

Department of Consumer and Business Services
Drug Price Transparency Program
Reporting Requirement for Health Insurance Companies in Oregon
2021 Plan Year

Prescription Drug Transparency Act - Instructions for Completing this Report

The Prescription Drug Transparency Act enacted in 2018 requires carriers to provide information regarding prescription drug costs included as an appendix to the filing and labeled "Appendix III: Prescription Drug Costs." This document must include, for drugs reimbursed by the insurer under both pharmacy and medical benefits for policies or certificates issued in this state and for the experience period covered in the filing, all of the following:

- 25 most frequently prescribed drugs;
- 25 most costly drugs, considering total annual spending, including the net impact of any rebates or other price concessions if applicable;
- 25 drugs causing the greatest increase in total plan spending from one year to the next, considering total annual spending, including the net impact of any rebates or other price concessions if applicable;
- The impact of the costs of prescription drugs on premium rates, on a per member, per month basis, including the net impact of any rebates or other price concessions if applicable.

The purpose of this excel sheet is for health insurers to report on required data on prescription drugs under both pharmacy and medical benefits for policies or certificates issued in Oregon and for the experience period covered in the filing. For the second year of reporting, carriers are required to report separate prescription drug lists for the required line of business reporting and requested for the following:

Required Reporting

- Individual
- Small group
- Large group

Requested Reporting

- Medicaid
- Medicare supplemental
- OEBC/PEBB
- Other fully insured plans such as dental and short-term that may cover prescription drug claims

The information for individual and small/large group filings are due by **June 10, 2020**. Information for other markets is due the same date as the rate filing deadline and can be submitted via email to rx.prices@oregon.gov.

Carriers will provide reports for each required line of business and for the category of drug: generic, brand-name, and specialty drugs. The same template may be used for the requested reporting of other lines of business as outlined above.

If there are any questions about the information to be reported, please contact:

Cassie Soucy
Drug Price Transparency Program Coordinator
Cassandra.Soucy@oregon.gov
503-983-3895

Outlined below is specified guidance for the required lists to be reported during the 2021 rate review process.

Top 25 most frequently prescribed drugs

Frequency of prescribed prescription drugs are required to be reported by the number of claims received for prescription drugs. This must include prescription drugs covered under both the pharmacy and medical benefits.

- Drugs are ranked beginning with highest frequency of prescription drug claims for each category of drug – generic, brand-name, and specialty.
- Report the drug once within the list under name of the drug, if the drug appears multiple times as a different NDC or in a modified-release dosage of the drug (i.e. XR or IR).

Top 25 most costly drugs

Most costly drugs are required to be reported by prescription drug products, from both pharmacy and medical benefits, contributing to the largest cost to total annual spending. This list must consider the net impact of any rebates or other price concessions that have or will impact the total annual spending for the reported experience period.

- Drugs are ranked beginning with the drug causing the largest cost to total annual spending, when factoring in the impact of rebates and price concessions.
- Report the drug once within the list under name of the drug, if the drug appears multiple times as a different NDC or in a modified-release dosage of the drug (i.e. XR or IR).
- The impact of rebates and other price concessions on total annual spend for a the most costly drugs is reported as a brief narrative specifying:
 - a. The method(s) used to determine the impact of rebates and other price concessions on total annual spend.
 - b. The estimated magnitude of rebates and price concessions on total annual spend.
 - c. Any limitations to the methodology used to determine the impact of rebates and other price concessions on total annual spend.

Top 25 drug causing the greatest increase in total plan spending one year to the next

Carriers are required report the prescription drugs causing greatest increase in total plan spending from the current experience period to the previous experience period. This list must consider total annual spending including the net impact of any rebates or other price concessions. This information will be reported by drug name and NDC in the 'Greatest Increase' tab.

- Drugs are ranked beginning with the drug causing the largest year over year increase, when factoring in the impact of rebates and price concessions.
- Report the drug once within the list under name of the drug, if the drug appears multiple times as a different NDC or in a modified-release dosage of the drug (i.e. XR or IR).
- Year over year increase is reported as the total annual spending from the previous year minus the total annual spend from two years prior to the reporting year. For example – during the 2020 reporting year, the year over year increase would be comparing the total annual spend from 2019 minus to the total annual spend from 2018.
- The impact of rebates and other price concessions on total annual spend for a the most costly drugs is reported as a

brief narrative specifying:

- a. The method(s) used to determine the impact of rebates and other price concessions on total annual spend.
- b. The estimated magnitude of rebates and price concessions on total annual spend.
- c. Any limitations to the methodology used to determine the impact of rebates and other price concessions on total annual spend.

Impact of costs of prescription drugs on premium rates, on per member, per month basis

The impact of costs of prescription drugs on premium rates, on per member, per month basis will be reported according to the outlined methodology.

This analysis of impact of costs must consider total annual spending including the net impact of any rebates or other price concessions in reference to 2018 rates. Any notes about the narrative analysis and any limitations should be reported to the department. This information will be reported in the 'Impact on Rates' tab.

Department of Consumer and Business Services
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Prescription Drug Transparency Act - Instructions for Completing this Report

The template for each list follows a similar format and is designed to efficiently submit all the information to the department. The following data elements for each list:

Data Element	Description
Prescription Drug Name	The proprietary or non-proprietary name of the drug. Do not report duplicate drugs within the ranked list if there are instances of a proprietary drug name with a suffix ("XR" or "PM"). ^[1] For drugs with a suffix, include this information within the original ranked listing of the prescription drug.
Therapy Class	The USP category for the prescription drug name. USP category files can be downloaded at: https://www.usp.org/health-quality-safety/usp-drug-classification-system
National Drug Code	The 11-digit national drug code associated with the prescription drug. Please include all NDCs for the prescription drug separated by a comma. If the drug is identified by HCPC, see CMS' HCPC to NDC crosswalk for reference on how to identify the NDC: https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/2020-asp-drug-pricing-files
Covered under pharmacy benefit, medical benefit, or both	Specify whether the prescription drug was prescribed under the pharmacy benefit, medical benefit, or both.
Number of prescriptions	The number of claims received for the prescription drug in the reporting year.
Number of enrollees	The number of enrollees who filed claims for the prescription drug in the reporting year
Total annual plan spending	The total payments made under the policy to health care providers on behalf of covered members, including payments made by issuers and member cost sharing.

^[1] <https://www.fda.gov/drugs/drug-approvals-and-databases/ndc-product-file-definitions>



Department of Consumer and Business Services - Drug Price Transparency Program
Reporting Requirement for Health Insurance Companies in Oregon (Or Laws 2018 Ch. 7)

List of the 25 Most Frequently Prescribed Drugs

Insurance Carrier :

Market Type - Please submit one market per sheet. Specify by checking the appropriate box which market is reported on.

Small Group Large Group Individual Other

If Other, please describe:

Medicaid Medicare Supplement OEBB PEBB Other

If Other, please describe:

Reporting for the 2019 Calendar Year

Generic Prescription Drugs

Rank	Prescription Drug Name	Therapy Class	National Drug Code(s)	Covered Under Pharmacy Benefit, Medical Benefit, or Both	Number of Prescriptions	Number of Enrollees	Total Annual Plan Spending (Allowed Dollar Amount)	Limitations and other notes about the data
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24								
25								
Total:					0	0	0	

Reporting for the 2019 Calendar Year

Brand-Name Prescription Drugs

Rank	Prescription Drug Name	Therapy Class	National Drug Code(s)	Covered Under Pharmacy Benefit, Medical Benefit, or Both	Number of Prescriptions	Number of Enrollees	Total Annual Plan Spending (Allowed Dollar Amount)	Limitations and other notes about the data
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25								
Total:					0	0	0	

Reporting for the 2019 Calendar Year								
Specialty Prescription Drugs (\$670 or more for a 30-day supply/course of treatment)								
Rank	Prescription Drug Name	Therapy Class	National Drug Code(s)	Covered Under Pharmacy Benefit, Medical Benefit, or Both	Number of Prescriptions	Number of Enrollees	Total Annual Plan Spending (Allowed Dollar Amount)	Limitations and other notes about the data
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25								
					Total:	0	0	0

Department of Consumer and Business Services - Drug Price Transparency Program
Reporting Requirement for Health Insurance Companies in Oregon (Or Laws 2018 Ch. 7)

List of the 25 Most Costly Drugs

Insurance Carrier :

Market Type - Please submit one market per sheet. Specify by checking the appropriate box which market is reported on.

Small Group
 Large Group
 Individual
 Other
 Medicaid
 Medicare Supplement
 OEBB
 PEBB
 Other

If Other, please describe:

If Other, please describe:

Reporting for the 2019 Calendar Year

Generic Prescription Drugs

Rank	Prescription Drug Name	Therapy Class	National Drug Code(s)	Covered Under Pharmacy Benefit, Medical Benefit, or Both	Number of Prescriptions	Number of Enrollees	Total Annual Plan Spending (Allowed Dollar Amount)	Description of rebates and other price concessions	Limitations and other notes about the data
1									
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25									
Total:					0	0	0		

Reporting for the 2019 Calendar Year

Brand-Name Prescription Drugs

Rank	Prescription Drug Name	Therapy Class	National Drug Code(s)	Covered Under Pharmacy Benefit, Medical Benefit, or Both	Number of Prescriptions	Number of Enrollees	Total Annual Plan Spending (Allowed Dollar Amount)	Description of rebates and other price concessions	Limitations and other notes about the data
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					Total:	0	0	0	

Reporting for the 2019 Calendar Year

Specialty Prescription Drugs (\$670 or more for a 30-day supply/course of treatment)									
Rank	Prescription Drug Name	Therapy Class	National Drug Code(s)	Covered Under Pharmacy Benefit, Medical Benefit, or Both	Number of Prescriptions	Number of Enrollees	Total Annual Plan Spending (Allowed Dollar Amount)	Description of rebates and other price concessions	Limitations and other notes about the data
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				Total:	0	0	0		
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Department of Consumer and Business Services - Drug Price Transparency Program
Reporting Requirement for Health Insurance Companies in Oregon (Or Laws 2018 Ch. 7)

List of the 25 drugs causing the greatest increase in total plan spending

Insurance Carrier :

Market Type - Please submit one market per sheet. Specify by checking the appropriate box which market is reported on.

	<input type="checkbox"/> Small Group <input type="checkbox"/> Large Group <input type="checkbox"/> Individual <input type="checkbox"/> Other	If Other, please describe:
	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare Supplement <input type="checkbox"/> OEBB <input type="checkbox"/> PEBB <input type="checkbox"/> Other	If Other, please describe:

Reporting for the 2019 Calendar Year

Generic Prescription Drugs										
Rank	Prescription Drug Name	Therapy Class	National Drug Code(s)	Covered Under Pharmacy Benefit, Medical Benefit, or Both	Number of Prescriptions	Number of Enrollees	Total Annual Plan Spending (Allowed Dollar Amount)	Year over Year Increase (2019 - 2018)	Description of rebates and other price concessions	Limitations and other notes about the data
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25										
Total:					0	0	0	0		

Reporting for the 2019 Calendar Year

Brand-Name Prescription Drugs										
Rank	Prescription Drug Name	Therapy Class	National Drug Code(s)	Covered Under Pharmacy Benefit, Medical Benefit, or Both	Number of Prescriptions	Number of Enrollees	Total Annual Plan Spending (Allowed Dollar Amount)	Year over Year Increase (2019 - 2018)	Description of rebates and other price concessions	Limitations and other notes about the data
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25										
				Total:	0	0	0	0		

Reporting for the 2019 Calendar Year										
Specialty Prescription Drugs (\$670 or more for a 30-day supply/course of treatment)										
Rank	Prescription Drug Name	Therapy Class	National Drug Code(s)	Covered Under Pharmacy Benefit, Medical Benefit, or Both	Number of Prescriptions	Number of Enrollees	Total Annual Plan Spending (Allowed Dollar Amount)	Year over Year Increase (2019 - 2018)	Description of rebates and other price concessions	Limitations and other notes about the data
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25										
				Total:	0	0	0	0		

Department of Consumer and Business Services - Drug Price Transparency Program
Reporting Requirement for Health Insurance Companies in Oregon (Or Laws 2018 Ch. 7)

Impact of Prescription Drugs on Premium Rates

Insurance Carrier :			
Market Type - Please submit one market per sheet. Specify by checking the appropriate box which market is reported on.	<input type="checkbox"/> Small Group <input type="checkbox"/> Large Group <input type="checkbox"/> Individual <input type="checkbox"/> Other	If Other, please describe:	
	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare Supplement <input type="checkbox"/> OEBB <input type="checkbox"/> PEBB <input type="checkbox"/> Other	If Other, please describe:	

Reporting for the 2019 Calendar Year

Impact on Premium Rates by Drug Category

	Total Dollars	PMPM Dollars	PMPM % of Overall Premium
Generic Drugs (excluding specialty generics)			
Brand-name Drugs (excluding specialty brand-name)			
Specialty Drugs - generic and brand-name			
Total	\$ -	\$ -	0
Notes about the data:			

Overall Impact of Prescription Drugs on Premium Rates

	Total Dollars	PMPM Dollars	PMPM % of Overall Premium
Amount Paid for Prescription Drugs under Pharmacy Benefit			

Amount Paid for Prescription Drugs under Medical Benefit			
Manufacturer rebates and other price concessions (Negative)			
Other expenses attributed to prescription drugs			
Notes about the data:			