeting 4	Wednesday, April 17	9:30 – 11:30 a.m.
Meeting 5	Wednesday, May 15	9:30 – 11:30 a.m.
Meeting 6	Wednesday June 26	9:30 – 11:30 a.m.
Meeting 7	Wednesday July 24	9:30 – 11:30 a.m.
Meeting 8	Wednesday, Aug. 21	9:30 – 11:30 a.m.
Meeting 9	Wednesday, Sept. 18	9:30 – 11:30 a.m.
Meeting 10	Wednesday, Oct. 16	9:30 – 11:30 a.m.
Meeting 11	Wednesday, Nov. 20	9:30 – 11:30 a.m.
Meeting 12	Wednesday, Dec. 18	9:30 – 11:30 a.m.

Presentation on insulin by PORTAL

Dr. Yan Emily Yuan, MD, MSc

Endocrinology fellow

Brigham and Women's Hospital | Harvard Medical School

Dr. Benjamin N. Rome, MD, MPH

Program On Regulation, Therapeutics, And Law (PORTAL)

Associate Physician, Phyllis Jen Center for Primary Care

Mass General Brigham

Guide to Insulin Therapy

Yan Emily Yuan, MD, MSc

Division of Endocrinology, Diabetes, and Hypertension
Department of Medicine
Brigham and Women's Hospital
Boston, Massachusetts

November 15, 2023

Disclosures

- None

Slide: Yan Emily Yuan, MD, MSc

Outline

- Primer on Insulin and Glycemic Control
- Clinical Overview of Insulin Needs
  - Insulin Resistance
  - Insulin Deficiency
- Types of Insulin
- Insulin Delivery Systems
- Approaches to Treatment
  - Comparison of Insulins

Slide: Yan Emily Yuan, MD, MSc

Insulin

- Hormone produced by the pancreas
  - Allows our body to use what we eat
  - Secreted in response to glucose and other hormones
  - Allows muscle, fat, and liver to take up and use glucose for energy
  - Allows glucose to be stored in the liver (as glycogen) and turns off glucose production
  - Prevents breakdown of muscle and fat for fuel

Patient "J.L." Age 3

12/15/1922
Before Insulin
Weight: 15lbs

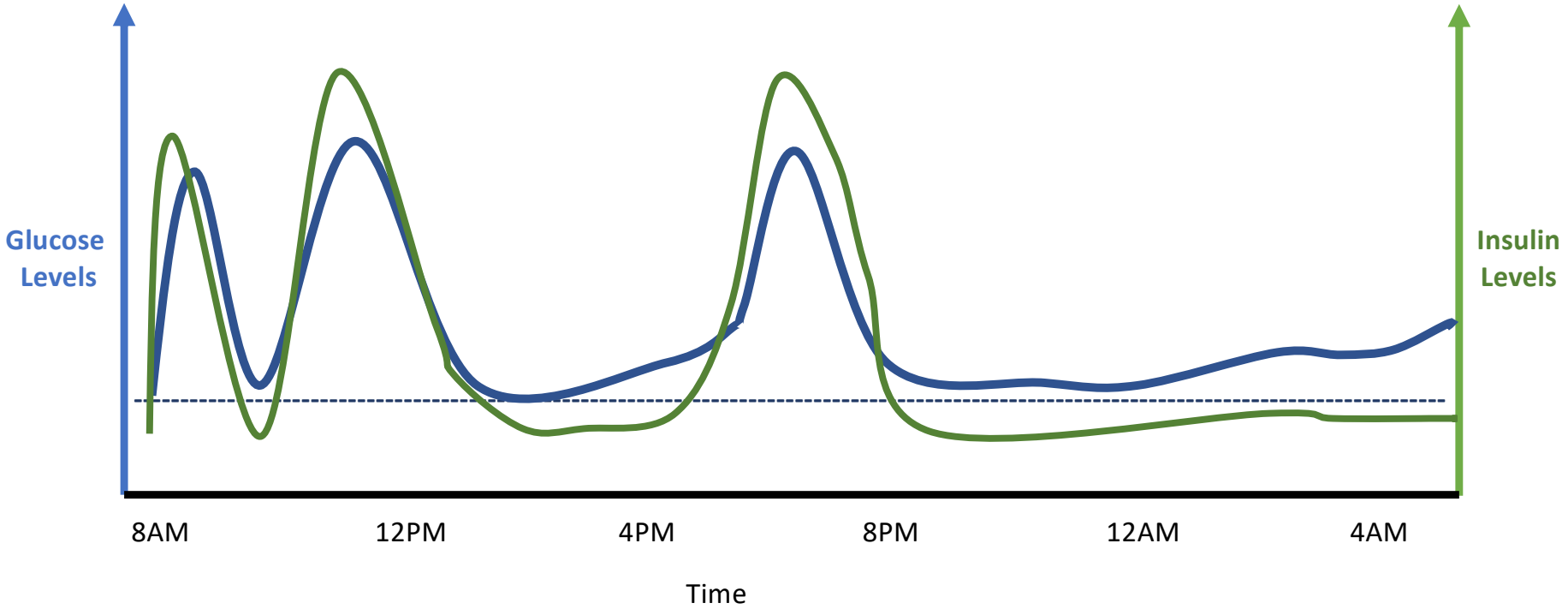
2/15/2023
After Insulin
Weight: 29lbs

"Insulin does not belong to me; it belongs to the world." – Frederick Banting

Slide: Yan Emily Yuan, MD, MSc

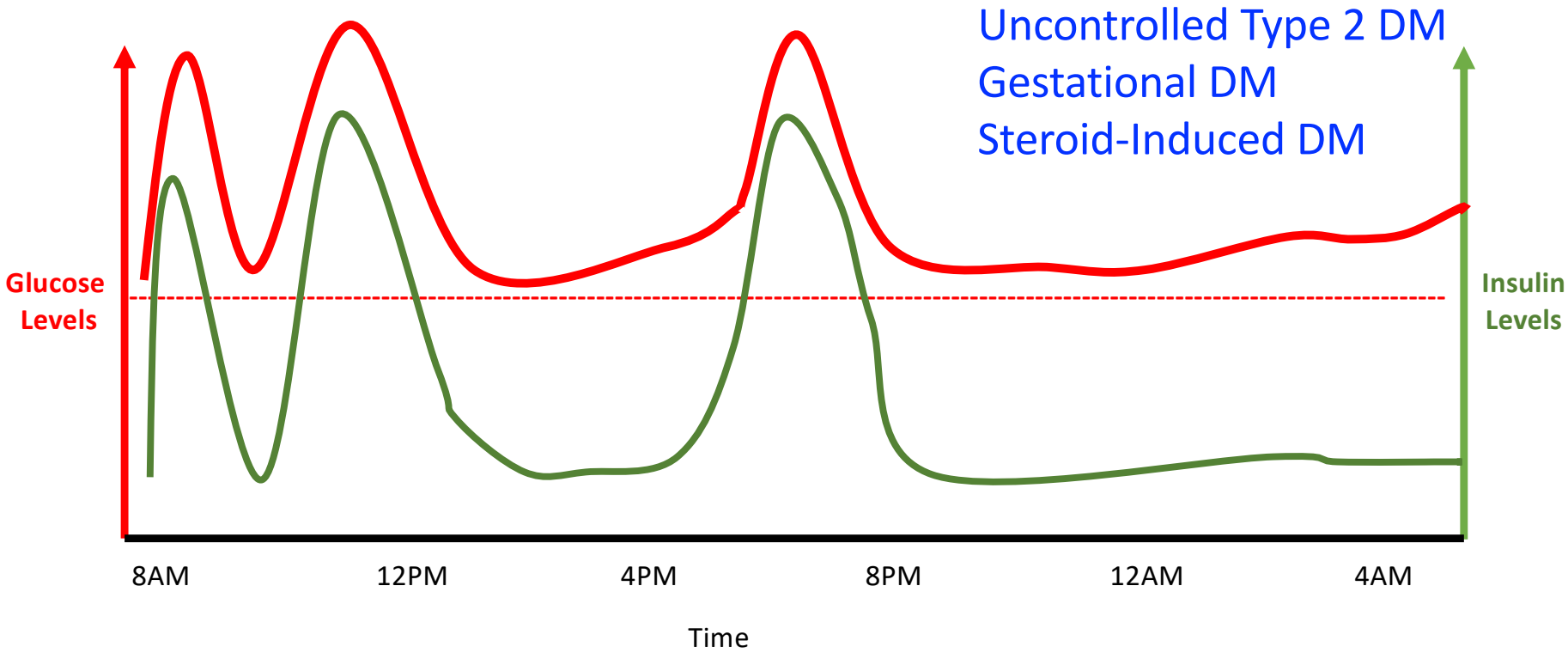
Lewis, G and Brubaker, P. J Clin Invest. 2021 Jan 4; 131(1): e142239.
Photo courtesy of Eli Lilly and Company Archives.

Glycemic Control in Healthy Individuals



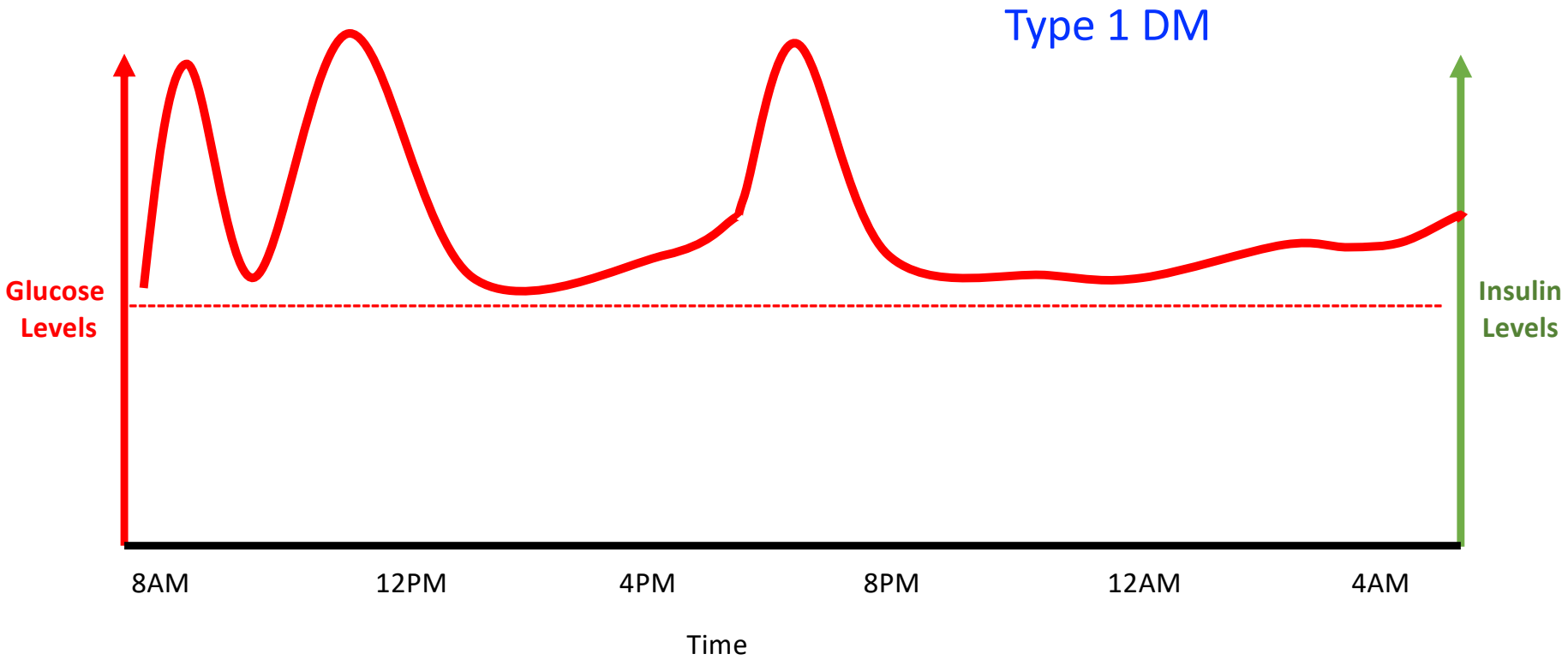
Slide: Yan Emily Yuan, MD, MSc

Glycemic Control in Insulin Resistance



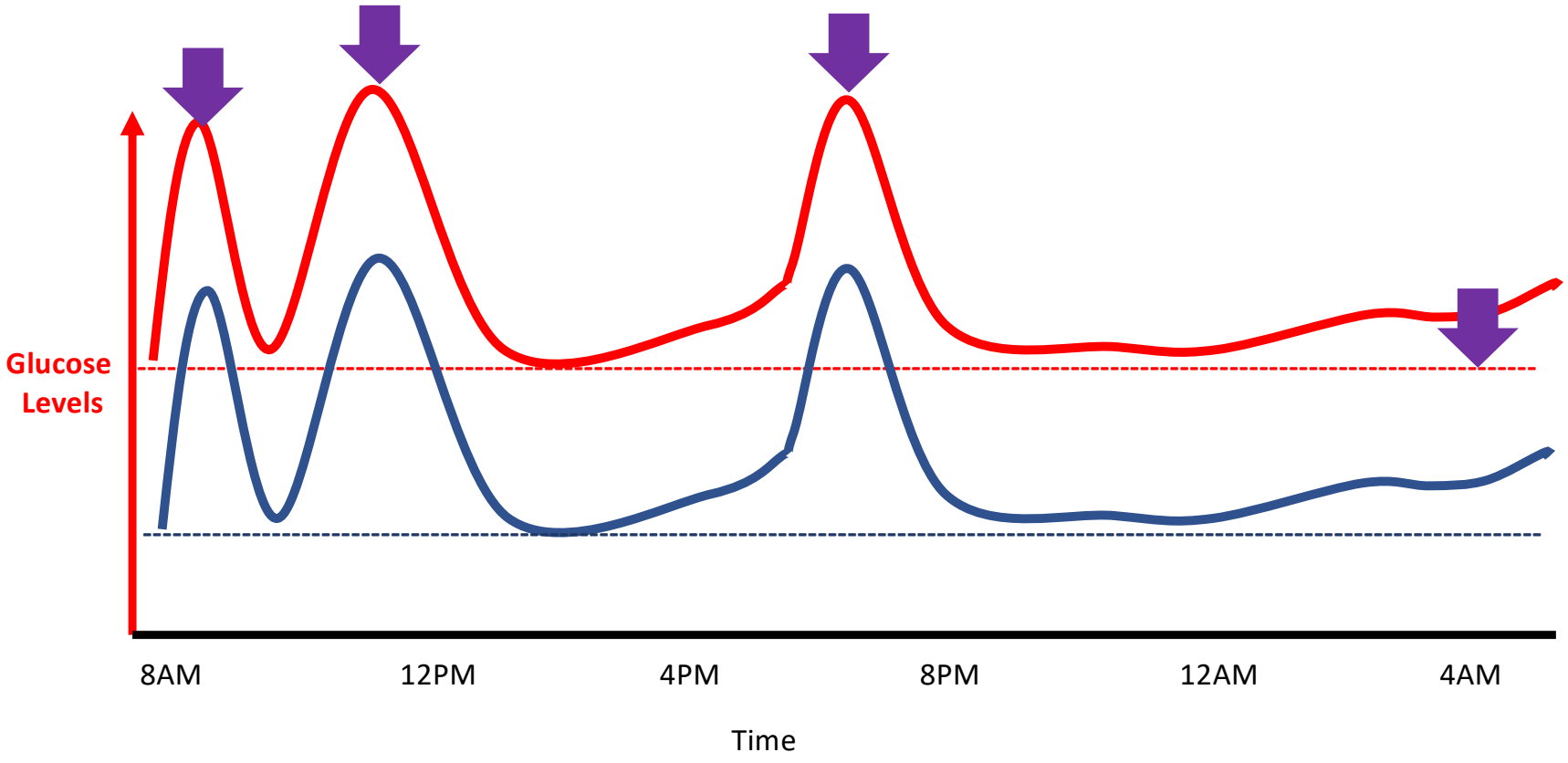
Slide: Yan Emily Yuan, MD, MSc

Glycemic Control in Insulin Deficiency



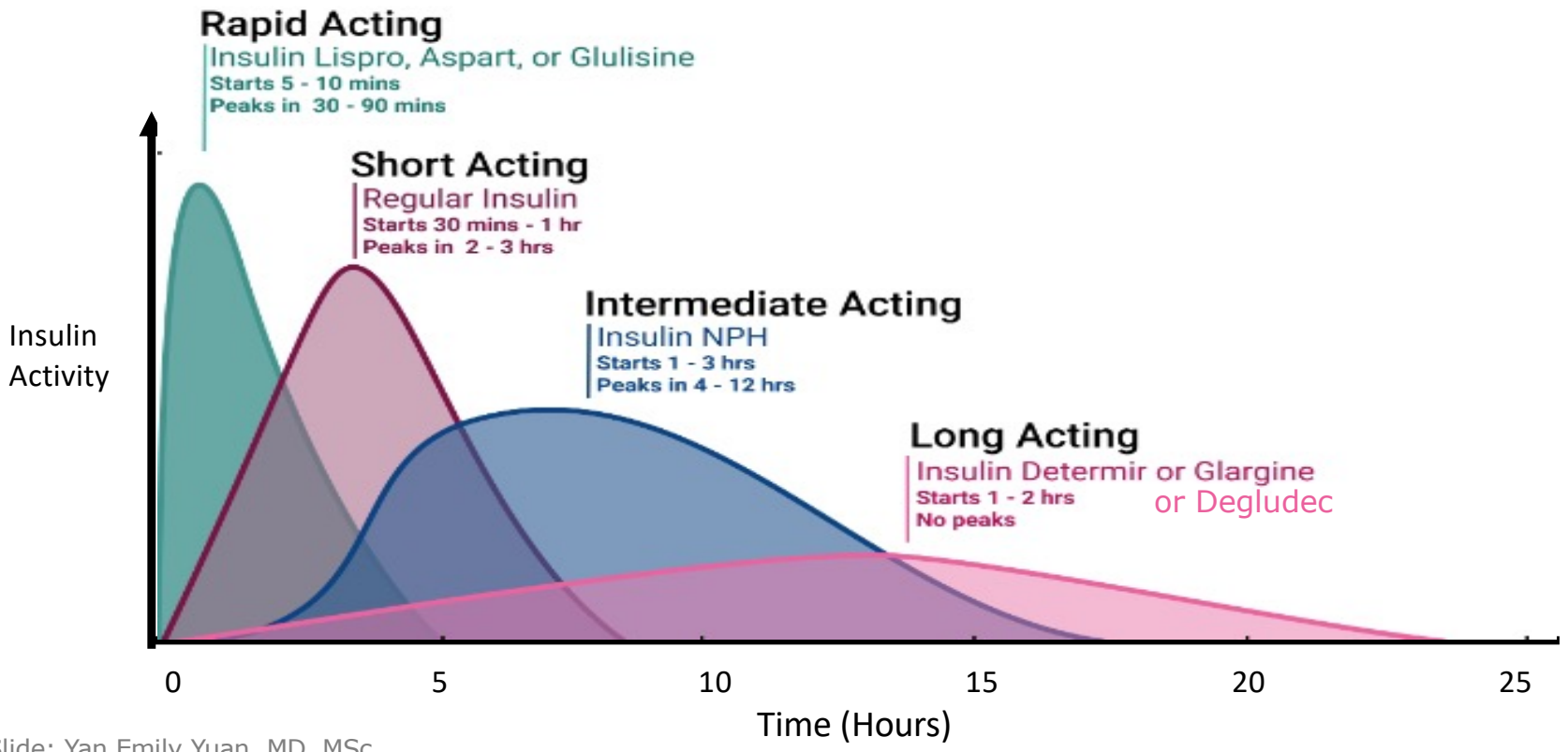
Slide: Yan Emily Yuan, MD, MSc

Goal of Treatment with Insulin



Slide: Yan Emily Yuan, MD, MSc

Types of Insulin



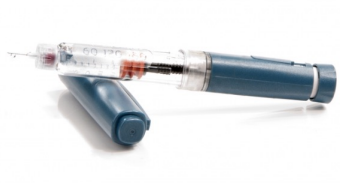
Slide: Yan Emily Yuan, MD, MSc

Image Adapted from UCSD Diabetes

Insulin Delivery

Vial/Syringe

Challenges:
more difficult to use, heightened needle phobia, less convenient



Pen

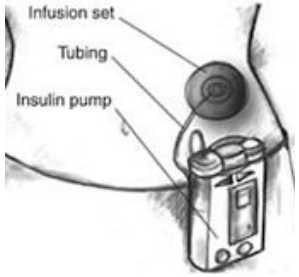
Available for rapid, intermediate, long-acting and pre-mixed insulin

Challenges: More expensive than vial

Smart Pen

Available for rapid-acting (Humalog, Novolog, Fiasp)

Reusable, pairs with smartphone, tracks/calculates insulin dose



Pump

Rapid acting insulin
- Lispro, Aspart (144h)
- Glulisine (48h)

Regular Insulin

Inhaled

Afrezza (Regular Insulin; MannKind Corp.)

Challenges
- Limited dosing
- Supply

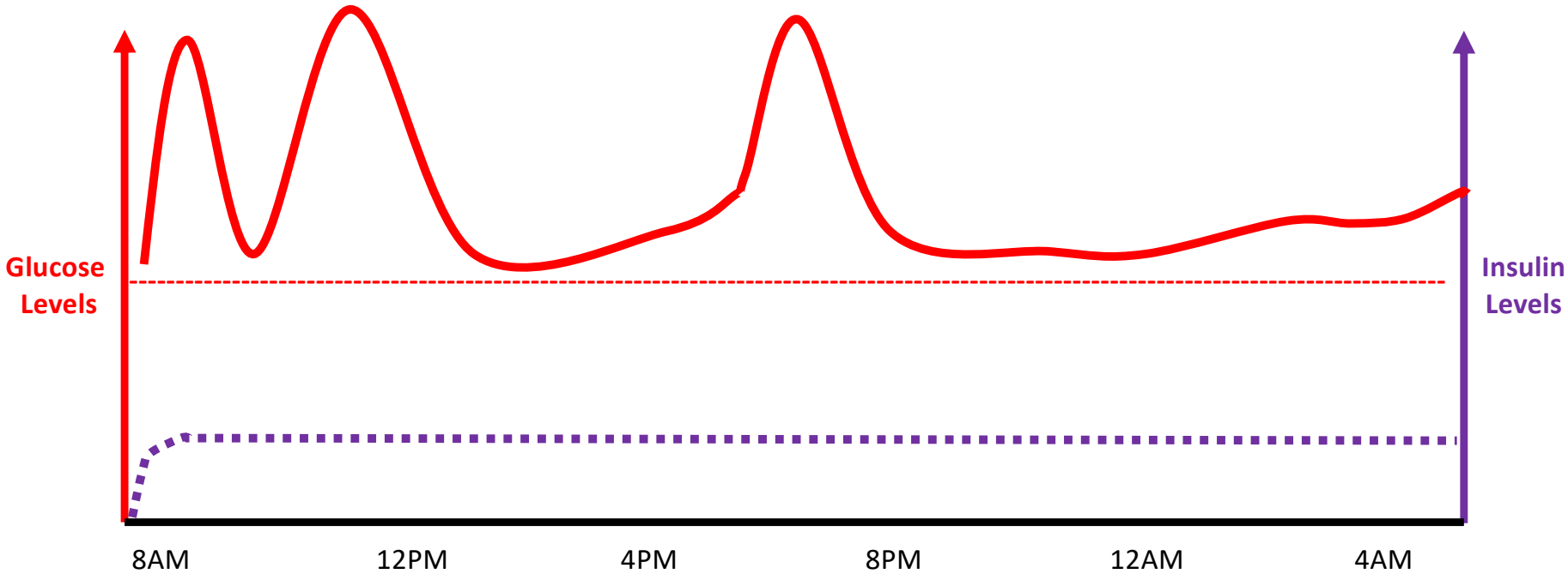
Slide: Yan Emily Yuan, MD, MSc

Approaches to Treatment

- **Basal/Bolus Regimen**
  - 4 ±1 injections/day
- **Premixed Insulin Regimen**
  - 2 injections/day

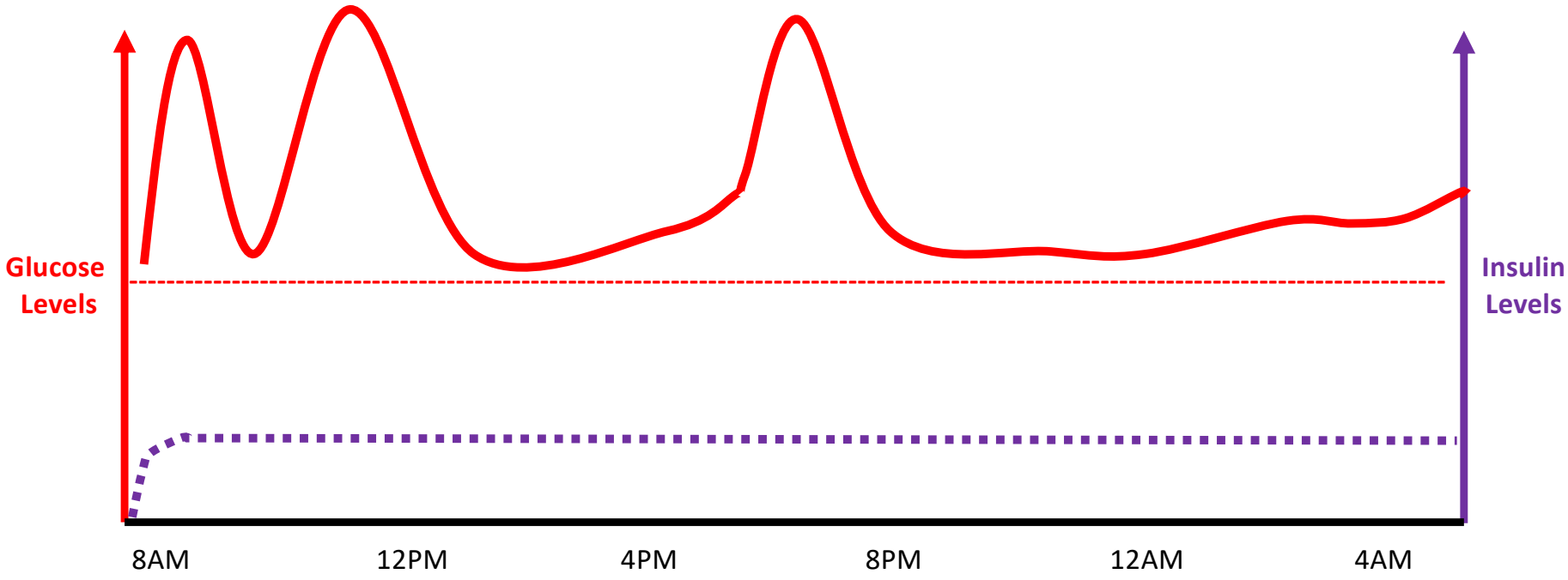
Slide: Yan Emily Yuan, MD, MSc

Insulin Treatment: Basal/Bolus



Slide: Yan Emily Yuan, MD, MSc

Insulin Treatment: Basal/Bolus



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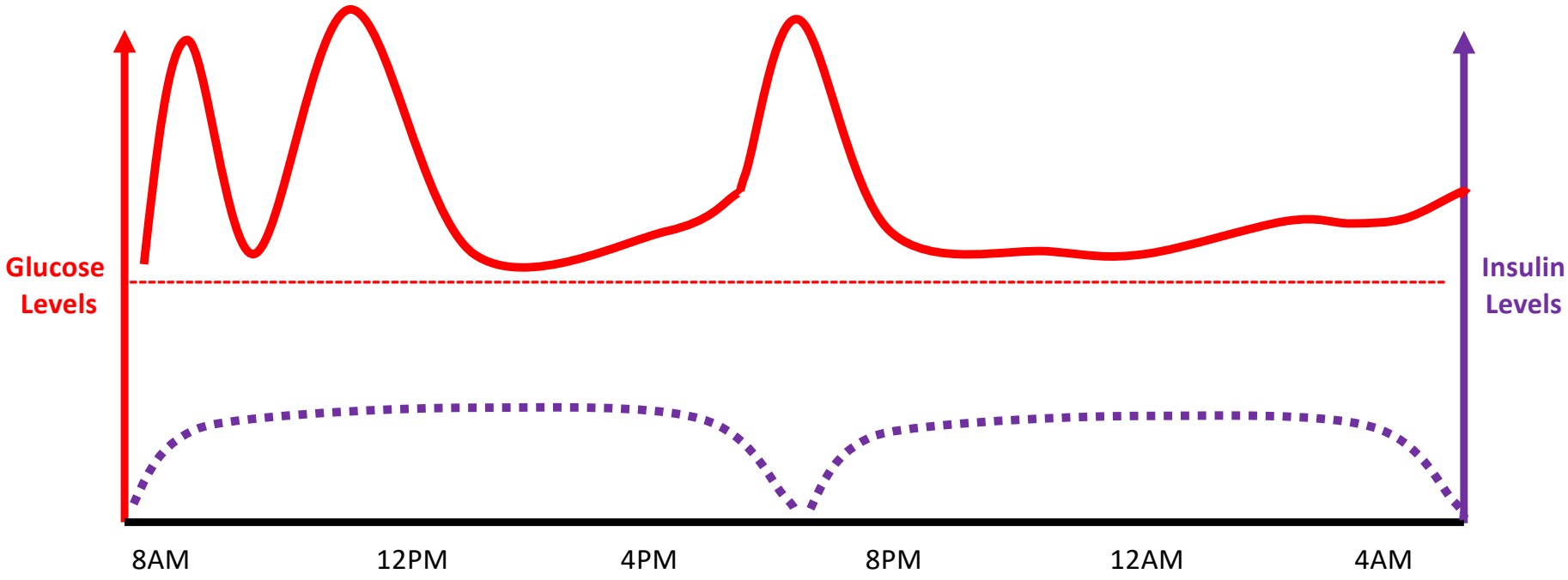
Insulin Treatment: Basal/Bolus



Basal Insulin = Intermediate Acting Twice Daily

Slide: Yan Emily Yuan, MD, MSc

Comparison of "Basal" Insulins

Long-Acting

Manufacturer	Drug	Brand Name	Onset	Duration	Delivery			
					Vial/ Syringe	Cartridge	Pump	Pen
Sanofi	Glargine	Lantus	3-4 hours	24 hours	X			Lantus SoloSTAR
	Glargine U-300	Toujeo	6 hours	up to 36 hours				Toujeo SoloSTAR (450 units) Max SoloSTAR (900 units)
Eli Lilly	Glargine	Basaglar	3-4 hours	16-24 hours				Basaglar KwikPen
	Glargine-aglr	Rezvoglar	1 hour	24 hours				Rezvoglar KwikPen
	Insulin U-500	Humulin R U-500	30 min	13-24 hours				Humulin R U-500 (1500 units)
Novo Nordisk	Degludec	Tresiba	1 hour	42 hours	X^			Tresiba FlexTouch Tresiba U-200 (600 units)
	Detemir	Levemir	1.6 hours	24 hours	X			Levemir FlexTouch
Viatris	Glargine-fygn	Semglee	2-4 hours	24 hours	X			Semglee

Intermediate Acting

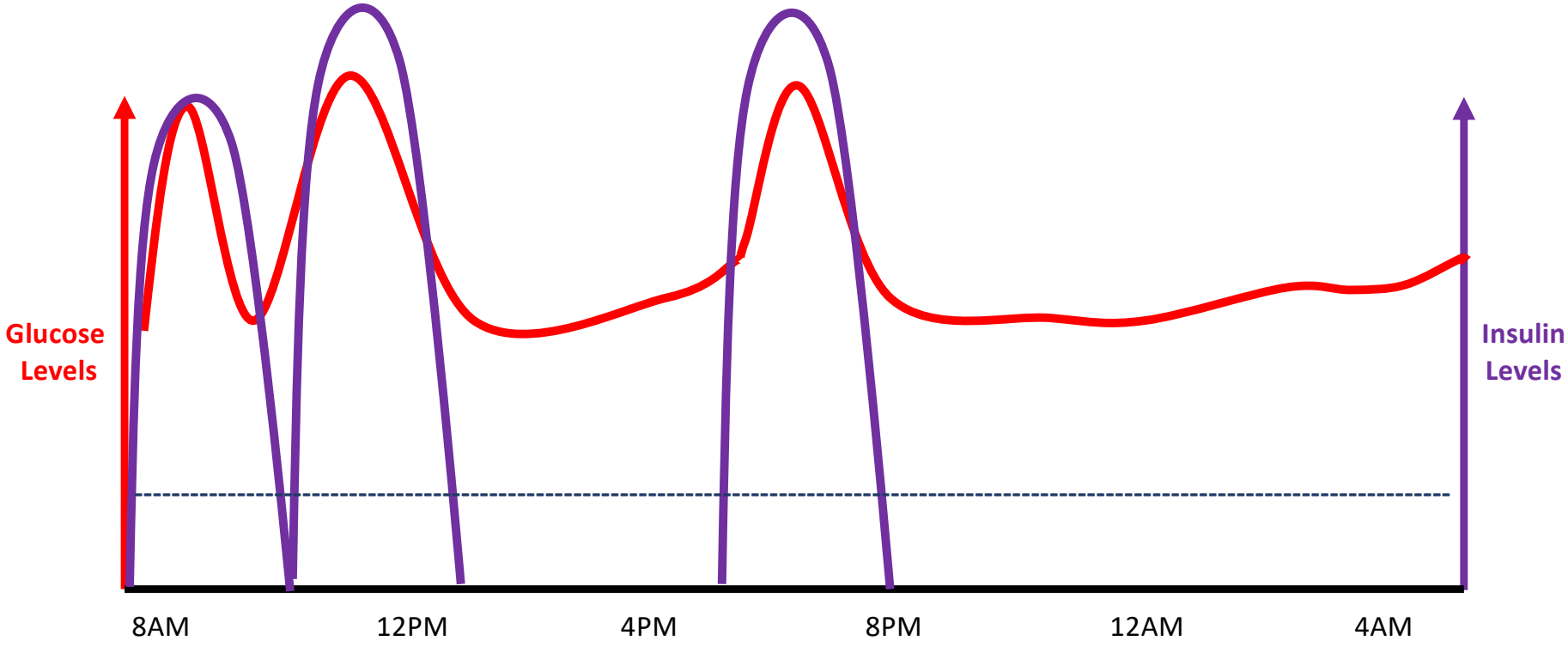
Manufacturer	Drug	Brand Name	Onset	Duration	Delivery			
					Vial/ Syringe	Cartridge	Pump	Pen
Eli Lilly	NPH	Humulin N	1-3 hours	up to 24 hours	X			Humulin N KwikPen
Novo Nordisk	NPH	Novolin	1-2 hours	up to 24 hours	X			Novolin N FlexPen Novolin N ReliOn FlexPen*

Recent Price Cut by Manufacturer
X^ = available only for U-100 formulation
*= Available at Walmart (ReliOn)

Slide: Yan Emily Yuan, MD, MSc

FDA: www.accessdata.fda.gov
ADA: consumerguide.diabetes.org

Insulin Treatment: Basal/Bolus



Slide: Yan Emily Yuan, MD, MSc

Bolus "Mealtime" Insulin = Short Acting/Rapid Acting

Comparison of "Bolus" Insulins

Rapid-Acting

Manufacturer	Drug	Brand Name	Onset	Duration	Delivery			
					Vial/ Syringe	Cartridge	Pump	Pen
Novo Nordisk	Aspart	Fiasp	16-20 min	5-7 hours	X	X	X	Fiasp FlexTouch
	Aspart	GENERIC	21-25 min	3-5 hours	X	X	X	Insulin Aspart FlexPen
	Aspart	Novolog	21-25 min	3-5 hours	X	X	X	NovoLog FlexPen
Eli Lilly	Lispro-aabc	Lyumjev	15-17 min	4.6-7.3 hours	X^	X^		Lyumjev U-100 Junior KwikPen (Half-Unit Dosing) Lyumjev U-100 KwikPen Lyumjev U-200 KwikPen (600 units)
	Lispro	Humalog	10-20 min	3-5 hours	X^	X^	X^	Humalog KwikPen Humalog U-200 KwikPen
	Lispro	GENERIC	10-20 min	3-5 hours	X		X	Insulin Lispro Injection Junior KwikPen (Half-Unit Dosing) Insulin Lispro U-100 KwikPen
Sanofi	Lispro	Admelog	15-30min	3-4 hours	X		X	Admelog SoloSTAR
	Glulisine	Apidra	10-20 min	2-4 hours	X		X	Apidra SoloSTAR
MannKind	Insulin Powder	Afrezza	12 min	1.5-3 hours				

Short-Acting

Manufacturer	Drug	Brand Name	Onset	Duration	Delivery			
					Vial/ Syringe	Cartridge	Pump	Pen
Novo Nordisk	Regular	Novolin R	30 min	up to 8 hours	X			Novolin R FlexPen Novolin R ReliOn FlexPen*
Eli Lilly	Regular	Humulin R U-100	30-60 min	5-8 hours	X			

Recent Price Cut by Manufacturer
X^ = available only for U-100 formulation
*= Available at Walmart (ReliOn)

FDA: www.accessdata.fda.gov
ADA: consumerguide.diabetes.org

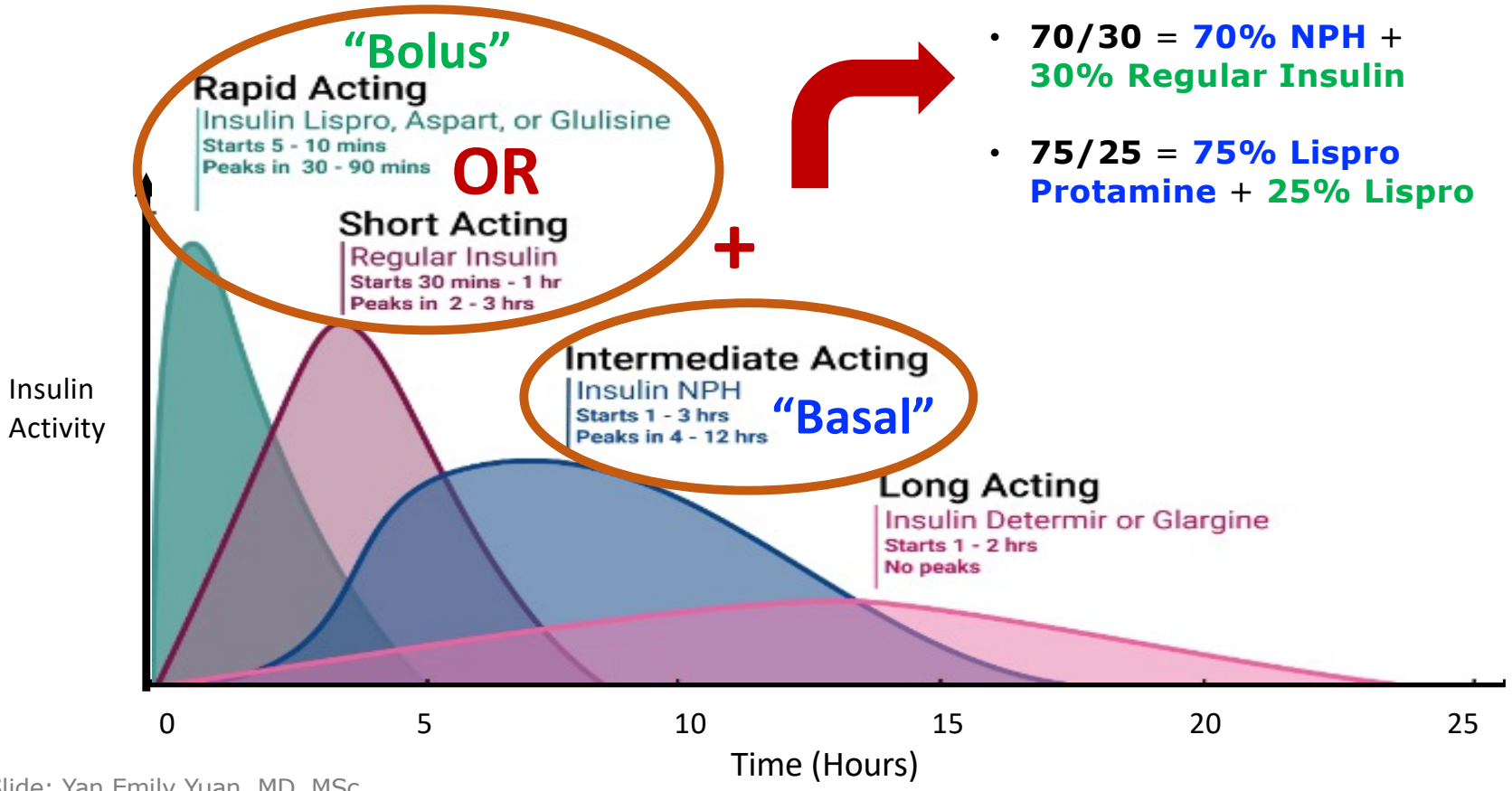
Slide: Yan Emily Yuan, MD, MSc

Approaches to Treatment

- **Basal/Bolus Regimen**
  - ~4 injections/day
- **Premixed Insulin Regimen**
  - 2 injections/day

Slide: Yan Emily Yuan, MD, MSc

Pre-Mixed Insulin



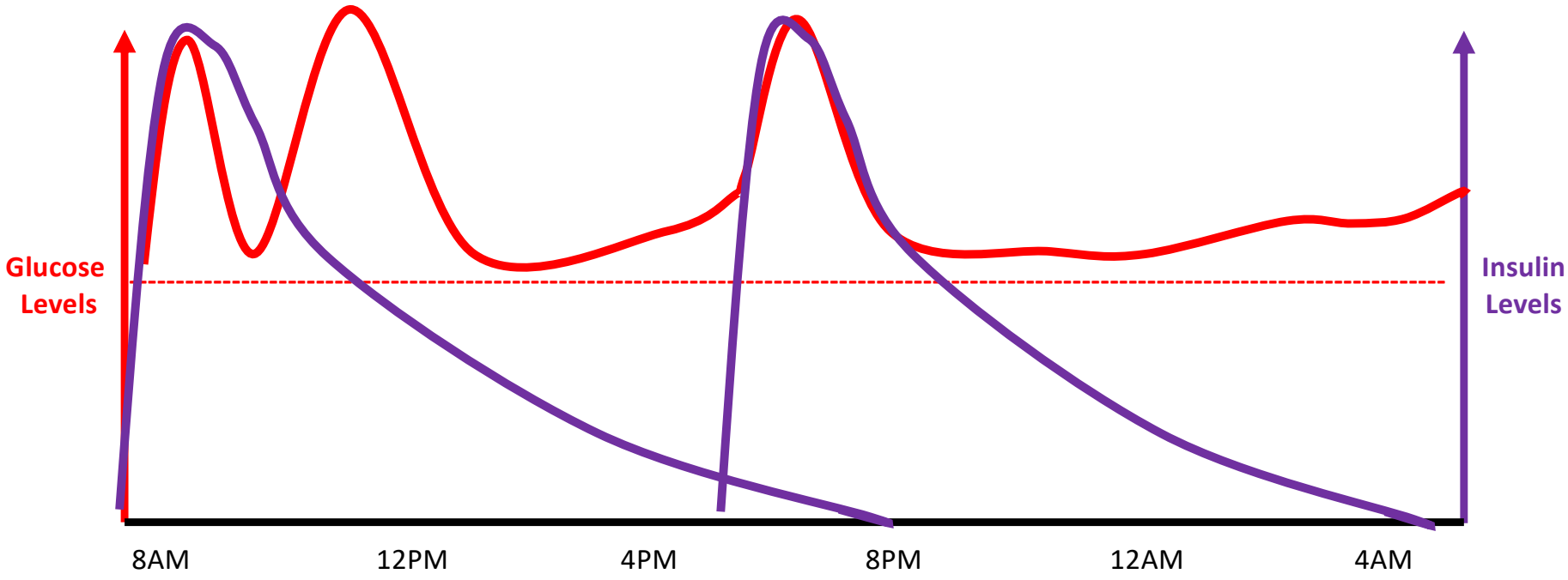
MIXED INSULIN EXAMPLES

- **70/30** = **70% NPH** + **30% Regular Insulin**
- **75/25** = **75% Lispro Protamine** + **25% Lispro**

Slide: Yan Emily Yuan, MD, MSc

Image Adapted from UCSD Diabetes

Insulin Treatment: Pre-Mixed Insulin



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Pre-Mixed Insulin

Pro:

- Fewer Injections
- Good for: Individuals with regular meal/activities, Trouble with injections

Con:

- Much less precise glycemic control
- Challenging to titrate
- Some studies suggest higher DKA risk in Type 1 DM

Slide: Yan Emily Yuan, MD, MSc

Comparison of ”Basal+Bolus” Insulins

Manufacturer	Drug	Brand Name	Onset	Duration	Delivery			
					Vial/ Syringe	Cartridge	Pump	Pen
Eli Lilly	50/50 Lispro Protamine/Lispro	Humalog Mix 50/50	10-15 min	16-22 hours	X			Humalog Mix 50/50 KwikPen
	75/25 Lispro Protamine/Lispro	Humalog Mix 75/25	10-15 min	16-22 hours	X			Humalog Mix 75/25 KwikPen
	70/30 NPH/Regular	Humalin 70/30	30-60 min	12-16 hours	X			Humalin 70/30 KwikPen
	75/25 Lispro Protamine and Lispro	GENERIC	10-15 min	16-22 hours	X			Insulin Lispro Protamine and Insulin Lispro Injectable Suspension Mix 75/25 KwikPen
Novo Nordisk	70/30 Aspart Protamine/Aspart	Novolog Mix 70/30	10-20 min	Up to 24 hours	X			Novolog Mix 70/30 FlexPen
	70/30 NPH/Regular	Novolin 70/30	30-60 min	Up to 24 hours	X			Novolin 70/30 FlexPen; Novolin 70/30 ReliOn FlexPen*
	70/30 Aspart Protamine and Aspart	GENERIC	10-20 min	Up to 24 hours	X			Insulin Aspart Protamine and Insulin Aspart Injectable Suspension Mix 70/30 FlexPen

Slide: Yan Emily Yuan, MD, MSc

*= Available at Walmart (ReliOn)

FDA: www.accessdata.fda.gov
ADA: consumerguide.diabetes.org

Summary

- Insulin is medically necessary for the treatment of insulin-resistant and insulin-deficient types of diabetes mellitus.
- Insulin can be categorized according to the onset and duration of action.
- Approaches to treatment include basal/bolus insulin dosing (generally better glycemic control, easier to titrate) or use of pre-mixed insulin.
- There may be individual-level risks/benefits for use of specific types of insulin.

Slide: Yan Emily Yuan, MD, MSc

Oregon Prescription Drug
Affordability Board

The information on the following pages of the agenda packet is provided by the Department of Consumer and Business Services (DCBS) Drug Price Transparency Program and the Oregon Health Authority's All Payer All Claims data base. Click on the Prescription Drug Affordability Board data web page to access spreadsheets in Excel format:

- 2022 insulin data
- 2023 PDAB top drug list

Date	Change Made	Made By
10/27/2023	Added a change log tab to note major updates or corrections to the document.	Staff
10/27/2023	Added the "Detailed data Aggregated by Name" tab, which aggregates values from the APAC data tab by the drug's proprietary name.	Staff
10/27/2023	Updated the Novolog mix as "no" under the IRA CMS column. Reviewed the fact sheet of the CMS negotiated drugs and it does not appear the Novolog mix may be included in the forms of Novolog listed on the fact sheet.	Staff
10/27/2023	Added the "Detailed data Aggregated by Drug Base " tab, which aggregates values from the APAC data tab by the drug base.	Staff

	Drug type detail			2022 Volume data	2022 Cost data	Comparison of 2022 and 2021	Generic and Biosimilar Information	FDA approval data	WAC data	
Year	**Insulin Type FDA**	**Proprietary name**	**Non-proprietary name**	**Claimants**	**2022 per patient spend**	**Percent change per patient spend 2021-2022**	**Drug has a therapeutic equivalent or biosimilar**	**Exclusivity expiration date within 18 months**	**Avg YoY price change (over past 5 years)**	**Drug part of IRA CMS negotiation list**
2022	Rapid-Acting	Insulin Aspart	Insulin Aspart	847	$2,266.13	10%	None Listed	No	0.00%	No
2022	Rapid-Acting	Insulin Aspart FlexPen	Insulin Aspart	1,401	$1,354.42	-1%	None Listed	No	0.00%	No
2022	Rapid-Acting	Insulin Aspart PenFill	Insulin Aspart	195	$1,977.42	3%	None Listed	No	0.00%	No
2022	Rapid-Acting	NovoLOG	Insulin Aspart	863	$6,210.43	14%	None Listed	No	0.00%	Yes
2022	Rapid-Acting	NovoLOG FlexPen	Insulin Aspart	960	$4,112.32	4%	None Listed	No	0.00%	Yes
2022	Rapid-Acting	NovoLOG FlexPen ReliOn	Insulin Aspart	108	$378.95	116%	None Listed	No	0.00%	Yes
2022	Rapid-Acting	NovoLOG PenFill	Insulin Aspart	125	$4,936.06	34%	None Listed	No	0.00%	Yes
2022	Rapid-Acting	NovoLOG ReliOn	Insulin Aspart	46	$1,070.00	100%	None Listed	No	0.00%	Yes
2022	Rapid-Acting	Fiasp	Insulin Aspart (with Niacinamide)	108	$4,933.83	5%	None Listed	No	0.00%	Yes
2022	Rapid-Acting	Fiasp FlexTouch	Insulin Aspart (with Niacinamide)	158	$4,358.16	35%	None Listed	No	0.00%	Yes
2022	Rapid-Acting	Fiasp PenFill	Insulin Aspart (with Niacinamide)	21	$4,782.95	81%	None Listed	No	0.00%	Yes
2022	Rapid-Acting	Apidra	Insulin Glulisine	9	$4,505.99	1%	None Listed	No	1.04%	No
2022	Rapid-Acting	Apidra SoloStar	Insulin Glulisine	14	$6,743.84	14%	None Listed	No	1.04%	No
2022	Rapid-Acting	Admelog	Insulin Lispro	443	$1,251.05	-24%	None Listed	No	-11.30%	No
2022	Rapid-Acting	Admelog SoloStar	Insulin Lispro	1,102	$1,097.42	-22%	None Listed	No	-13.80%	No
2022	Rapid-Acting	HumaLOG	Insulin Lispro	2,995	$3,760.24	3%	None Listed	No	0.00%	No
2022	Rapid-Acting	HumaLOG Junior KwikPen	Insulin Lispro	301	$2,143.50	12%	None Listed	No	0.00%	No
2022	Rapid-Acting	HumaLOG KwikPen	Insulin Lispro	2,703	$3,159.55	0%	None Listed	No	0.00%	No
2022	Rapid-Acting	Insulin Lispro	Insulin Lispro	796	$1,100.61	-29%	None Listed	No	-32.00%	No
2022	Rapid-Acting	Insulin Lispro (1 Unit Dial)	Insulin Lispro	969	$711.32	-38%	None Listed	No	-11.67%	No
2022	Rapid-Acting	Insulin Lispro Junior KwikPen	Insulin Lispro	114	$693.06	-22%	None Listed	No	-13.33%	No
2022	Rapid-Acting	Lyumjev	Insulin Lispro-aabc	76	$5,477.09	39%	None Listed	No	0.00%	No
2022	Rapid-Acting	Lyumjev KwikPen	Insulin Lispro-aabc	89	$3,517.45	43%	None Listed	No	0.00%	No
2022	Rapid-Acting	Afrezza	Insulin Regular (Human)	9	$11,480.48	15%	None Listed	No	6.80%	No
2022	Short-Acting	HumuLIN R	Insulin Regular (Human)	1,686	$615.39	-2%	None Listed	No	0.00%	No
2022	Short-Acting	HumuLIN R U-500 (CONCENTRATED)	Insulin Regular (Human)	115	$10,694.73	-15%	None Listed	No	0.00%	No
2022	Short-Acting	HumuLIN R U-500 KwikPen	Insulin Regular (Human)	157	$12,064.03	-3%	None Listed	No	0.00%	No
2022	Short-Acting	NovoLIN R	Insulin Regular (Human)	100	$1,617.76	8%	None Listed	No	0.00%	No
2022	Short-Acting	NovoLIN R FlexPen	Insulin Regular (Human)	34	$1,007.53	28%	None Listed	No	0.00%	No
2022	Short-Acting	NovoLIN R FlexPen ReliOn	Insulin Regular (Human)	3	$80.04	-57%	None Listed	No	0.00%	No
2022	Short-Acting	NovoLIN R ReliOn	Insulin Regular (Human)	25	$195.95	-14%	None Listed	No	0.00%	No
2022	Intermediate and Rapid-Acting	Insulin Asp Prot & Asp FlexPen	Insulin Aspart Protamine & Aspart (Human)	102	$1,727.91	-9%	None Listed	No	0.00%	No
2022	Intermediate and Rapid-Acting	Insulin Aspart Prot & Aspart	Insulin Aspart Protamine & Aspart (Human)	17	$1,554.49	50%	None Listed	No	0.00%	No

Year	Insulin Type FDA	Proprietary name	Non-proprietary name	Claimants	2022 per patient spend	Percent change per patient spend 2021-2022	Drug has a therapeutic equivalent or biosimilar	Exclusivity expiration date within 18 months	Avg YoY price change (over past 5 years)	Drug part of IRA CMS negotiation list
2022	Intermediate and Rapid-Acting	NovoLOG 70/30 FlexPen ReliOn	Insulin Aspart Protamine & Aspart (Human)	12	$728.55	294%	None Listed	No	0.00%	No
2022	Intermediate and Rapid-Acting	NovoLOG Mix 70/30	Insulin Aspart Protamine & Aspart (Human)	17	$3,429.06	-28%	None Listed	No	0.00%	No
2022	Intermediate and Rapid-Acting	NovoLOG Mix 70/30 FlexPen	Insulin Aspart Protamine & Aspart (Human)	44	$5,594.52	8%	None Listed	No	0.00%	No
2022	Intermediate and Rapid-Acting	NovoLOG Mix 70/30 ReliOn	Insulin Aspart Protamine & Aspart (Human)	5	$466.43	No 2021 Data	None Listed	No	0.00%	No
2022	Intermediate and Rapid-Acting	HumaLOG Mix 50/50	Insulin Lispro Protamine & Lispro	2	$1,006.48	136%	None Listed	No	0.00%	No
2022	Intermediate and Rapid-Acting	HumaLOG Mix 50/50 KwikPen	Insulin Lispro Protamine & Lispro	7	$3,654.42	-8%	None Listed	No	0.00%	No
2022	Intermediate and Rapid-Acting	HumaLOG Mix 75/25	Insulin Lispro Protamine & Lispro	9	$7,439.25	-2%	None Listed	No	0.00%	No
2022	Intermediate and Rapid-Acting	HumaLOG Mix 75/25 KwikPen	Insulin Lispro Protamine & Lispro	49	$6,512.12	8%	None Listed	No	0.00%	No
2022	Intermediate and Rapid-Acting	Insulin Lispro Prot & Lispro	Insulin Lispro Protamine & Lispro	16	$893.67	-33%	None Listed	No	-13.33%	No
2022	Intermediate and Short-Acting	HumuLIN 70/30	Insulin NPH Isophane & Reg (Human)	315	$1,136.49	8%	None Listed	No	0.00%	No
2022	Intermediate and Short-Acting	HumuLIN 70/30 KwikPen	Insulin NPH Isophane & Reg (Human)	89	$3,448.16	-1%	None Listed	No	0.00%	No
2022	Intermediate and Short-Acting	NovoLIN 70/30	Insulin NPH Isophane & Reg (Human)	72	$1,703.14	-4%	None Listed	No	0.00%	No
2022	Intermediate and Short-Acting	NovoLIN 70/30 FlexPen	Insulin NPH Isophane & Reg (Human)	79	$1,930.59	13%	None Listed	No	0.00%	No
2022	Intermediate and Short-Acting	NovoLIN 70/30 FlexPen Relion	Insulin NPH Isophane & Reg (Human)	13	$127.32	8%	None Listed	No	0.00%	No
2022	Intermediate and Short-Acting	NovoLIN 70/30 ReliOn	Insulin NPH Isophane & Reg (Human)	28	$417.63	11%	None Listed	No	0.00%	No
2022	Intermediate-Acting	HumuLIN N	Insulin NPH (Human) (Isophane)	3,767	$703.04	0%	None Listed	No	0.00%	No
2022	Intermediate-Acting	HumuLIN N KwikPen	Insulin NPH (Human) (Isophane)	498	$1,349.64	-8%	None Listed	No	0.00%	No
2022	Intermediate-Acting	NovoLIN N	Insulin NPH (Human) (Isophane)	280	$1,052.50	1%	None Listed	No	0.00%	No
2022	Intermediate-Acting	NovoLIN N FlexPen	Insulin NPH (Human) (Isophane)	149	$737.62	-5%	None Listed	No	0.00%	No
2022	Intermediate-Acting	NovoLIN N FlexPen ReliOn	Insulin NPH (Human) (Isophane)	29	$140.03	24%	None Listed	No	0.00%	No
2022	Intermediate-Acting	NovoLIN N ReliOn	Insulin NPH (Human) (Isophane)	83	$186.82	-17%	None Listed	No	0.00%	No
2022	Long-Acting	Tresiba	Insulin Degludec	76	$3,016.12	9%	None Listed	No	0.98%	No
2022	Long-Acting	Tresiba FlexTouch	Insulin Degludec	2,279	$4,000.04	1%	None Listed	No	0.98%	No

Year	Insulin Type FDA	Proprietary name	Non-proprietary name	Claimants	2022 per patient spend	Percent change per patient spend 2021-2022	Drug has a therapeutic equivalent or biosimilar	Exclusivity expiration date within 18 months	Avg YoY price change (over past 5 years)	Drug part of IRA CMS negotiation list
2022	Long-Acting	Levemir	Insulin Detemir	116	$2,804.16	-14%	None Listed	No	0.98%	No
2022	Long-Acting	Levemir FlexTouch	Insulin Detemir	692	$2,850.49	-12%	None Listed	No	0.98%	No
2022	Long-Acting	Basaglar KwikPen	Insulin Glargine	4,477	$1,761.69	-5%	None Listed	No	0.00%	No
2022	Long-Acting	Lantus	Insulin Glargine	1,782	$1,952.19	-18%	Yes	No	1.34%	No
2022	Long-Acting	Lantus SoloStar	Insulin Glargine	4,336	$2,576.32	-2%	Yes	No	1.34%	No
2022	Long-Acting	Semglee	Insulin Glargine	51	$167.35	-39%	Yes	No	0.00%	No
2022	Long-Acting	Toujeo Max SoloStar	Insulin Glargine	483	$5,487.97	-2%	None Listed	No	1.88%	No
2022	Long-Acting	Toujeo SoloStar	Insulin Glargine	776	$3,667.33	-9%	None Listed	No	1.88%	No
2022	Long-Acting	Xultophy	Insulin Degludec-Liraglutide	14	$8,608.74	16%	None Listed	No	4.56%	No
2022	Long-Acting	Soliqua	Insulin Glargine-Lixisenatide	39	$4,089.51	14%	None Listed	No	4.78%	No

Drug type detail				2022 Volume data	2022 Cost data	Comparison of 2022 and 2021	Generic and Biosimilar Information	FDA approval data	WAC data	
Year	**Insulin Type FDA**	**Drug base name**	**Proprietary names**	**Claimants**	**2022 per patient spend**	**Percent change per patient spend 2021-2022**	**Drug has a therapeutic equivalent or biosimilar**	**Exclusivity expiration date within 18 months**	**Avg YoY price change (over past 5 years)**	**Drugs with drug base part of IRA CMS negotiation list**
2022	Rapid-Acting	Insulin Aspart	Fiasp/ Insulin Aspart/ NovoLOG	4,832	$3,215.86	8%	No	No	0%	Yes
2022	Rapid-Acting	Insulin Glulisine	Apidra	23	$5,868.16	8%	No	No	1%	No
2022	Rapid-Acting	Insulin Lispro	Admelog/ HumaLOG/ Insulin Lispro/ Lyumjev	9,588	$2,564.10	-3%	No	No	-8%	No
2022	Rapid-Acting	Insulin Regular (Human)	Afrezza	9	$11,480.48	15%	No	No	7%	No
2022	Short-Acting	Insulin Regular (Human)	HumuLIN R/ NovoLIN R	2,120	$2,057.86	-4%	No	No	0%	No
2022	Intermediate and Rapid-Acting	Insulin Aspart Protamine & Aspart (Human)	Insulin Aspart Prot & Aspart/ NovoLOG Mix 70/30	197	$2,630.46	-27%	No	No	0%	No
2022	Intermediate and Rapid-Acting	Insulin Lispro Protamine & Lispro	HumaLOG Mix 50/50/ HumaLOG Mix 75/25/ Insulin Lispro Prot & Lispro	83	$5,155.90	5%	No	No	-3%	No
2022	Intermediate and Short-Acting	Insulin NPH Isophane & Reg (Human)	HumuLIN 70/30/ NovoLIN 70/30	596	$1,599.62	7%	No	No	0%	No
2022	Intermediate-Acting	Insulin NPH (Human) (Isophane)	HumuLIN N/ NovoLIN N	4,806	$779.16	0%	No	No	0%	No
2022	Long-Acting	Insulin Degludec	Tresiba	2,355	$3,968.28	1%	No	No	1%	No
2022	Long-Acting	Insulin Detemir	Levemir	808	$2,843.84	-12%	No	No	1%	No
2022	Long-Acting	Insulin Glargine	Basaglar KwikPen/ Lantus/ Semglee/ Toujeo SoloStar	11,905	$2,355.47	-5%	Yes	No	1%	No
2022	Long-Acting	Insulin-Incretin Mimetic Combination - Two Ingredient	Soliqua/ Xultophy	53	$5,283.27	5%	No	No	5%	No

Detailed Data - Insulin Spend 2021 and 2022 by Insulin Type, Drug Base, and Proprietary Name

			2021					2022					Year Over Year Comparison	
Insulin type	Drug base name	Proprietary name	Sum of Claimants	Overall spend	Per patient spend	Total patient out of pocket costs	Out of pocket costs per person	Sum of Claimants	Overall spend	Per patient spend	Total patient out of pocket costs	Out of pocket costs per person	2021-2022 Overall Spend Change ($)	2021-2022 Overall Spend Change (%)
Intermediate and Rapid-Acting	Insulin Aspart Protamine & Aspart (Human)	Insulin Asp Prot & Asp FlexPen	88	$167,667	$1,905	$2,481	$28	102	$176,246	$1,728	$959	$9	$8,579.06	5%
Intermediate and Rapid-Acting	Insulin Aspart Protamine & Aspart (Human)	Insulin Aspart Prot & Aspart	15	$15,501	$1,033	$130	$9	17	$26,426	$1,554	$600	$35	$10,925.05	70%
Intermediate and Rapid-Acting	Insulin Aspart Protamine & Aspart (Human)	NovoLOG 70/30 FlexPen ReliOn	13	$2,405	$185	$124	$10	12	$8,743	$729	$1,438	$120	$6,337.94	264%
Intermediate and Rapid-Acting	Insulin Aspart Protamine & Aspart (Human)	NovoLOG Mix 70/30	28	$132,656	$4,738	$7,320	$261	17	$58,294	$3,429	$2,537	$149	-$74,361.88	-56%
Intermediate and Rapid-Acting	Insulin Aspart Protamine & Aspart (Human)	NovoLOG Mix 70/30 FlexPen	124	$641,942	$5,177	$26,440	$213	44	$246,159	$5,595	$9,217	$209	-$395,782.82	-62%
Intermediate and Rapid-Acting	Insulin Aspart Protamine & Aspart (Human)	NovoLOG Mix 70/30 ReliOn	0	$0	NULL	$0	NULL	5	$2,332	$466	$20	$4	$2,332.16	
Intermediate and Rapid-Acting	Insulin Lispro Protamine & Lispro	HumaLOG Mix 50/50	2	$853	$426	$10	$5	2	$2,013	$1,006	$0	$0	$1,160.06	136%
Intermediate and Rapid-Acting	Insulin Lispro Protamine & Lispro	HumaLOG Mix 50/50 KwikPen	13	$51,643	$3,973	$980	$75	7	$25,581	$3,654	$550	$79	-$26,061.65	-50%
Intermediate and Rapid-Acting	Insulin Lispro Protamine & Lispro	HumaLOG Mix 75/25	11	$83,891	$7,626	$3,587	$326	9	$66,953	$7,439	$2,155	$239	-$16,937.97	-20%
Intermediate and Rapid-Acting	Insulin Lispro Protamine & Lispro	HumaLOG Mix 75/25 KwikPen	59	$354,498	$6,008	$14,345	$243	49	$319,094	$6,512	$13,993	$286	-$35,403.78	-10%
Intermediate and Rapid-Acting	Insulin Lispro Protamine & Lispro	Insulin Lispro Prot & Lispro	20	$26,575	$1,329	$3,856	$193	16	$14,299	$894	$1,875	$117	-$12,276.73	-46%
Intermediate and Short-Acting	Insulin NPH Isophane & Reg (Human)	HumuLIN 70/30	348	$364,738	$1,048	$26,575	$76	315	$357,996	$1,136	$26,061	$83	-$6,742.16	-2%
Intermediate and Short-Acting	Insulin NPH Isophane & Reg (Human)	HumuLIN 70/30 KwikPen	82	$285,150	$3,477	$19,671	$240	89	$306,887	$3,448	$21,176	$238	$21,736.69	8%
Intermediate and Short-Acting	Insulin NPH Isophane & Reg (Human)	NovoLIN 70/30	100	$178,105	$1,781	$16,825	$168	72	$122,626	$1,703	$6,155	$85	-$55,478.71	-31%
Intermediate and Short-Acting	Insulin NPH Isophane & Reg (Human)	NovoLIN 70/30 FlexPen	60	$102,735	$1,712	$7,153	$119	79	$152,517	$1,931	$5,243	$66	$49,781.16	48%
Intermediate and Short-Acting	Insulin NPH Isophane & Reg (Human)	NovoLIN 70/30 FlexPen Relion	8	$943	$118	$20	$3	13	$1,655	$127	$277	$21	$711.81	75%
Intermediate and Short-Acting	Insulin NPH Isophane & Reg (Human)	NovoLIN 70/30 ReliOn	31	$11,672	$377	$1,744	$56	28	$11,694	$418	$1,043	$37	$21.77	0%
Intermediate-Acting	Insulin NPH (Human) (Isophane)	HumuLIN N	3,989	$2,808,105	$704	$290,306	$73	3,767	$2,648,334	$703	$257,946	$68	-$159,771.25	-6%
Intermediate-Acting	Insulin NPH (Human) (Isophane)	HumuLIN N KwikPen	391	$573,543	$1,467	$52,968	$135	498	$672,121	$1,350	$50,824	$102	$98,578.01	17%
Intermediate-Acting	Insulin NPH (Human) (Isophane)	NovoLIN N	347	$361,889	$1,043	$27,285	$79	280	$294,701	$1,053	$26,681	$95	-$67,187.75	-19%
Intermediate-Acting	Insulin NPH (Human) (Isophane)	NovoLIN N FlexPen	131	$101,247	$773	$6,556	$50	149	$109,905	$738	$11,850	$80	$8,658.09	9%
Intermediate-Acting	Insulin NPH (Human) (Isophane)	NovoLIN N FlexPen ReliOn	33	$3,723	$113	$658	$20	29	$4,061	$140	$417	$14	$337.43	9%

Detailed Data - Insulin Spend 2021 and 2022 by Insulin Type, Drug Base, and Proprietary Name

			2021					2022					Year Over Year Comparison	
Insulin type	Drug base name	Proprietary name	Sum of Claimants	Overall spend	Per patient spend	Total patient out of pocket costs	Out of pocket costs per person	Sum of Claimants	Overall spend	Per patient spend	Total patient out of pocket costs	Out of pocket costs per person	2021-2022 Overall Spend Change ($)	2021-2022 Overall Spend Change (%)
Intermediate-Acting	Insulin NPH (Human) (Isophane)	NovoLIN N ReliOn	76	$17,099	$225	$5,126	$67	83	$15,506	$187	$2,169	$26	-$1,592.59	-9%
Long-Acting	Insulin Degludec	Tresiba	77	$212,461	$2,759	$12,268	$159	76	$229,225	$3,016	$11,591	$153	$16,763.97	8%
Long-Acting	Insulin Degludec	Tresiba FlexTouch	2,210	$8,780,992	$3,973	$427,160	$193	2,279	$9,116,082	$4,000	$377,969	$166	$335,090.21	4%
Long-Acting	Insulin Detemir	Levemir	152	$496,635	$3,267	$47,429	$312	116	$325,282	$2,804	$21,763	$188	-$171,353.27	-35%
Long-Acting	Insulin Detemir	Levemir FlexTouch	700	$2,260,193	$3,229	$171,177	$245	692	$1,972,542	$2,850	$134,699	$195	-$287,650.75	-13%
Long-Acting	Insulin Glargine	Basaglar KwikPen	4,634	$8,583,641	$1,852	$291,729	$63	4,477	$7,887,080	$1,762	$166,387	$37	-$696,560.62	-8%
Long-Acting	Insulin Glargine	Lantus	2,446	$5,803,169	$2,373	$603,538	$247	1,782	$3,478,800	$1,952	$309,471	$174	-$2,324,368.51	-40%
Long-Acting	Insulin Glargine	Lantus SoloStar	6,085	$16,049,090	$2,637	$1,849,731	$304	4,336	$11,170,906	$2,576	$1,046,071	$241	-$4,878,184.44	-30%
Long-Acting	Insulin Glargine	Semglee	80	$21,784	$272	$1,723	$22	51	$8,535	$167	$2,291	$45	-$13,248.72	-61%
Long-Acting	Insulin Glargine	Toujeo Max SoloStar	408	$2,274,327	$5,574	$153,906	$377	483	$2,650,691	$5,488	$152,599	$316	$376,364.47	17%
Long-Acting	Insulin Glargine	Toujeo SoloStar	784	$3,157,107	$4,027	$381,493	$487	776	$2,845,849	$3,667	$269,302	$347	-$311,258.06	-10%
Long-Acting	Insulin-Incretin Mimetic Combination - Two Ingredient	Soliqua	44	$158,443	$3,601	$17,785	$404	39	$159,491	$4,090	$23,495	$602	$1,047.92	1%
Long-Acting	Insulin-Incretin Mimetic Combination - Two Ingredient	Xultophy	26	$192,929	$7,420	$7,250	$279	14	$120,522	$8,609	$4,192	$299	-$72,406.63	-38%
Rapid-Acting	Insulin Aspart	Fiasp	101	$473,256	$4,686	$39,698	$393	108	$532,853	$4,934	$31,839	$295	$59,597.53	13%
Rapid-Acting	Insulin Aspart	Fiasp FlexTouch	144	$466,184	$3,237	$28,627	$199	158	$688,589	$4,358	$41,568	$263	$222,404.74	48%
Rapid-Acting	Insulin Aspart	Fiasp PenFill	13	$34,347	$2,642	$3,739	$288	21	$100,442	$4,783	$5,207	$248	$66,094.60	192%
Rapid-Acting	Insulin Aspart	Insulin Aspart	970	$2,002,431	$2,064	$107,938	$111	847	$1,919,410	$2,266	$72,369	$85	-$83,021.00	-4%
Rapid-Acting	Insulin Aspart	Insulin Aspart FlexPen	1,418	$1,945,707	$1,372	$73,562	$52	1,401	$1,897,537	$1,354	$53,766	$38	-$48,169.31	-2%
Rapid-Acting	Insulin Aspart	Insulin Aspart PenFill	196	$376,078	$1,919	$9,538	$49	195	$385,597	$1,977	$6,674	$34	$9,519.55	3%
Rapid-Acting	Insulin Aspart	NovoLOG	856	$4,651,818	$5,434	$347,577	$406	863	$5,359,605	$6,210	$279,086	$323	$707,786.42	15%
Rapid-Acting	Insulin Aspart	NovoLOG FlexPen	1,180	$4,654,644	$3,945	$322,787	$274	960	$3,947,832	$4,112	$219,054	$228	-$706,812.37	-15%
Rapid-Acting	Insulin Aspart	NovoLOG FlexPen ReliOn	38	$6,673	$176	$1,179	$31	108	$40,927	$379	$8,215	$76	$34,254.23	513%
Rapid-Acting	Insulin Aspart	NovoLOG PenFill	133	$488,150	$3,670	$39,016	$293	125	$617,007	$4,936	$34,006	$272	$128,856.66	26%

Detailed Data - Insulin Spend 2021 and 2022 by Insulin Type, Drug Base, and Proprietary Name

			2021					2022					Year Over Year Comparison	
Insulin type	Drug base name	Proprietary name	Sum of Claimants	Overall spend	Per patient spend	Total patient out of pocket costs	Out of pocket costs per person	Sum of Claimants	Overall spend	Per patient spend	Total patient out of pocket costs	Out of pocket costs per person	2021-2022 Overall Spend Change ($)	2021-2022 Overall Spend Change (%)
Rapid-Acting	Insulin Aspart	NovoLOG ReliOn	26	$13,882	$534	$2,882	$111	46	$49,220	$1,070	$9,693	$211	$35,338.21	255%
Rapid-Acting	Insulin Glulisine	Apidra	10	$44,428	$4,443	$3,078	$308	9	$40,554	$4,506	$4,080	$453	-$3,874.56	-9%
Rapid-Acting	Insulin Glulisine	Apidra SoloStar	22	$129,596	$5,891	$22,950	$1,043	14	$94,414	$6,744	$2,205	$158	-$35,181.96	-27%
Rapid-Acting	Insulin Lispro	Admelog	488	$801,465	$1,642	$6,853	$14	443	$554,213	$1,251	$4,965	$11	-$247,251.77	-31%
Rapid-Acting	Insulin Lispro	Admelog SoloStar	1,181	$1,663,266	$1,408	$10,930	$9	1,102	$1,209,357	$1,097	$6,273	$6	-$453,908.91	-27%
Rapid-Acting	Insulin Lispro	HumaLOG	3,164	$11,521,231	$3,641	$581,072	$184	2,995	$11,261,929	$3,760	$506,966	$169	-$259,301.28	-2%
Rapid-Acting	Insulin Lispro	HumaLOG Junior KwikPen	296	$564,290	$1,906	$55,116	$186	301	$645,193	$2,143	$46,898	$156	$80,902.57	14%
Rapid-Acting	Insulin Lispro	HumaLOG KwikPen	2,648	$8,378,546	$3,164	$582,805	$220	2,703	$8,540,264	$3,160	$464,282	$172	$161,718.02	2%
Rapid-Acting	Insulin Lispro	Insulin Lispro	783	$1,205,726	$1,540	$106,707	$136	796	$876,082	$1,101	$92,146	$116	-$329,643.90	-27%
Rapid-Acting	Insulin Lispro	Insulin Lispro (1 Unit Dial)	928	$1,068,915	$1,152	$90,094	$97	969	$689,273	$711	$74,407	$77	-$379,642.20	-36%
Rapid-Acting	Insulin Lispro	Insulin Lispro Junior KwikPen	75	$67,024	$894	$7,896	$105	114	$79,009	$693	$10,486	$92	$11,984.76	18%
Rapid-Acting	Insulin Lispro	Lyumjev	60	$235,953	$3,933	$39,335	$656	76	$416,258	$5,477	$28,544	$376	$180,305.17	76%
Rapid-Acting	Insulin Lispro	Lyumjev KwikPen	71	$174,158	$2,453	$42,578	$600	89	$313,053	$3,517	$26,622	$299	$138,895.03	80%
Rapid-Acting	Insulin Regular (Human)	Afrezza	15	$150,195	$10,013	$18,870	$1,258	9	$103,324	$11,480	$9,850	$1,094	-$46,870.88	-31%
Short-Acting	Insulin Regular (Human)	HumuLIN R	1,697	$1,061,111	$625	$104,870	$62	1,686	$1,037,543	$615	$98,760	$59	-$23,567.53	-2%
Short-Acting	Insulin Regular (Human)	HumuLIN R U-500 (CONCENTRATED)	116	$1,462,149	$12,605	$27,813	$240	115	$1,229,894	$10,695	$15,080	$131	-$232,255.69	-16%
Short-Acting	Insulin Regular (Human)	HumuLIN R U-500 KwikPen	152	$1,882,707	$12,386	$47,982	$316	157	$1,894,053	$12,064	$26,993	$172	$11,345.66	1%
Short-Acting	Insulin Regular (Human)	NovoLIN R	125	$187,764	$1,502	$13,941	$112	100	$161,776	$1,618	$11,465	$115	-$25,988.37	-14%
Short-Acting	Insulin Regular (Human)	NovoLIN R FlexPen	34	$26,668	$784	$2,473	$73	34	$34,256	$1,008	$2,122	$62	$7,587.71	28%
Short-Acting	Insulin Regular (Human)	NovoLIN R FlexPen ReliOn	3	$557	$186	$184	$61	3	$240	$80	$0	$0	-$317.31	-57%
Short-Acting	Insulin Regular (Human)	NovoLIN R ReliOn	31	$7,072	$228	$2,033	$66	25	$4,899	$196	$1,053	$42	-$2,172.90	-31%
Grand Total			**40,589**	**$100,023,342**	**$2,464**	**$7,223,472**	**$178**	**37,375**	**$90,333,751**	**$2,417**	**$5,157,686**	**$138**	**-$9,689,591.57**	**-10%**

Detailed Data - Insulin Spend 2021 and 2022 by Insulin Type and Drug Base

		2021					2022					Year Over Year Comparison	
Insulin type	Drug base name	Sum of Claimants	Overall spend	Per patient spend	Total patient out of pocket costs	Out of pocket costs per person	Sum of Claimants	Overall spend	Per patient spend	Total patient out of pocket costs	Out of pocket costs per person	2021-2022 Overall Spend Change ($)	2021-2022 Overall Spend Change (%)
Intermediate and Rapid-Acting	Insulin Aspart Protamine & Aspart (Human)	268	$960,171	$3,583	$36,496	$136	197	$518,200	$2,630	$14,771	$75	-$441,970	-46%
Intermediate and Rapid-Acting	Insulin Lispro Protamine & Lispro	105	$517,460	$4,928	$22,778	$217	83	$427,940	$5,156	$18,573	$224	-$89,520	-17%
Intermediate and Short-Acting	Insulin NPH Isophane & Reg (Human)	629	$943,343	$1,500	$71,987	$114	596	$953,374	$1,600	$59,954	$101	$10,031	1%
Intermediate-Acting	Insulin NPH (Human) (Isophane)	4,967	$3,865,606	$778	$382,899	$77	4,806	$3,744,628	$779	$349,887	$73	-$120,978	-3%
Long-Acting	Insulin Degludec	2,287	$8,993,453	$3,932	$439,428	$192	2,355	$9,345,307	$3,968	$389,560	$165	$351,854	4%
Long-Acting	Insulin Detemir	852	$2,756,829	$3,236	$218,605	$257	808	$2,297,824	$2,844	$156,462	$194	-$459,004	-17%
Long-Acting	Insulin Glargine	14,437	$35,889,117	$2,486	$3,282,120	$227	11,905	$28,041,861	$2,355	$1,946,120	$163	-$7,847,256	-22%
Long-Acting	Insulin-Incretin Mimetic Combination - Two Ingredient	70	$351,372	$5,020	$25,035	$358	53	$280,013	$5,283	$27,687	$522	-$71,359	-20%
Rapid-Acting	Insulin Aspart	5,075	$15,113,170	$2,978	$976,543	$192	4,832	$15,539,019	$3,216	$761,475	$158	$425,849	3%
Rapid-Acting	Insulin Glulisine	32	$174,024	$5,438	$26,028	$813	23	$134,968	$5,868	$6,285	$273	-$39,057	-22%
Rapid-Acting	Insulin Lispro	9,694	$25,680,574	$2,649	$1,523,386	$157	9,588	$24,584,632	$2,564	$1,261,589	$132	-$1,095,943	-4%
Rapid-Acting	Insulin Regular (Human)	15	$150,195	$10,013	$18,870	$1,258	9	$103,324	$11,480	$9,850	$1,094	-$46,871	-31%
Short-Acting	Insulin Regular (Human)	2,158	$4,628,029	$2,145	$199,296	$92	2,120	$4,362,660	$2,058	$155,473	$73	-$265,368	-6%
Grand Total		**40,589**	**$100,023,342**	**$2,464**	**$7,223,472**	**$178**	**37,375**	**$90,333,751**	**$2,417**	**$5,157,686**	**$138**	**-$9,689,592**	**-10%**

Oregon Prescription Drug
Affordability Board

Affordability Review
Rule 925-200-0010

Ralph Magrish, executive director

Cortnee Whitlock, policy analyst

Amanda Claycomb, research analyst

Brekke Berg, data analyst

Rule 925-200-0010

PDAB will select from the list of eligible prescription drugs, provided under ORS 646A.694, a **subset of drugs** to prioritize for an affordability review under OAR 925-200-0020 by **considering** the following for the selection of prescription drugs:

1. Insurer reported top 25 lists
2. Manufacturer new specialty drug report and price increase report
3. Historical and current manufacturer drug price increases, based on WAC
4. Date of FDA approval of the prescription drug and whether the drug was approved through an expedited pathway; brand-name drugs and biological products, that have approved and marketed generic drugs or biosimilar drugs
5. Therapeutic alternatives, cost and availability
6. Whether the prescription drugs have a patent expiration or data exclusivity expiration within 18 months
7. For insulin drugs, criteria may include, but not limited to, the highest insurer reported: (a) Overall spend; (b) Per-patient spend; and (c) Patient out-of-pocket cost

1. Consider whether any prescription drugs are on each of the insurer-reported top 25 lists under ORS 743.025.

No insulin from the 2022 APAC data appears on the insurer-reported top 25 lists.

2. Consider whether the prescription drug is included in the manufacturer new drug report or price increase report under ORS 646A.689 for the previous calendar year.

No insulin from the 2022 APAC data appears on the Manufacturer Annual Increase report or the Manufacturer New Specialty Drug report.

3. Consider historical and current manufacturer drug price increases, based on wholesale acquisition cost (WAC) information. For drugs with multiple national drug codes (NDC), a measure of central tendency will be used for a price comparison.

Does the board want to use WAC to remove or add any drugs from the subset list?

4. Consider the **date of** U.S. Food and Drug Administration (FDA) **approval** of the prescription drug **and** whether the prescription drug was **approved through an expedited pathway**. Expedited approval includes fast track, priority review, accelerated approval, and breakthrough therapy designations. **For brand-name drugs and biological products**, whether there are **any approved and marketed generic drugs or biosimilar** drugs for the specific brand-name drug or biological product.

- Does the board want to use approval date and expedited pathway to remove or add any drugs from the subset list?
- Does the board want to filter out drugs with approved and marketed generic drugs or biosimilars?

5. Consider where there are therapeutic alternatives, the cost and availability of potential alternatives.

Staff suggests the board review therapeutic alternatives on the selected subset drugs as part of OAR 925-200-0020.

Does this effect your decision to select the subset?

6. Consider whether the prescription drugs have a patent expiration or data exclusivity expiration within 18 months.

Does the board want to use the drug patent or exclusivity expiration to remove or add any drugs from the subset list?

7. For insulin drugs marketed in the U.S. and available in Oregon, consider the criteria for selection may include, but not be limited to, those products with the highest insurer reported:

Overall spend; Per-patient spend; and Patient out-of-pocket cost.

Does the board want to remove or add any drugs from the insulin subset list?

2023 PDAB Top Drug List

Data source:

Data pulled from the annual insurance carrier reporting to the Oregon Drug Price Transparency (DPT) program. Data for the year 2022.
FDA approval dates and therapeutic equivalence information pulled from the FDA's orange and purple books.

Abbreviations and definitions

List abbreviation	List name	List details and notes
GI	Greatest increase	The top 25 drugs from carrier reporting causing the greatest increase in total plan spending one year to the next. Carriers are required to report the prescription drugs causing greatest increase in total plan spending from the current experience period to the previous experience period. This list considered total annual spending, including the net impact of any rebates or other price concessions. Drugs were ranked by the drug causing the largest year-over-year increase, when factoring in the impact of rebates and price concessions. Year-over-year increase is reported as the total annual spending from the previous year minus the total annual spending from two years' prior to the reporting year. For example, during the 2023 reporting year, the year-over-year increase was the total annual spend from 2022 minus the total annual spend from 2021.
MC	Most costly	The top 25 most costly drugs from carrier reporting for both pharmacy and medical benefits, contributing the largest cost to total annual spending. This list considered the net impact of any rebates or other price concessions that impacted the total annual spending for the reported experience period. Drugs were ranked by the drug causing the largest cost to total annual spending, when factoring in the impact of rebates and price concessions.
ME	Most expensive	The top 25 drugs from carrier reporting that had the highest cost per prescription.
MP	Most prescribed	The top 25 most prescribed drugs from carrier reporting by the number of claims received. List includes prescription drugs covered under both the pharmacy and medical benefits. Drugs were ranked by the highest numbers of prescription drug claims.

Other terms

Term	Definition/ notes
Has orphan designation(s) per FDA	Values were marked in this field based on a list exported from the FDA's orphan drug designations and approvals database as of 07/27/23: https://www.accessdata.fda.gov/scripts/opdlisting/oopd/index.cfm
Drug has a therapeutic equivalent or biosimilar	At least one form of the drug shows a therapeutic equivalence evaluation (TEE) code beginning with "A" in the orange book, has a biosimilar listed in the purple book, or is listed as a biosimilar in the purple book.
Beginning 2022 package WAC	The average Wholesale Acquisition Cost (WAC)* for a package of the drug as of 1/1/2022.
End 2022 package WAC	The average Wholesale Acquisition Cost (WAC)* for a package of the drug as of 12/31/2022.
WAC price change % 2022	The price increase/decrease in the average package WAC from the beginning to the end of 2022.
Avg YoY price change (over past 5 years)	Average percent of the change in the year over year unit WAC for the last five years.
Drug approved through an expedited pathway	A FDA application for one ore more forms of the prescription drug qualified for one or more of the following expedited approval processes: fast track approval, priority review, accelerated approval, or breakthrough therapy designation.
Patent expiration date within 18 months	If "yes" is listed in this field, then the max patent expiration date listed for the drug application in the orange/purple book expires within the next 18 months. If "no" is listed in this field, then the max patent expiration date listed for the drug application in the orange/purple book does not expire within the next 18 months. If "no data" is listed in this field, then patent date information could not be located for the application associated with the drug.
Exclusivity expiration date within 18 months	(For non-biologics) If "yes" is listed in this field, then the max exclusivity expiration date listed for the drug application in the orange book expires within the next 18 months. If "no" is listed in this field, then the max exclusivity expiration date listed for the drug application in the orange book does not expire within the next 18 months. If "no data" is listed in this field, then exclusivity date information could not be located for the application associated with the drug. (For biologics) the exclusivity date used was based on 12 years from the date of the initial application approval. Drugs with a date set to expire in the next 18 months were marked as "yes", others were marked as "no".

Data notes:

** WAC represents package pricing. Because drugs may be repackaged at the pharmacy, the cost in claims data may reflect a different quantity than that represented in the WAC.*

Date	Change	Made By
10/31/2023	**Data corrections**: The top drug list was sent to an independent consultant for review. The following corrections and updates were made based on the feedback from the consultant: **Biktarvy** - Previously listed as "Orphan Only". Updated to "Both Orphan and Non-Orphan" **Bunavail / Buprenorphine HCl-Naloxone HCl / Suboxone / Zubsolv** - Previously listed as "Orphan only". Corrected to "No **Eylea** - Updated exclusivity expires within 18 months from "Yes" to "No" **Mavyret** - Previously listed as "Orphan Only". Updated to "Both Orphan and Non-Orphan" **Shingrix** - Previously listed as "Orphan only". Corrected to "No" **Ultomiris** - Updated exclusivity expires within 18 months from "No" to "Yes"	Staff
11/3/2023	**Stelara** - Updated the "Drug has a therapeutic equivalent or biosimilar" field to "Yes" due to FDA approval of Wezlana (ustekinumab-auub) as a biosimilar to and interchangeable with Stelara (ustekinumab) for multiple inflammatory diseases.	Staff

DPT carrier data & CCO top costs lists - top drugs to review

Therapy class	Proprietary name(s)	Non-proprietary name	Number of presciptions	Number of enrollees	Total annual spend	Year over year increase	Total annual spend per enrollee	Beginning 2022 package WAC	End 2022 package WAC	WAC price change % 2022	Avg YoY price change (over past 5 years)	Average cost per prescription	Has orphan designation(s) per FDA	Number of carriers	Percent of carriers	Brand or generic	Drug has a therapeutic equivalent or biosimilar	First FDA approval date	Drug approved through an expedited pathway	Patent expiration date within 18 months	Exclusivity expiration date within 18 months	Drug part of IRA CMS negotiation list	Drug also on the CCO list
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Vyvanse	Lisdexamfetamine Dimesylate	21,520	4,663	$7,558,385	$1,104,457	$1,620.93	$1,116.61	$1,172.44	5.00%	4.60%	$351.23	No	9	100%	Brand	None listed	2/23/2007	No	No	No Data	No	Top Costs
ANALGESICS - ANTI-INFLAMMATORY	Enbrel / Enbrel SureClick	Etanercept	4,805	644	$22,017,823	$89,696	$34,189.17	$2,797.58	$3,029.41	8.29%	6.14%	$4,582	Both Orphan and Non-Orphan	9	100%	Brand	Yes	11/2/1998	Yes	No Data	No	Yes	Top Costs
ANALGESICS - ANTI-INFLAMMATORY	Humira / Humira Pediatric Crohns Start / Humira Pen / Humira Pen-CD/UC/HS Starter / Humira Pen-Pediatric UC Start / Humira Pen-Ps/UV/Adol HS Start / Humira Pen-Psor/Uveit Starter	Adalimumab	14,283	1,842	$75,241,110	$3,682,844	$40,847.51	$9,449.65	$10,099.85	6.88%	6.95%	$5,268	Both Orphan and Non-Orphan	8	89%	Brand	Yes	12/31/2002	No	No	No	No	Top Costs / Top Cost Change
ANALGESICS - OPIOID	Bunavail / Buprenorphine HCl-Naloxone HCl / Suboxone / Zubsolv	Buprenorphine HCl-Naloxone HCl Dihydrate	18,576	2,268	$2,230,947	$189,468	$983.66	$130.75	$128.90	-1.42%	-2.92%	$120.10	No	8	89%	Both	Yes	8/30/2010	No	No	No Data	No	Top Costs / Top Claims / Top Cost Change
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Albuterol Sulfate / Albuterol Sulfate ER / Albuterol Sulfate HFA / ProAir HFA / ProAir RespiClick / Proventil HFA / Ventolin HFA	Albuterol Sulfate	141,372	68,376	$3,549,427	$470,108	$51.91	$295.08	$274.76	-6.89%	-1.30%	$25.11	No	9	100%	Both	Yes	12/5/1989	No	No	No Data	No	Top Costs / Top Claims
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Budesonide-Formoterol Fumarate / Symbicort	Budesonide-Formoterol Fumarate Dihydrate	7,183	2,351	$1,635,595	$318,280	$695.70	$272.33	$272.33	0.00%	1.77%	$227.70	No	7	78%	Both	Yes	7/21/2006	No	No	No Data	No	Top Costs
ANTICOAGULANTS	Eliquis / Eliquis DVT/PE Starter Pack	Apixaban	15,396	3,574	$8,812,210	$1,296,820	$2,465.64	$687.74	$687.74	0.00%	6.00%	$572.37	No	9	100%	Brand	Yes	12/28/2012	Yes	No	No Data	Yes	Top Costs / Top Cost Change
ANTICOAGULANTS	Xarelto / Xarelto Starter Pack	Rivaroxaban	7,452	2,000	$4,726,361	$514,645	$2,363.18	$1,961.26	$2,057.36	4.90%	5.25%	$634.24	No	8	89%	Brand	None listed	7/1/2011	Yes	Yes	Yes	Yes	Top Costs
ANTIDIABETICS	Jardiance	Empagliflozin	17,174	4,160	$7,262,309	$1,632,440	$1,745.75	$914.23	$713.10	-22.00%	5.00%	$423	No	9	100%	Brand	None listed	8/1/2014	Yes	No	No	Yes	Top Costs / Top Cost Change
ANTIDIABETICS	Rybelsus / Ozempic	Semaglutide	16,774	3,657	$10,581,528	$3,238,534	$2,893.50	$816.12	$860.20	5.40%	4.55%	$631	No	9	100%	Brand	None listed	12/5/2017	Yes	No	Yes	No	Top Costs / Top Cost Change
ANTIDIABETICS	Trulicity	Dulaglutide	13,176	2,702	$8,970,087	$907,047	$3,319.80	$554.10	$554.10	0.00%	5.14%	$680.79	No	8	89%	Brand	None listed	9/18/2014	No	No Data	No	No	Top Costs / Top Cost Change
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Keytruda	Pembrolizumab	1,611	269	$28,248,898	$11,840,653	$105,014.49	$6,845.81	$7,122.35	4.04%	1.83%	$17,535	Both Orphan and Non-Orphan	9	100%	Brand	None listed	9/4/2014	Yes	No Data	No	No	Top Costs / Top Cost Change
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Lenalidomide / Revlimid	Lenalidomide	627	122	$10,432,994	$2,350,557	$85,516.35	$51,868.25	$34,549.49	-33.39%	0.91%	$16,640	Orphan Only	9	100%	Both	Yes	12/27/2005	Yes	No	No	No	Top Costs
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Opdivo	Nivolumab	887	109	$10,884,240	$2,274,979	$99,855.41	$3,601.53	$3,673.56	2.00%	1.78%	$12,271	Both Orphan and Non-Orphan	8	89%	Brand	None listed	12/22/2014	Yes	No Data	No	No	Top Costs / Top Cost Change
ANTIVIRALS	Biktarvy	Bictegravir-Emtricitabine-Tenofovir Alafenamide Fumarate	5,108	978	$26,988,465	$1,926,579	$27,595.57	$2,468.84	$2,468.84	0.00%	2.78%	$5,283.57	Both Orphan and Non-Orphan	9	100%	Brand	None listed	2/7/2018	Yes	No	No	No	Top Costs / Top Cost Change
ANTIVIRALS	Genvoya	Elvitegravir-Cobicistat-Emtricitabine-Tenofovir Alafenamide	727	112	$3,400,080	No Data	$30,357.86	$3,583.80	$3,583.80	0.00%	5.20%	$4,676.86	No	5	56%	Brand	None listed	11/5/2015	Yes	No	No Data	No	Top Costs
ANTIVIRALS	Mavyret	Glecaprevir-Pibrentasvir	13	7	$143,605	$130,205	$20,515.07	$10,560.03	$10,560.03	0.00%	0.00%	$11,046.57	Both Orphan and Non-Orphan	2	22%	Brand	None listed	8/3/2017	Yes	No	No	No	Top Costs
ANTIVIRALS	Triumeq / Triumeq PD	Abacavir-Dolutegravir-Lamivudine	1,009	147	$4,371,265	$366,797	$29,736.50	$3,339.06	$2,170.39	-35.00%	5.31%	$4,332.27	No	7	78%	Brand	None listed	8/22/2014	Yes	No	No	No	Top Costs
DERMATOLOGICALS	Cosentyx / Cosentyx Sensoready Pen / Cosentyx Sensoready	Secukinumab	4,401	590	$18,723,855	$2,560,019	$31,735.35	$5,336.40	$5,824.14	9.14%	6.81%	$4,254	No	8	89%	Brand	None listed	1/21/2015	No	No Data	No	No	Top Costs / Top Cost Change
DERMATOLOGICALS	Dupixent	Dupilumab	4,406	577	$12,665,407	$3,333,668	$21,950.44	$2,082.20	$2,200.14	5.66%	4.07%	$2,875	Both Orphan and Non-Orphan	9	100%	Brand	None listed	3/28/2017	Yes	No Data	No	No	Top Costs / Top Cost Change
DERMATOLOGICALS	Skyrizi / Skyrizi Pen	Risankizumab-rzaa	1,199	372	$15,517,811	$8,385,287	$41,714.54	$12,760.33	$13,704.59	7.40%	7.65%	$12,942	No	8	89%	Brand	None listed	4/23/2019	No	No Data	No	No	Top Cost Change

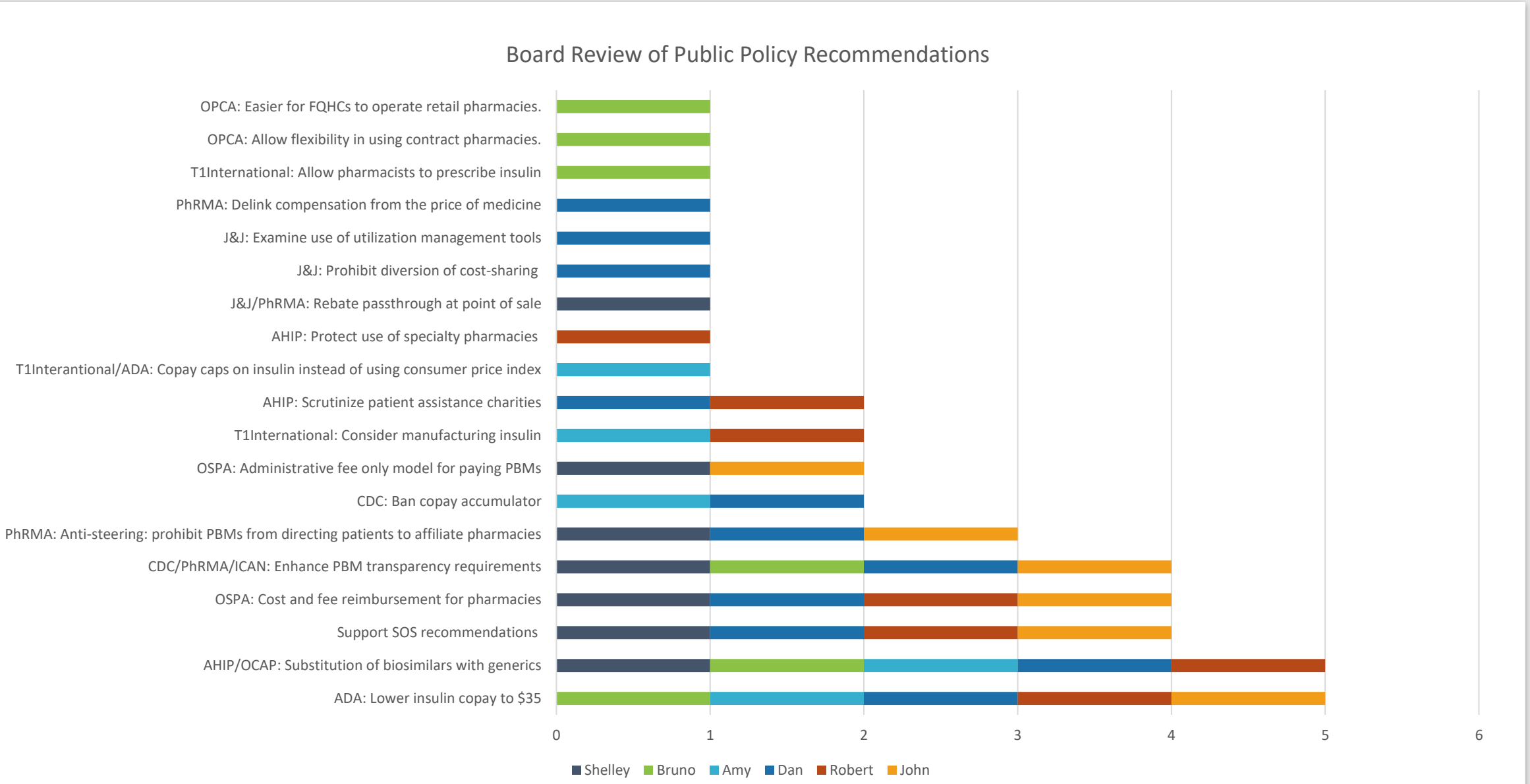
DPT carrier data & CCO top costs lists - top drugs to review

Therapy class	Proprietary name(s)	Non-proprietary name	Number of presciptions	Number of enrollees	Total annual spend	Year over year increase	Total annual spend per enrollee	Beginning 2022 package WAC	End 2022 package WAC	WAC price change % 2022	Avg YoY price change (over past 5 years)	Average cost per prescription	Has orphan designation(s) per FDA	Number of carriers	Percent of carriers	Brand or generic	Drug has a therapeutic equivalent or biosimilar	First FDA approval date	Drug approved through an expedited pathway	Patent expiration date within 18 months	Exclusivity expiration date within 18 months	Drug part of IRA CMS negotiation list	Drug also on the CCO list
DERMATOLOGICALS	Stelara	Ustekinumab	2,717	615	$28,957,943	$3,077,394	$47,086.09	$16,127.21	$16,998.08	5.40%	5.20%	$10,658	No	8	89%	Brand	Yes	9/25/2009	No	No	No	Yes	Top Costs / Top Cost Change
DERMATOLOGICALS	Tremfya	Guselkumab	708	144	$4,336,168	$1,575,599	$30,112.28	$11,938.37	$12,583.04	5.40%	5.21%	$6,125	No	5	56%	Brand	None listed	7/13/2017	Yes	No Data	No	No	Top Cost Change
DIGESTIVE AIDS	Creon / Pancreaze / Pertzye / Viokace / Zenpep	Pancrelipase (Lipase-Protease-Amylase)	1,267	342	$2,701,230	$1,091,525	$7,898.33	$672.97	$697.91	3.71%	3.31%	$2,131.99	No	6	67%	Brand	None listed	4/30/2009	Yes	No Data	Yes	No	Top Costs
GASTROINTESTINAL AGENTS - MISC.	Entyvio	Vedolizumab	2,038	354	$17,655,131	$2,801,800	$49,873.25	$7,276.63	$7,713.23	6.00%	4.60%	$8,663	No	7	78%	Brand	None listed	5/20/2014	Yes	No Data	No	No	Top Costs / Top Cost Change
GASTROINTESTINAL AGENTS - MISC.	Inflectra	Infliximab-dyyb	6,209	1,075	$16,516,923	$5,489,239	$15,364.58	$946.28	$946.28	0.00%	0.00%	$2,660	No	8	89%	Brand	Yes	4/5/2016	No	No Data	No	No	Top Costs / Top Cost Change
HEMATOLOGICAL AGENTS - MISC.	Hemlibra	Emicizumab-kxwh	146	13	$6,574,803	$2,584,640	$505,754.09	$9,079.26	$9,079.26	0.00%	1.80%	$45,033	Orphan Only	5	56%	Brand	None listed	11/16/2017	Yes	No Data	No	No	Top Costs / Top Cost Change
HEMATOLOGICAL AGENTS - MISC.	Ultomiris	Ravulizumab-cwvz	88	19	$8,640,498	$2,566,297	$454,763.06	$12,096.44	$12,096.44	0.00%	0.00%	$98,187	Orphan Only	6	67%	Brand	None listed	12/21/2018	Yes	No Data	Yes	No	No
NEUROMUSCULAR AGENTS	Botox	OnabotulinumtoxinA	5,940	1,873	$6,673,692	$710,048	$3,563.10	$622.00	$634.00	1.93%	1.08%	$1,123.52	Both Orphan and Non-Orphan	9	100%	Brand	None listed	12/9/1991	No	No Data	No	No	Top Costs
OPHTHALMIC AGENTS	Eylea	Aflibercept	2,626	471	$8,222,980	$1,059,030	$17,458.56	$925.00	$925.00	0.00%	0.00%	$3,131	Both Orphan and Non-Orphan	7	78%	Brand	None listed	11/18/2011	Yes	No	No	No	Top Costs / Top Cost Change
PASSIVE IMMUNIZING AND TREATMENT AGENTS	Gammagard / Gammaked / Gamunex-C	Immune Globulin (Human) IV or Subcutaneous	2,339	129	$10,747,945	$4,312,556	$83,317.41	$1,700.93	$1,761.42	3.56%	3.63%	$4,595	Both Orphan and Non-Orphan	7	78%	Brand	None listed	8/27/2003	No	No Data	No	No	Top Cost Change
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Ocrevus	Ocrelizumab	352	164	$10,932,003	$1,784,101	$66,658.56	$17,796.78	$17,796.78	0.00%	2.48%	$31,057	No	8	89%	Brand	None listed	3/28/2017	Yes	No Data	No	No	Top Costs
RESPIRATORY AGENTS - MISC.	Trikafta	Elexacaftor-Tezacaftor-Ivacaftor	856	97	$21,559,651	$4,417,699	$222,264.44	$25,067.04	$25,067.04	0.00%	1.84%	$25,187	Orphan Only	7	78%	Brand	None listed	10/21/2019	Yes	No	No	No	Top Costs / Top Cost Change
VACCINES	Shingrix	Zoster Vaccine Recombinant Adjuvanted	35,123	27,538	$6,822,359	$319,706	$247.74	$943.63	$943.63	0.00%	5.56%	$194.24	No	9	100%	Brand	None listed	10/20/2017	No	No Data	No	No	No

Oregon Prescription Drug
Affordability Board

Board feedback on policy recommendations

Ralph Magrish, executive director
Cortnee Whitlock, policy analyst


Board Review of Public Policy Recommendations
OPCA: Easier for FQHCs to operate retail pharmacies.
OPCA: Allow flexibility in using contract pharmacies.
T1International: Allow pharmacists to prescribe insulin
PhRMA: Delink compensation from the price of medicine
J&J: Examine use of utilization management tools
J&J: Prohibit diversion of cost-sharing
J&J/PhRMA: Rebate passthrough at point of sale
AHIP: Protect use of specialty pharmacies
T1Interantional/ADA: Copay caps on insulin instead of using consumer price index
AHIP: Scrutinize patient assistance charities
T1International: Consider manufacturing insulin
OSPA: Administrative fee only model for paying PBMs
CDC: Ban copay accumulator
PhRMA: Anti-steering: prohibit PBMs from directing patients to affiliate pharmacies
CDC/PhRMA/ICAN: Enhance PBM transparency requirements
OSPA: Cost and fee reimbursement for pharmacies
Support SOS recommendations
AHIP/OCAP: Substitution of biosimilars with generics
ADA: Lower insulin copay to $35
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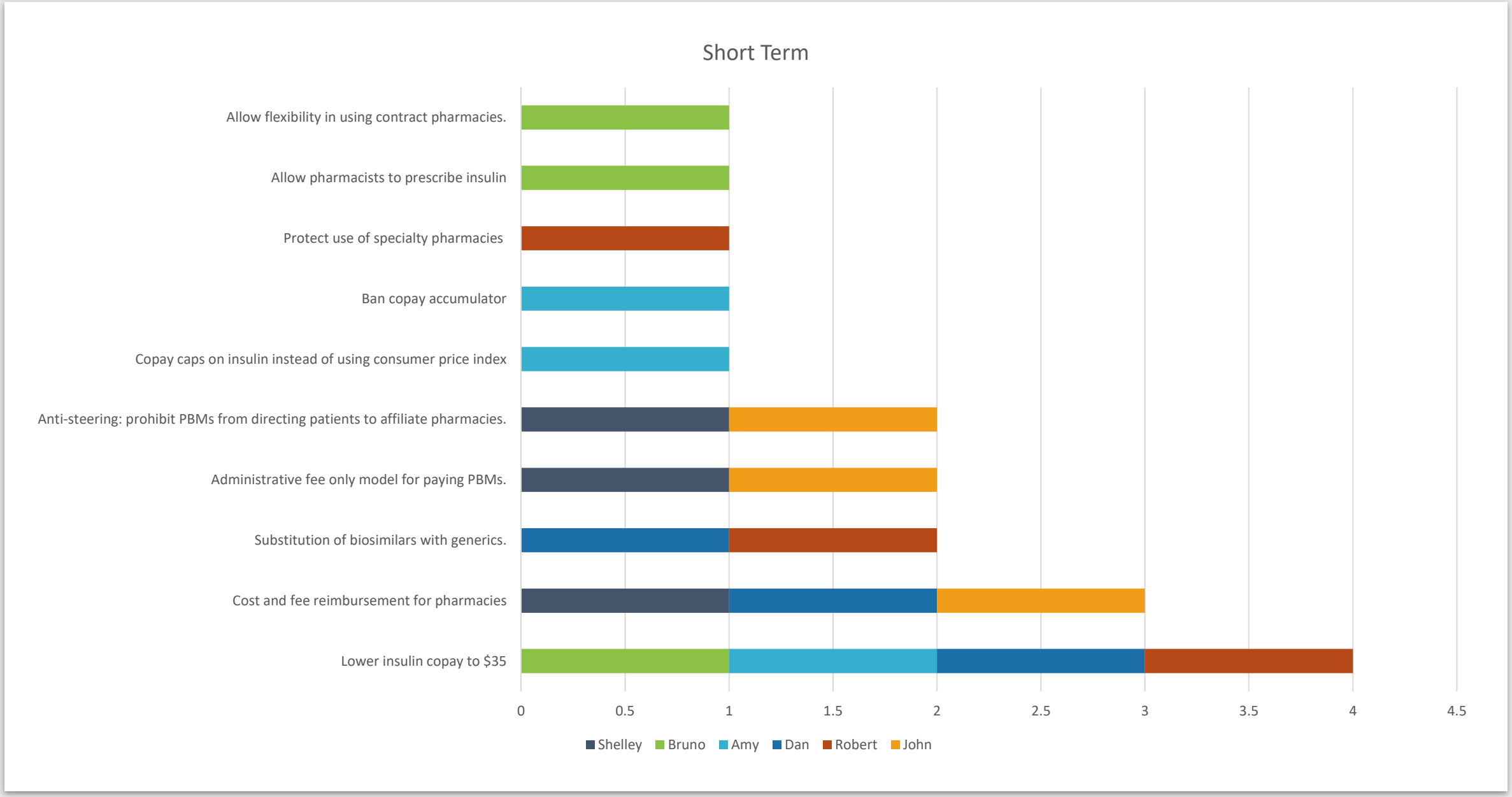
Short Term
Allow flexibility in using contract pharmacies.
Allow pharmacists to prescribe insulin
Protect use of specialty pharmacies
Ban copay accumulator
Copay caps on insulin instead of using consumer price index
Anti-steering: prohibit PBMs from directing patients to affiliate pharmacies.
Administrative fee only model for paying PBMs.
Substitution of biosimilars with generics.
Cost and fee reimbursement for pharmacies
Lower insulin copay to $35
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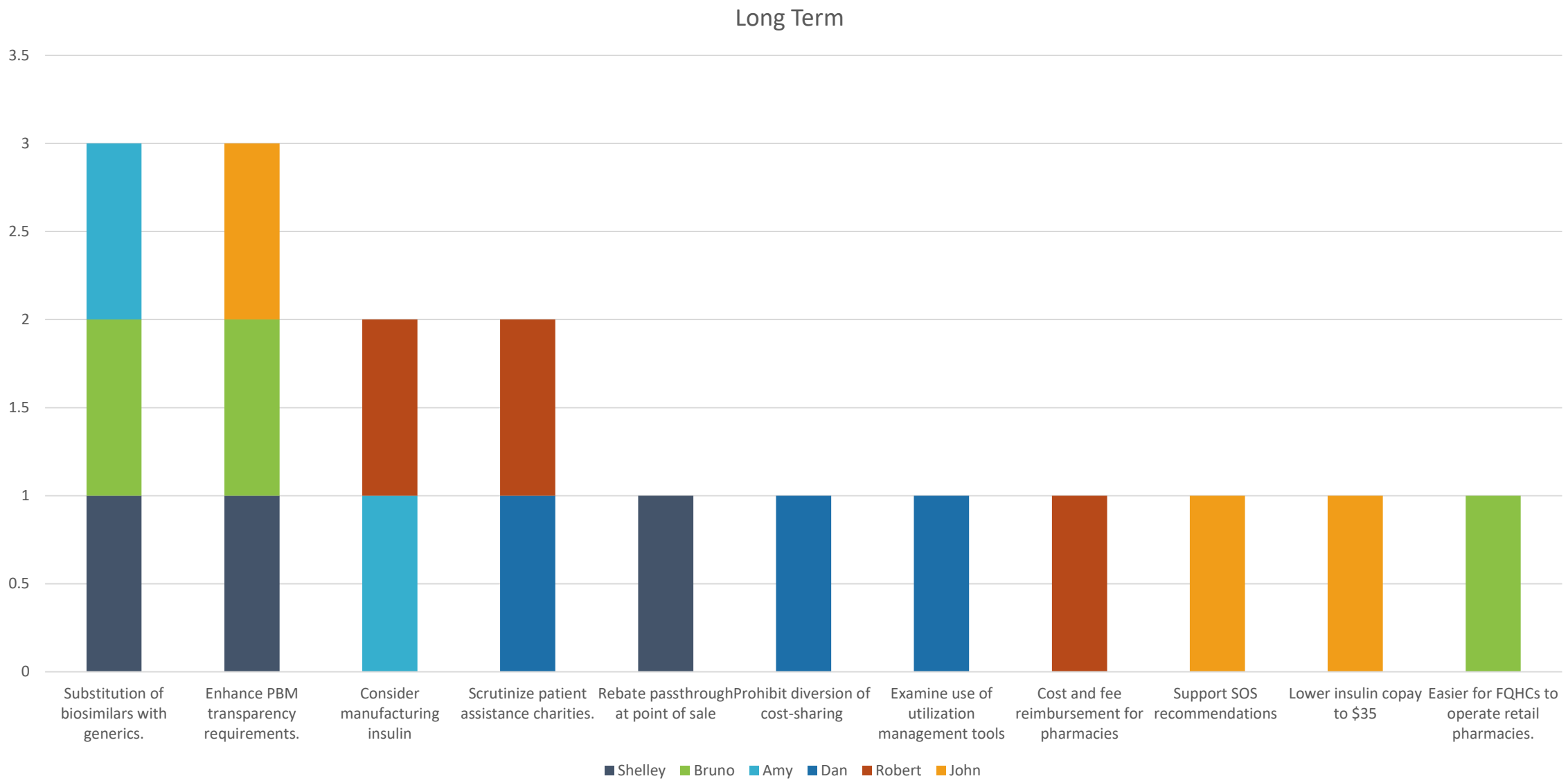
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Substitution of biosimilars with generics.
Enhance PBM transparency requirements.
Consider manufacturing insulin
Scrutinize patient assistance charities.
Rebate passthrough at point of sale
Prohibit diversion of cost-sharing
Examine use of utilization management tools
Cost and fee reimbursement for pharmacies
Support SOS recommendations
Lower insulin copay to $35
Easier for FQHCs to operate retail pharmacies.
Shelley
Bruno
Amy
Dan
Robert
John

Recommendations from board member

- Study if the creation of a state prescription drug purchasing program would save taxpayer dollars.
- Follow leading practices and require PBMs and CCOs to provide aggregate data to DCBS on a yearly basis which, at a minimum, details the following: total dispensing fees paid to both PBMs and pharmacies; total administrative fees obtained and retained from both manufacturers and health plans; any monies obtained through spread pricing; and de-identified claims data that does not contain personally identifying information.

Recommendations from 4 groups who presented to the board

1. **Oregon State Pharmacy Association (OSPA)** Submitted by Brian Mayo, executive director, and Kevin Russell, central Oregon director, on 1/18/2023
    - Implement a cost-plus-fee reimbursement for pharmacies.
    - Move to administrative fee only model for paying PBMs.

    Support local pharmacists.
2. **Oregon Primary Care Association (OPCA)** Submitted by Marty Carty, governmental affairs director, on 3/15/2023
    - Make it easier for FQHCs to operate retail pharmacies.
    - Increase PBM regulations.
    - Allow more flexibility in using a contract pharmacy.
3. **America's Health Insurance Plans (AHIP)** Submitted by Sean Dickson, senior vice president of pharmaceutical policy and strategy, on 5/17/2023
    - Accelerate the availability of biosimilars
        - Ensure that state substitution laws do not create barriers to biosimilar access for patients.
    - Reform the system for provider-acquired drugs
        - Prevent harmful mark-ups and increased costs for patients by protecting the use of specialty pharmacies to access lower drug costs.
    - Address drug manufacturer abuse of charitable structures
        - Put an end to coupons, which are considered kickbacks by federal programs.
        - Increase scrutiny of patient assistance charities.
4. **T1International** Submitted by Allison Hardt, advocacy manager, on 6/21/2023
    - Copay caps on insulin.
    - Amend Kevin's Law, which allows a pharmacist to prescribe limited amounts of insulin in emergencies, to require insurance to pay the list price.
    - Implement Alec's Law, which allows a 30-day supply for a $35 copay, once a year.
    - Consider manufacturing insulin. This would be similar to California's partnership with Civica.
    - Allow pharmacists to prescribe insulin.

Recommendations from 6 stakeholders

1. American Diabetes Association Submitted by Carissa Kemp, director, state government affairs, on 09/06/2023

- Remove the requirement that the copay cap on insulin be adjusted with the consumer price index.
  - As a result of a 2021 legislative language, the copay cap has increased twice and is now $85. When the cost-of-living increases, it makes it more challenging for people to afford medication and tying the copay cap to the CPI only puts the life-saving medication further out of reach.
- Lower the copay amount to $35 in line with Medicare and other states across the country.

2. Chronic Disease Coalition Submitted by Nathaniel Brown, director of advocacy, on 09/26/2023

- Ban copay accumulators.
- Enhance PBM transparency requirements.
  - Ensure savings negotiated by PBMs are passed on to patients. They support the recommendations in the Oregon Secretary of State audit, “Pharmacy Benefit Managers: Poor Accountability and Transparency Harm Medicaid Patients and Independent Pharmacies.”

3. Strategies360 Submitted by Bethanne Darby, senior vice president, public affairs, on 10/5/2023

- Change current statute to better align the substitution of biosimilars with that of generic drugs, allowing for more widespread substitution of biosimilars and lowering drugs prices for consumers.

4. Johnson & Johnson Submitted by Terrell Sweat, director, US State Government Affairs, on 10/6/2023

- Require that PBM rebates and discounts be directly shared with patients at the pharmacy counter.
- Examine the use of utilization management tools and evaluate how best to regulate them in the interest of patient access and minimizing out-of-pocket costs.
- Prohibit diversion of cost-sharing assistance to ensure payment made by or on behalf of patients counts towards their cost-sharing burden.

Recommendations from 6 stakeholders

5. PhRMA Submitted by Dharia McGrew, PhD, director, state policy, on 10/6/2023

- Rebate passthrough at the point of sale.
  - Requiring PBMs and health plans to share the savings they receive on medicines directly with patients at the pharmacy counter would lower patient out-of-pocket costs and help realign payer incentives.
- Delink compensation from the price of a medicine.
  - "Delinking" policies require that PBMs and other supply chain entities receive a fixed fee based on the value of the services they provide, rather than receiving compensation based on the price of a medicine.
- Subject PBMs to a duty of care.
  - They support the Oregon Secretary of State's Audit Division recommendations in the report, "Pharmacy Benefit Managers: Poor Accountability and Transparency Harm Medicaid Patients and Independent Pharmacies."
- Anti-steering - prohibit PBMs from directing patients to affiliate pharmacies.
  - They support the Oregon Secretary of State's audit report concerning PBM practices related to community pharmacies. Prohibiting PBMs from directing patients to affiliate pharmacies can improve competition and reduce incentives for PBMs to self-deal, allowing independent pharmacies a chance to compete and providing patients with access and choice for fulfilling their prescriptions.

6. International Cancer Advocacy Network Submitted by Steve Horn, director, governmental relations, on 10/6/2023

- They support the recommendations in the Oregon Secretary of State August 2023 report, "Pharmacy Benefit Managers Poor Accountability and Transparency Harm Medicaid Patients and Independent Pharmacies."

Oregon Prescription Drug Affordability Board

Summary of proposed policy recommendations submitted to the Prescription Drug Affordability Board

1. Lower insulin copay limit to $35 and/or decouple from inflation index

In 2021 Oregon adopted a law capping patient out-of-pocket cost for insulin for enrollees of state regulated health plans, with increases annually indexed to inflation (as measured by the Consumer Price Index – G). Inflation has generally been higher than expected in 2022-23, leading to faster growth in the CPI-G and faster than anticipated growth in Oregon's insulin cap, which will be $85 during plan year 2023. Concurrently, additional generic insulins have been brought to market and prominent manufacturers of brand name insulins have dropped their list prices. Due to this, the $85 cap in 2024 will be significantly higher than the actual cost of acquisition for most insulin prescriptions in Oregon.

The American Diabetes Association proposed lowering Oregon's insulin co-pay maximum to $35. This would align Oregon law with the recently adopted federal maximum for Medicare and many other state laws. Both the American Diabetes Association and T1International also proposed decoupling Oregon's insulin co-pay law from the Consumer Price Index.

Lowering the insulin cap has the potential to lower out-of-pocket costs for consumers who rely on more expensive insulins with relatively little impact to overall payer costs. Given the reduced list price for common insulins, Oregon's law as currently written does not apply to most insulin purchases.

2. Changes to Oregon's generic substitution requirement as applied to biologic products and biosimilars

Oregon law currently requires pharmacies to automatically substitute a therapeutically equivalent generic pharmaceutical for a prescribed brand name pharmaceutical. ORS 689.522 addresses substitution with respect to biologic products and biosimilars and places a number of limits on how substitutions can be made. The Oregon Coalition for Affordable Prescriptions (OCAP) and America's Health Insurance Plans (AHIP) have proposed amending the generic substitution statute to ensure access to biosimilar products where they are available. OCAP suggested a number of specific changes to the existing language which would align the statute with current federal language. OCAP also proposed removing the requirement that a patient be notified about a substitution, while still allowing a physician to direct a pharmacy not to substitute for a branded biologic product.

A very small number of biosimilars have been brought to market since the FDA process for assessing biosimilar substitution has been implemented. However, biosimilars are a growing category in a market where almost all of the highest cost medications are biologic products. This is particularly notable for drugs like Humira, which faces biosimilar competition in the United States for the first time this year, and which has consistently been the largest driver of increased plan spending in Oregon's data. However, some news reports suggest low adoption of Humira biosimilars despite the much lower cost, primarily due to AbbVie's ability to leverage other drugs in its catalog to maintain priority formulary placement for Humira.

Adoption of some or all of the changes proposed by OCAP and AHIP could lead to wider adoption of biosimilars due to mandatory substitution. Additionally, as physicians could still direct a pharmacy not to perform substitution for a particular patient, individuals who experience worse outcomes with a

biosimilar should still be able to access branded biologic products. Increased adoption of biosimilars has the potential to generate significant savings for the health system as a whole.

3. Support recommendations in the 2023 Secretary of State PBM Audit

A number of stakeholders recommended that the state adopt the recommendations detailed in the Secretary of State's 2023 Audit of pharmacies serving Oregon's CCOs. The recommendations include:

- Expanded Oregon Health Authority oversight of Medicaid PBM contracts.
- Adopting a different PBM model for Medicaid, such as a single PBM or fee-for-service approach – a fee-for-service model is likely to increase costs if similar to the current open card model, while the impact of a using a single PBM is difficult to assess.
- Mandating a universal preferred drug list with uniform requirements for utilization management – this is likely to help with coverage transitions between regional CCOs, but with uncertain impact for prescription drug costs.
- Add Medicaid PBMs to DCBS's oversight of commercial PBMs, as existing protections for consumers and pharmacies do not apply to Medicaid space – this could expand protections, but is unlikely to significantly impact costs.
- Require PBMs to act as a fiduciary to carriers and consumers.
- Expand PBM transparency (this concept is discussed in more detail elsewhere)
- Study creation of a state prescription drug purchasing program.

As with many policy proposals related to PBMs, the impact of most of these concepts is difficult to assess due to the lack of public information regarding PBM business practices and pricing models. Expanded transparency into PBMs could allow more effective assessment of these policy concepts.

4. Require payers to reimburse pharmacies at cost

The Oregon State Pharmacy Association has proposed adopting a cost-plus-fee reimbursement model for pharmacies. This idea is roughly analogous to the provisions of 2023 House Bill 3013, which would have required a minimum dispensing fee and reimbursement at the same level as Medicaid fee-for-service in Oregon. These costs are based on survey data reflecting pharmacy's actual cost to dispense and purchase pharmaceutical products.

This proposal is likely to benefit retail pharmacies by increasing reimbursement for filling prescriptions. However, it is also likely to increase the cost of administering pharmacy benefits for most commercial insurance, and for Coordinated Care Organizations if the Oregon Health Plan is made subject to this requirement. Consumers with commercial coverage could see higher premiums and out-of-pocket costs for prescriptions, while significant additional state spending might be necessary to support increased reimbursement under Medicaid.

The cost of drugs, both to individual consumers and the system as a whole, is the result of many overlapping factors, making the net impact of such a fundamental change to the PBM reimbursement model difficult if not impossible to predict.

5. Expand PBM transparency requirements

The Chronic Disease Coalition, Pharmaceutical Research and Manufacturer's Association (PhRMA), and the International Cancer Advocacy Network all proposed expanded transparency for pharmacy benefit managers, pointing to the Secretary of State's 2023 audit of PBMs serving Medicaid. Oregon will begin collecting PBM data in 2024 following the passage of 2023 Senate Bill 192, which requires PBMs to report certain information about rebates and how rebate money is allocated.

Transparency laws can have an impact on corporate behavior, but the effect is often attenuated. However, there is very limited public information about PBM business practices and pricing models making state regulation of PBMs difficult. Collecting additional data could generate more insight into the role of PBMs in drug pricing and support development of more substantive policy recommendations with respect to PBMs in the future.

6. Anti-steering: prohibit PBMs from directing patients to affiliate pharmacies

Many PBMs have corporate affiliations with pharmacies and other health care entities. The PBM Caremark, for example, is owned by the national insurer Aetna and also owns national pharmacy chain CVS. PBMs are known to steer patients to fill their prescriptions at affiliated pharmacies by limiting the number of covered fills at competing pharmacies or otherwise limiting coverage. Some PBMs argue that this is a cost-control measure, particularly when they are trying to incentivize patients to use mail-order pharmacy services. They argue that the cost of dispensing through mail-order is lower than dispensing through a retail pharmacy.

Some data, including that collected by the Secretary of State as part of its 2023 audit, indicates that PBMs actually reimburse affiliated pharmacies more than they reimburse independent pharmacies. However, the state has insufficient data at this time to assess the overall cost-impact of steering. This may be an instance of a vertically integrated entity leveraging its market power in an anticompetitive manner. However, it is not clear how much this practice actually impacts the cost of pharmaceuticals to consumers or the state. This policy could expand consumer access to the pharmacy of their choice, but the impact to costs is indeterminate.

7. Require insurers to count manufacturer funded patient assistance against annual cost sharing limits

The Chronic Disease Association and Johnson and Johnson both proposed prohibiting "diversion" of cost-sharing assistance by banning "co-pay accumulator" programs in Oregon. This term refers to a practice where an insurer will not count third-party payments like manufacturer coupons against a consumer's annual cost-sharing limits. In other words, a patient who uses patient assistance to access a high cost medication would still need to meet their deductible using personal funds after they would have otherwise met their deductible using patient assistance.

Some insurers argue that co-pay accumulators are an effective strategy to lower overall prescription drug spending and reduce premiums for their members, in part because manufacturer assistance may drive patients to continue using high cost medications even when equally effective generic or biosimilar alternatives are available. Co-pay accumulators are a way that insurers can try and counteract

manufacturer incentives, lowering overall costs and reduce premiums for the wider population of consumers. Patient advocates argue that this imposes steep financial burdens on patients – especially for patients who must meet their deductible before coverage kicks in – and may result in some patients going without needed medications.

The state does not have sufficient data about the prevalence of co-pay accumulators in Oregon regulated health benefit plans or their structure to effectively assess their impact on drug pricing. Banning the practice could lead to out-of-pocket savings for certain consumers who rely on high-cost medications, but could increase insurance costs for other consumers.

8. Administrative fee only model for PBM reimbursement / delink compensation from the price of medicine

The Oregon State Pharmacy Association and PhRMA both proposed that PBM reimbursement be limited to administrative fees for services rendered. Under the current model, PBMs are typically paid through a combination of fees charged to pharmacies and insurers, plus rebates paid by pharmaceutical manufacturers. Some academics such as UCSF Law's Robin Feldman have suggested that the current reimbursement structure for PBMs creates a market incentive for higher list prices. Since rebates are structured as a discount off of the list price, and rebates are a significant source of PBM revenue, a higher list price allows the manufacturer of a drug to offer high rebates.

As with many policy proposals related to PBMs, the potential impact of this policy concept is difficult to assess due to the lack of public information regarding PBM business practices and pricing models. The cost of drugs, both to individual consumers and the system as a whole, is the result of many overlapping factors, making the impact of such a fundamental change to the PBM business model difficult if not impossible to predict.

9. State manufacturing of insulin

At least one state, California, is in negotiation with the recently- formed, non-profit drug manufacturer CivicaRX to manufacture a state supply of insulin. Forming a similar manufacturing partnership could allow Oregon to guarantee a low or no-cost alternative to privately manufactured insulin. However, given the recent drops in the average price of insulin, it's unclear whether the state could generate significant savings using this strategy.

10. Additional transparency requirements for patient assistance

America's Health Insurance Plans (AHIP) proposed increased scrutiny of patient assistance charities, but did not provide additional detail on what form this could take. The Drug Price Transparency Program has recommended expanded transparency for patient assistance in several of its annual reports, specifically, that the requirement be removed from annual price increase reporting and that all manufacturers be required to report annually on all patient assistance programs they operate.

Transparency laws can have an impact on corporate behavior, but the effect is often attenuated. The issue of manufacturer-funded, patient assistance is deeply entwined with the issue of copay accumulator programs. The state does not have sufficient data about the impact of patient assistance in Oregon to

effectively assess its impact on drug pricing. Expanded transparency in this area could allow for more substantive policy recommendations in the future.

11. Protect the use of specialty pharmacies

This recommendation does not necessarily relate to an affirmative policy direction, but rather, it stands in opposition to a bill proposed during the 2023 legislative session which would have banned the practice of "white bagging." This is a term used to describe a practice where an insurer or PBM requires a prescription for a specialty medication to be filled at their preferred specialty pharmacy.

Insurers have argued that this practice combats excessive markups by clinical pharmacies, which may charge a higher price for a drug that is both dispensed and delivered in the same clinical setting. Providers argue that this can cause safety issues due to delays in delivery and the hazards inherent to transporting a drug.

White bagging is a cost savings measure for insurers, and DCBS is not aware of any clearly documented instances where it resulted in an adverse outcome for a patient in Oregon. Adoption of this proposal could increase the cost of covering physician administered medications, while other impacts are uncertain.

12. Rebate passthrough at point of sale

Johnson & Johnson, PhRMA, and the Chronic Disease Association all recommended that PBMs pass through all manufacturer rebates to the consumer at the point of sale. Insurers argue that rebates are already used to lower costs for consumers more broadly – so while this policy could lower the cost at the pharmacy counter for consumers who utilize prescription drugs, it could also increase premiums for all consumers. Arkansas has implemented a similar requirement pursuant to a 2021 act, and has reported that it is difficult if not impossible to enforce.

As rebates are currently structured, they may be associated with multiple drugs from a single manufacturer, may be calculated using other factors such as a PBM's performance at incentivizing use of a particular drug, and are usually paid only after a significant time delay. Because of this, it is unclear how a PBM would be able to allocate rebates across every drug sale at the time of dispensing.

As with many policy proposals related to PBMs, the impact of this policy is difficult to assess given the lack of public information regarding PBM business practices and pricing models. However, it's fair to assume that there would be a significant operational costs throughout the supply chain to implement this policy that would need to be weighed against any savings realized. Additionally, this policy could create perverse incentives for consumers to favor drugs with rebates available regardless of their efficacy or overall cost to the system.

13. Examine use of utilization management tools

Johnson & Johnson proposed additional examination of utilization management tools to evaluate "how best to regulate them in the interest of patient access and minimizing out-of-pocket costs." Insurers and PBMs use a number of different utilization management tools to manage the cost of prescription drugs, including: tiered formularies; prior authorization requirements; and step-therapy. The commentator did not provide additional detail on what form reforms to utilization management regulation could take.

There is a potential for consumer harm with certain utilization management tools, particularly for consumers switching between health plans or benefit carriers. However, more aggressive regulation of utilization management is likely to increase the cost of delivering prescription drug benefits, as insurers currently use these practices to incentivize the use of lower cost generic or biosimilar drugs.

14. Allow pharmacists to prescribe insulin

ORS 689.696 already allows Oregon pharmacists to prescribe and dispense an emergency supply of insulin under certain limited circumstances. T1International submitted a recommendation related to this issue, but does not appear to be proposing an expansion of the existing law.

15. Allow flexibility in using contract pharmacies

This was listed as a policy recommendation from the Oregon Primary Care Association during PDAB's March 15, 2023 meeting. Unfortunately, there is insufficient information in either the meeting minutes or presentation materials to make a detailed assessment of this proposal. Additionally, it is unclear whether the state has authority to regulate in this area, as federally qualified health centers are governed by HRSA.

16. Make it easier for FQHCs to operate retail pharmacies

This was listed as a policy recommendation from the Oregon Primary Care Association during PDAB's March 15, 2023 meeting. Unfortunately, there is insufficient information in either the meeting minutes or presentation materials to make a detailed assessment of this proposal. Additionally, it is unclear whether the state has authority to regulate in this area, as federally qualified health centers are governed by HRSA.

Oregon Prescription Drug
Affordability Board

Survey on Affordability Review Criteria

Brekke Berg, data analyst

Affordability review criteria survey

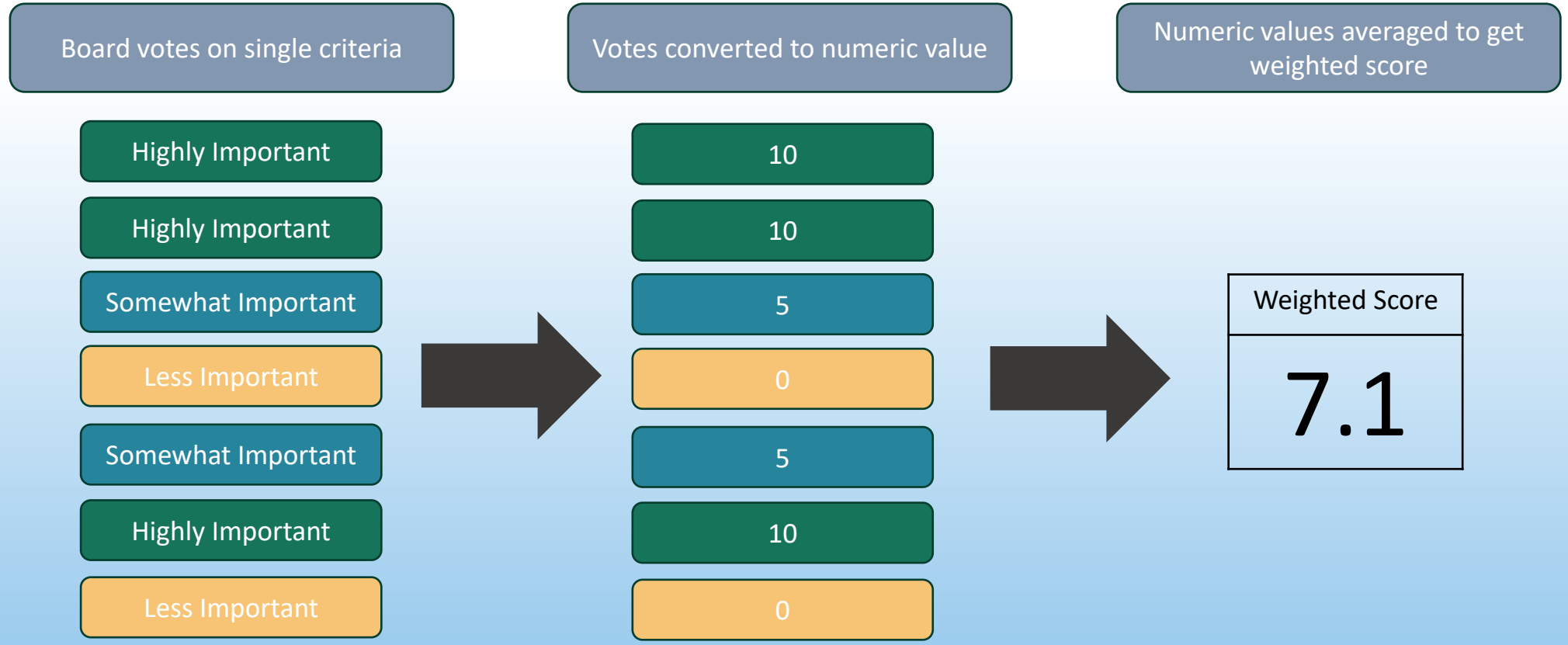
What we will discuss:

- Survey background
- Results
- How we use the results

Survey background

- Summarized 40 + criteria into 21 questions
- Asked board members to rank each criteria
- Calculated average rank

How results were calculated



Oregon Prescription Drug Affordability Board

Results Ranked Numerically

Criteria	Average Score
The price for the prescription drug sold in this state	10.0
The estimated average patient copayment or other cost-sharing for the prescription drug in this state.	10.0
Input from Patients and Caregivers	8.6
Whether the prescription drug has led to health inequities in communities of color.	7.9
The impact on patient access to the drug considering standard prescription drug benefit designs in health insurance plans offered in this state.	7.9
Effect of price on consumers' access to the prescription drug by reviewing changes in pricing, expenditure, and utilization over time.	7.9
The number of residents in this state prescribed the prescription drug	7.1
Input from Individuals with Scientific or Medical Training	7.1
The estimated price for therapeutic alternatives to the drug that are sold in this state	6.4
The estimated costs to health insurance plans based on patient use of the drug consistent with the labeling approved by the United States Food and Drug Administration and recognized standard medic...	6.4
The estimated average monetary price concession, discount or rebate the manufacturer provides to health insurance plans in this state or is expected to provide to health insurance plans in this st...	5.7

Criteria	Average Score
Whether the drug is designated by the United States Food and Drug Administration (FDA), under 21 U.S.C. 360bb, as a drug for a rare disease or condition	5.0
Input from Safety Net Providers	5.0
Input from Payers	5.0
The estimated manufacturer net-sales or estimated net-cost amounts (including rebates, discounts, and price concessions) for the prescription drug and therapeutic alternatives; and financial assis...	5.0
Information from the Oregon Health Authority (OHA), Health Evidence Review Commission (HERC), and Pharmacy and Therapeutics Committee (P&T) that is relevant to the prescription drug or therapeutic...	5.0
The estimated total amount of the price concession, discount or rebate the manufacturer provides to each pharmacy benefit manager registered in this state for the prescription drug under review, e...	4.3
The estimated average price concession, discount or rebate the manufacturer provides or is expected to provide to health insurance plans and pharmacy benefit managers in this state for therapeutic...	4.3
The relative financial impacts to health, medical or social services costs as can be quantified and compared to the costs of existing therapeutic alternatives.	3.6
Potential market for prescription drug for labeled and off-label indications and budget impact on various payors in the state.	2.9
Any information a manufacturer chooses to provide.	1.4

Survey results – highly important (Scores of 6.7 - 10.0)

- The price for the prescription drug sold in this state
- The estimated average patient copayment or other cost-sharing information
- Input from patients and caregivers
- Whether the prescription drug has led to health inequities in communities of color
- The impact on patient access to the drug considering standard prescription drug benefit designs in health insurance plans offered in this state
- Effect of price on consumer access to the prescription drug by reviewing changes in pricing, expenditure, and utilization over time
- The number of residents in this state prescribed the prescription drug
- Input from individuals with scientific or medical training

Survey results – somewhat important (Scores of 3.3 - 6.6)

- The estimated price for therapeutic alternatives to the drug that are sold in this state
- The estimated costs to health insurance plans based on patient use of the drug consistent with the labeling approved by the FDA and recognized standard medical practice
- Estimated average monetary price concession, discount or rebate the manufacturer provides to insurance plans in this state
- Whether the drug is designated by the FDA as a drug for a rare disease or condition
- Input from safety net providers
- Input from payers

Survey results – somewhat important (Scores of 3.3 - 6.6)

- The estimated manufacturer net-sales or estimated net-cost amounts (including rebates, discounts, and price concessions) for the prescription drug and therapeutic alternatives; and financial assistance the manufacturer provides to pharmacies, providers, consumers, and other entities
- Information from OHA, HERC and P&T that is relevant to the prescription drug or therapeutic alternative under review
- The estimated total amount of the price concession, discount or rebate the manufacturer provides to each PBM registered in this state
- The estimated average price concession, discount or rebate the manufacturer provides to health insurance plans and PBMs in this state for therapeutic alternatives
- The relative financial impacts to health, medical or social services costs as can be quantified and compared to the costs of existing therapeutic alternatives

Survey results – less important (Scores of 0.0 - 3.2)

- Potential market for prescription drug for labeled and off-label indications and budget impact on various payors in the state
- Any information a manufacturer chooses to provide

How we will use survey results

- Make them available to you
- Direct PDAB team research
- Get weighted rank for all drugs