



Oregon Prescription Drug Affordability Board

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Agenda

This is a regular meeting. **Date: March 19, 2025** | **Time: 9 a.m.**

This agenda is subject to change.

Meeting name	Prescription Drug Affordability Board	Board Members: Chair Shelley Bailey; Vice Chair Amy Burns; Daniel Hartung; Robert Judge; Christopher Laman; John Murray; Dan Kennedy; Lauri Hoagland. Staff: Ralph Magrish, executive director; Cortnee Whitlock, senior policy analyst; Stephen Kooyman, project manager, Heather Doyle, data analyst; Pei-Chen Choo, research analyst; Melissa Stiles, administrative specialist; Pramela Reddi, counsel
Meeting location	Virtual	
Zoom link	Register for meeting	

Purpose	Subject	Presenter	Estimated Time Allotted
<i>Informational and vote</i>	Call to order and roll call	Chair Shelley Bailey	2 minutes
<i>Informational</i>	Board declarations of conflict of interest and meetings with entities or individuals related to board activities	Chair Shelley Bailey	2 minutes
<i>Discussion and vote</i>	Board approval of 2/19/2025 minutes	Chair Shelley Bailey	2 minutes
<i>Informational</i>	Executive director's program update	Ralph Magrish	5 minutes
<i>Informational</i>	Legislative update	Jesse O'Brien	10 minutes
<i>Informational</i>	General public comment: <i>limited to 3 minutes.</i>	Chair Shelley Bailey	10 minutes
<i>Discussion</i>	Board review of request for information forms	Cortnee Whitlock	10 minutes
<i>Discussion</i>	Board review of updated carrier data call template	Cortnee Whitlock	10 minutes
<i>Discussion and vote</i>	Board review of data sets and OAR 925-200-0010 criteria to select subset of drugs for affordability reviews	Cortnee Whitlock	120 minutes
<i>Break</i>	The board will take a break around 10:30 am	Chair Shelley Bailey	5 minutes
<i>Informational</i>	Announcements	Chair Shelley Bailey	2 minutes

Vote

Adjournment

Chair Shelley Bailey

2 minutes

Next meeting

April 16, 2025, at 9 a.m.

Accessibility

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

How to provide testimony to the board

The Prescription Drug Affordability Board invites people to provide testimony. **Oral:** To speak to the board during the public comment portion of the agenda, please submit the [PDAB public comment form](#) no later than 24 hours before the PDAB meeting. **Written:** to provide written comments to the board, please submit the [PDAB public comment form](#) with attachments no later than 48 hours before the PDAB meeting. The board reviews all written comments. All written comments are posted on the 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 to everyone but news media and staff. No action will be taken in the executive session.



Oregon Prescription Drug Affordability Board (PDAB) Regular Meeting
Wednesday, February 19, 2025
Draft Minutes

Web link to the meeting video: <https://www.youtube.com/watch?v=-uNlpte8fX8>

Web link to the meeting materials: <https://dfr.oregon.gov/pdab/Documents/20250219-PDAB-document-package.pdf>

Call to order and roll call: Chair Shelley Bailey called the meeting to order at 9:02 a.m. and roll was called.

Board members present: Chair Shelley Bailey, Vice Chair Amy Burns (arrived at 10 a.m.), Dan Hartung (departed at 10:30 a.m.), Lauri Hoagland (arrived at 9:10 a.m.), Dan Kennedy, Chris Laman, John Murray

Absent: None

Declaration of conflict of interest and meetings with entities or individuals related to board activities: John Murray and Robert Judge made statements. View at video minute [00:01:20](#).

Chair Shelley Bailey announced a board executive session on the topic of written legal advice concerning the affordability review process would take place before the start of the agenda item “Board review of data sets and OAR 925-200-0010 criteria for upcoming affordability reviews.” The authority for the executive session was ORS 192.660(2)(f). View at video minute [00:05:00](#).

Approval of board minutes: Chair Bailey asked for a motion and second to approve the board minutes as shown on [Pages 3-6](#) of the agenda materials. John Murray made a motion to approve the minutes and Dan Kennedy provided a second. View at video minute [00:05:37](#).

MOTION to approve the January 15, 2025, minutes

Board Vote:

Yes: Dan Hartung, Lauri Hoagland, Dan Kennedy, Chris Laman, John Murray, Chair Shelley Bailey

No: None

Abstain: Robert Judge

Absent for the vote: Amy Burns

Motion passed 6-0

Executive director’s program update: Ralph Magrish, executive director, Oregon Prescription Drug Affordability Board & Drug Price Transparency Program, provided a program update. View the video at minute [00:06:48](#).

Legislative update: Jesse O’Brien, DFR policy manager, provided an update on prescription drug-related bills proposed in the Oregon Legislative session as shown on [Pages 6-8](#) of the agenda materials. View the video at minute [00:11:18](#).



Public comment: Chair Bailey called on the people who signed up in advance to speak to the board: Lorren Sandt, Caring Ambassadors Program, Tiffany Westrich-Robertson, Patient Inclusion Council/AiArthritis, EACH, Scott D. Bertani, HealthHIV, Dharra McGrew, PhRMA, Nathan Sauser, consumer (was unable to testify due to technical difficulties), Marty Carty, OPCA. The board received 11 written comments, which are posted on the [PDAB website](#). View the speakers at video minute [00:18:14](#).

Board discussion and vote on board policies: Cortnee Whitlock, senior policy analyst, continued last month's discussion on amended PDAB Policy and Procedures 1 and Conflict of Interest Policy 3. The board voted to approved policy 1, policy 3, and the conflict of interest form. View the draft board policies on [Pages 9-21](#) of the agenda materials. View the discussion and votes at video minute [00:36:05](#).

Note: The updated board policies with board approved amendments have been posted to the policies and rulemaking page of the PDAB website:

<https://dfr.oregon.gov/pdab/Pages/policies-rulemaking.aspx>.

MOTION to approve policy 1 as amended by the board today.

Motion made by Lauri Hoagland with a second by Dan Kennedy.

Board vote:

Yes: Dan Hartung, Lauri Hoagland, Robert Judge, Dan Kennedy, Chris Laman, John Murray, Chair Shelley Bailey

No: None

Absent for the vote: Amy Burns

Motion passed 7-0

MOTION to approve policy 3 as amended.

Motion made by John Murray with a second by Dan Kennedy.

Board vote:

Yes: Dan Hartung, Lauri Hoagland, Robert Judge, Dan Kennedy, Chris Laman, John Murray, Chair Shelley Bailey

No: None

Absent for the vote: Amy Burns

Motion passed 7-0

Board review of annual generic drug report outline: Cortnee Whitlock, senior policy analyst, talked to the board about potential topics for the generic drug report, which will be sent to the Oregon Legislature by June 1. View the topics on [Pages 22-24](#). View the discussion at video minute [00:55:57](#).



Board discussion about the carrier data call template: The board tabled this item until the March 19, 2025 meeting due to lack of time to get through the agenda items.

Board discussion of affordability review request for information: Cortnee Whitlock, senior policy analyst, talked to the board about the feedback forms designed specifically for each of the following groups: Individuals with scientific or medical training (medical providers, pharmacists, professors); manufacturers; patients, caregivers, advocacy groups, and the general public; pharmacy benefit managers; safety net providers (340B entities). View the topics on [Pages 45-55](#). View the discussion at video minute [01:27:46](#).

Executive session, return to open session, roll call: The board adjourned to executive session pursuant to ORS 192.660(2)(f) which allows the board to meet in closed session to consult with counsel concerning legal advice. No decisions were made in executive session. At the end of the executive session, the board returned to open session and roll was called. View the announcement at video minute [01:42:04](#).

Board members present: Chair Shelley Bailey, Vice Chair Amy Burns, Lauri Hoagland, Dan Kennedy, Chris Laman, John Murray
Absent: Dan Hartung

Board review of data sets and OAR 925-200-0010 criteria for upcoming affordability reviews: Cortnee Whitlock led board members in a discussion about the data sets and criteria in [OAR 925-200-0010](#) for the upcoming affordability reviews. Read the slide about the affordability review on [Pages 56-58](#). Here is a [link](#) to the spreadsheets on the prescription drug data page. View the discussion at video minute [01:44:59](#).

Announcements: Chair Bailey announced the next meeting will be March 19, 2025, at 9 a.m. View at video minute [02:24:15](#).

Adjournment: Chair Bailey adjourned the meeting at 12 p.m. with all board members in agreement. View at minute [02:24:21](#).

Bill Number	Relating To	Bill Summary	Status
HB 2011	Relating to insurance coverage of prescription drugs.	Prohibits health insurers and pharmacy benefit managers from restricting coverage of physician-administered prescription drugs that are obtained by nonparticipating pharmacies.	02/20/25 – Public Hearing held. 02/12/25 – 03/19/25 Reps Diehl and McIntire have been holding workgroup meetings to discuss a single bill to address all issues related to PBMs and PSAOs.
HB 2057	Relating to prescription drugs; prescribing an effective date.	Prohibits insurers offering policies or certificates of health insurance and pharmacy benefit managers from requiring that a claim for reimbursement of a prescription drug include a modifier or other indicator that the drug is a 340B drug.	03-11-2025 – Public Hearing held. 02/12/25 – 03/19/25 Reps Diehl and McIntire have been holding workgroup meetings to discuss a single bill to address all issues related to PBMs and PSAOs.
HB 2149	Relating to pharmacy services administrative organization licensing.	Requires pharmacy services administrative organizations operating in this state to be licensed by the Department of Consumer and Business Services and creates rules for licensing requirements.	02/06/25 - Public Hearing held. 02/12/25 – 03/19/25 Reps Diehl and McIntire have been holding workgroup meetings to discuss a single bill to address all issues related to PBMs and PSAOs.

HB 2252	Relating to conditions that apply to registration as a pharmacy benefit manager.	Requires a person that intends to register to do business in this state as a pharmacy benefit manager to demonstrate to the satisfaction of the Director of the Department of Consumer and Business Services that the person is not owned or operated by an insurer or an affiliate of an insurer.	02/04/25 - Public Hearing held. 02/12/25 – 03/19/25 Reps Diehl and McIntire have been holding workgroup meetings to discuss a single bill to address all issues related to PBMs and PSAOs.
HB 2253	Relating to pharmacy benefit managers.	Requires pharmacy benefit managers to act as fiduciaries to enrollees when negotiating drug prices and tells the Department of Consumer and Business Services to adopt rules explaining the fiduciary duty requirements and to establish a complaint process for reporting breaches of fiduciary duty.	02/04/25 - Public Hearing held. 02/12/25 – 03/19/25 Reps Diehl and McIntire have been holding workgroup meetings to discuss a single bill to address all issues related to PBMs and PSAOs.
HB 2385	Relating to restrictions on 340B covered entities; prescribing an effective date.	Makes it an unlawful practice for drug manufacturers to interfere directly or indirectly with a pharmacy or drug outlet acquiring 340B drugs, delivering 340B drugs to certain health care providers or dispensing 340B drugs.	03/11/2025 – Public Hearing held
HB 2599	Relating to the Prescription Drug Affordability Board; prescribing an effective date.	Requires the Prescription Drug Affordability Board to make recommendations to the Legislative Assembly regarding aligning prescription drug price transparency.	No action to date

HB 3082	Relating to reporting obligations for patient assistance programs for prescription drug purchases.	Requires prescription drug manufacturers to report to the Department of Consumer and Business Services the total number of consumers to which the manufacturer offered a patient assistance program who participated in the program, notwithstanding any increase in the price of the prescription drug for which the manufacturer offered the program.	02/25/25 – Public Hearing held.
HB 3086	Relating to drug costs; prescribing an effective date.	Requires the Public Employees' Benefit Board to count payments made by or on behalf of an enrollee for the cost of certain prescription drugs when calculating the enrollee's contribution to an out-of-pocket maximum, deductible, copayment, coinsurance or other required cost-sharing for the drugs.	02/25/25 – Public Hearing held.
HB 3092	Relating to drug costs; prescribing an effective date.	Requires the Oregon Educators' Benefit Board to count payments made by or on behalf of an enrollee for the cost of certain prescription drugs when calculating the enrollee's contribution to an out-of-pocket maximum, deductible, copayment, coinsurance or other required cost-sharing for the drugs.	02/25/25 – Public Hearing held.
HB 3212	Relating to pharmacy benefits.	Creates additional rules and requirements for pharmacy benefit managers and a policy or certificate of health insurance or other contract providing for the reimbursement of the cost of a prescription drug.	02/04/25 - Public Hearing held. 02/12/25 – 03/19/25 Reps Diehl and McIntire have been holding workgroup meetings to discuss a single bill to address all issues related to PBMs and PSAOs.

HB 3226	Relating to organizations that provide services related to obtaining prescription drugs; prescribing an effective date.	Includes pharmacy services administrative organizations within the definition of pharmacies for the purpose of ensuring that pharmacy benefit managers are subject to laws regulating their activities even if their contracts are with pharmacy services administrative organizations.	02/06/25 - Public Hearing held. 02/12/25 – 03/19/25 Reps Diehl and McIntire have been holding workgroup meetings to discuss a single bill to address all issues related to PBMs and PSAs.
HB 3613	Relating to pharmaceutical purchasing; prescribing an effective date.	Creates the Office of Pharmaceutical Purchasing within the Oregon Department of Administrative Services to support multiagency and multistate collaborative purchasing of pharmaceuticals, drive down the cost of prescription drugs for residents of this state and manage the Oregon Prescription Drug Program.	02/20/25 – Referred to Behavioral Health and Health Care with subsequent referral to Ways and Means.
SB 289	Relating to prescription drugs.	Introduced bill: Requires the State Board of Pharmacy to study prescription drugs. -1 amendment: Technical adjustments to laws governing PDAB including selection of drugs for affordability reviews and generic drug reporting.	03/06/25 – Public hearing held. 03/06/25 – Work session held, -1 amendment adopted, headed to Senate floor.
SB 447	Relating to patient assistance programs; prescribing an effective date.	Requires a pharmacy to notify a person to whom a prescription drug is dispensed that the drug manufacturer may offer a patient assistance program.	01/17/25 - Referred to Health Care.
SB 533	Relating to restrictions on 340B covered entities.	Creates a civil penalty for drug manufacturers that interfere directly or indirectly with certain entities acquiring 340B drugs, delivering 340B drugs to certain health care providers or dispensing 340B drugs.	03/06/2025 - Public Hearing held. 03/25/2025 – Work Session scheduled.



Oregon Prescription Drug
Affordability Board

DRAFT - Request for Information: patients, caregivers, or advocacy groups

The Prescription Drug Affordability Board is seeking voluntary information from patients, caregivers, and advocacy groups as part of the affordability review process outlined in ORS 646A.694. Please select the relevant medication from the drop-down menu in question 2 of the form and answer the provided questions. If patients are on multiple drugs under review, please submit a separate form for each drug by clicking the *Submit another response* link after the form has been submitted. To submit additional information or attachments, please email them to pdab@dcbs.oregon.gov.

The information collected will be compiled and presented to the board as part of the comprehensive affordability review. While personal contact details will remain confidential and will not be publicly shared, the testimonials and statements you provide may be utilized for review purposes, contributing to the board's efforts to enhance drug affordability. Your input is vital in promoting affordability and access. Thank you for your participation. Responses are due **by XXXX XX, 2025**.

1. Are you: *

- ☐ A patient
- ☐ A caregiver
- ☐ An advocacy Group

2. Name of the drug. Choose from the drop-down list. *

- ☐ Drug 1
- ☐ Drug 2
- ☐ Drug 3
- ☐ Drug 4
- ☐ Drug 5

3. Please provide dosage and frequency (example: 150 mg, once a day).

4. What is the medical condition/disease the drug is prescribed for?

5. Was the patient taking this drug in 2023?

☐ Yes

☐ No

6. Is the patient currently taking the drug?

☐ Yes

☐ No

7. How long has the patient been taking the drug?

8. What is the patient's most recent monthly, out-of-pocket cost for this drug?

9. Is this the preferred drug to treat the diagnosed condition?

☐ Yes

☐ No

10. How does the drug help in treating the condition?

11. Has the patient tried other drugs to treat the condition and if so, what was the outcome?

12. Does the patient use a patient assistance program?

☐ Yes

☐ No

13. If on a patient assistance program, how much did it cover? Give an estimated dollar amount or percentage (for example: \$50, \$100, or 50 percent, 100 percent).

14. Was the drug available when the patient needed it and if not, explain?

15. What health insurance applies to the patient?

☐ Private health insurance

☐ Medicaid

☐ Medicare

16. Is the drug covered by the patient's insurance?

☐ Yes

☐ No

☐ Other

17. If not, has it been covered in the past? Feel free to explain.

18. Anything else you would like to add?

19. Zip code of the patient. (**Individual data will not be disclosed to the public. Data will be used at a de-identified and aggregated level for analysis purposes.**)

20. Is the person filling out this form an Oregon resident? *

☐ Yes

☐ No

21. Age range of patient taking drug: **(Using for analysis purpose.)**

☐ 18-30

☐ 31-45

☐ 46-60

☐ 61-75

☐ 76 and over

22. Annual income of patient taking drug: **(Using for analysis purpose.)**

☐ \$0-\$9,999

☐ \$10,000-\$24,999

☐ \$25,000-\$49,999

☐ \$50,000-\$74,999

☐ \$75,000-\$99,999

☐ \$100,000-\$149,999

☐ \$150,000+

23. Name of person filling out this form **(will not be posted publicly)**.

24. Email address in case we have follow up questions **(will not be posted publicly)**.

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

DRAFT - Request for Information: individuals with scientific or medical training

The Prescription Drug Affordability Board is seeking voluntary information from individuals with scientific or medical training as part of the affordability review process outlined in ORS 646A.694. Please select the relevant medication from the drop-down menu in question 1 of the form and answer the provided questions. To give feedback about multiple drugs under review, please submit a separate form for each drug by clicking the *Submit another response* link after the form has been submitted. To submit additional information or attachments, please email them to pdab@dcbs.oregon.gov.

The information collected will be compiled and presented to the board as part of the comprehensive affordability review. While personal contact details will remain confidential and will not be publicly shared, the testimonials and statements you provide may be utilized for review purposes, contributing to the board's efforts to enhance drug affordability. Your input is vital in improving affordability and access. Thank you for your participation.

1. Name of the drug. Choose from the drop-down list. *

☐ Drug 1

☐ Drug 2

☐ Drug 3

☐ Drug 4

☐ Drug 5

2. Please provide dosage and frequency (example: 150 mg, once a day).

3. What is the medical condition/disease the drug is prescribed for?

4. How does the drug help in treating the condition?

5. What is the administrative burden of the drug (prior authorization, step therapy, for example)?

6. What are therapeutic alternatives for this drug?

7. What are the benefits of the prescription drug compared to therapeutic alternatives?

8. What are disadvantages of the prescription drug compared to therapeutic alternatives?

9. Describe the drug's place in therapy in standard medical practice. For example, is this drug first line therapy?

10. Is the drug used for any off-label conditions?

11. If so, which conditions and how often?

12. Was the drug available when the patient needed it? If not, please explain the reason and consequence.

13. Anything else you would like to add?

14. Name, title, and area of specialty.

15. Office, clinic, hospital, pharmacy, or university.

16. Address, city, state, and zip code **(will not be posted publicly)**.

17. Telephone number in case we have follow up questions **(will not be posted publicly)**.

18. Email address in case we have follow up questions **(will not be posted publicly)**.

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.



Oregon Prescription Drug
Affordability Board

DRAFT - Request for information: safety net providers

The Prescription Drug Affordability Board is seeking voluntary information from safety net providers, including all Oregon 340B covered entities, as part of the affordability review process outlined in ORS 646A.694. Please answer the provided questions. To submit additional information or attachments, please email them to pdab@dcbs.oregon.gov.

The information collected will be compiled and presented to the board as part of the comprehensive affordability review. While personal contact details will remain confidential and will not be publicly shared, the testimonials and statements you provide may be utilized for review purposes, contributing to the board's efforts to enhance drug affordability. Your

1. Do you have an internal pharmacy you use to dispense 340b eligible prescriptions?

- ☐ Yes
- ☐ No
- ☐ Other

2. Do you have one or more contract pharmacies from which 340b eligible prescriptions are dispensed?

- ☐ Yes
- ☐ No
- ☐ Other

3. What was the total volume of non-Medicaid 340B eligible prescriptions dispensed by your pharmacy and/or contract pharmacies in 2023?

4. Do you have a prescription savings program to improve patient access to prescription medications?

- ☐ Yes
- ☐ No
- ☐ Other

5. If Yes to 4, what is the number of prescriptions that were supported by your prescription savings program?

6. What services and/or programs do the funds listed about support?

7. Do you have a staff person dedicated to 340b compliance requirements?

- ☐ Yes
- ☐ No
- ☐ Other

8. What is the total amount paid for drugs under 340B?

9. What is the total reimbursement for drugs dispensed under 340B?

10. Please provide the total operating costs attributable to 340B drugs.

11. Please provide how the cover entities use the savings, including the amount used to offset discounts (below the 340B + PDF price) on pharmaceuticals, and for other services / supplies?

12. Provider name and title.

13. Clinic name, address, city, state, and zip code (**will not be posted publicly**).

14. Email address and phone number in case we have follow up questions (**will not be posted publicly**).

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 Microsoft Forms



Oregon Prescription Drug
Affordability Board

DRAFT - Request for information: Pharmacy benefit managers (PBMs)

The Prescription Drug Affordability Board is seeking voluntary information from pharmacy benefit managers (PBMS) as part of the affordability review process outlined in ORS 646A.694. Please select the relevant medication from the drop-down menu in question 1 and 2 of the form and answer the provided questions. If providing feedback on multiple drugs under review, please submit a separate form for each drug by clicking the *Submit another response* link after the form has been submitted. To submit additional information or attachments, please email them to pdab@dcbs.oregon.gov.

The information collected will be compiled and presented to the board as part of the

1. Non-proprietary name.



2. Proprietary name of the drug.

3. Please provide the National Drug Code(s) (NDC-11) associated with this drug or use NDC-9.

4. List any therapeutic alternatives for this drug.

5. Number of prescriptions for this drug in Oregon in 2023.

6. Total cost for the prescription drug in Oregon in 2023.

7. The estimated total amount of price concessions, discounts or rebates PBM received from manufacturers and labelers in 2023 for the prescription drug under review, expressed as a percentage of the prices.

8. The estimated total amount of price concessions, discounts or rebates PBM received from manufacturers and labelers in 2023 for therapeutic alternatives, expressed as a percentage of the prices.

9. Any information the PBM chooses to provide.

10. Name of PBM (**will not be posted publicly**).

11. Contact name and title (**will not be posted publicly**).

12. Address, city, state, zip code (**will not be posted publicly**).

13. Email address in case we have follow up questions (**will not be posted publicly**).

14. Telephone number in case we have follow up questions (**will not be posted publicly**).

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.



Oregon Prescription Drug
Affordability Board

DRAFT - Request for information: manufacturers

The Prescription Drug Affordability Board is seeking voluntary information from pharmaceutical manufacturers as part of the affordability review process outlined in ORS 646A.694. Please select the relevant medication from the drop-down menu in question 1 and 2 of the form and answer the provided questions. If providing feedback on multiple drugs under review, please submit a separate form for each drug by clicking the *Submit another response* link after the form has been submitted. To submit additional information or attachments, please email them to pdab@dcbs.oregon.gov.

The information collected will be compiled and presented to the board as part of the

1. Non-proprietary name.

2. Proprietary name of the drug.

3. Please provide the National Drug Code(s) (NDC-11) associated with this drug or use NDC-9.

4. Dosage and package size.

5. Healthcare Common Procedure Coding Systems (HCPCS) J Code(s) or Q Code(s) if applicable.

6. Date of first FDA approval.

7. If the prescription drug was approved through an expedited pathway, please select all that apply.

- ☐ Fast track
- ☐ Priority review
- ☐ Accelerated approval
- ☐ Breakthrough therapy
- ☐ Other

8. List any therapeutic alternatives for this drug.

9. Does the prescription drugs have a patent expiration or exclusivity expiration within 18 months?

10. Does the drug have indications with designations under the Orphan Drug Act? If yes, what are indications under the orphan designation.

11. Does the drug have an FDA orphan approval status?

- ☐ Yes
- ☐ No

12. The estimated manufacturer net sales or estimated net-cost amounts (including rebates, discounts and price concessions) for the prescription drug sold in Oregon in 2023.

13. The estimated average monetary price concessions (including rebates or discounts) manufacturer provided to health insurance plans in Oregon or is expected to provide to plans in 2023. Express as a percentage of the WAC.

14. The estimated average monetary price concessions (including rebates or discounts) to PBMs registered in Oregon in 2023. Express as a percentage of the WAC.

15. The estimated manufacturer net sales or estimated net-cost amounts (including rebates, discounts and price concessions) for the therapeutic alternatives in 2023.

16. The estimated average price concession, discount or rebate manufacturer provided to or is expected to provide to health insurance plans and PBMs in this state for therapeutic alternatives in 2023.

17. The estimated average price concession, discount, rebate, or coupons manufacturer provided to or is expected to provide related to patient assistance programs in this state in 2023.

18. Any financial assistance the manufacturer provided to pharmacies in 2023.

19. Any financial assistance manufacturer provided to providers in 2023.

20. Any financial assistance manufacturer provided to consumers in 2023.

21. Any financial assistance manufacturer provided to other entities in 2023.

22. Any additional rebates paid (as a % of total rebates, paid to Brokers, Consultants, Coalitions, or any other who receive rebates that are not listed above. Please list out these stakeholder types and the % of total rebates, and the overall dollar amount per rebate paid to these entities. Please include administrative fees, marketing fees etc. that may not be in contract as a rebate but for all intents and purposes, are similar to rebates.

23. Handling fees expressed as a % off of WAC or as total dollar amount paid to wholesalers in Oregon to distribute your product.

24. Any additional compensation paid to insurers, employers, PBMs, brokers, coalitions etc. that are not identified as a rebate, but are fees that are paid back to these groups. Please provide these as dollar amounts and as percentage.

25. Any information a manufacturer chooses to provide.

26. Name of manufacturer

27. Contact name and title **(will not be posted publicly)**.

28. Address, city, state, zip code **(will not be posted publicly)**.

29. Email address **(will not be posted publicly)**.

30. Telephone number **(will not be posted publicly)**.



Department of Consumer and Business Services

Division of Financial Regulation

Data Call for Health Insurance Companies in Oregon

Instructions for completing this report. Due Date: TBD

This information is being collected by DCBS under the authorities granted in ORS 731.296 and ORS 646A.693 through ORS 646A.697 in support of the Oregon Prescription Drug Affordability Board.

The purpose of this Excel workbook is for health insurers to report required data for prescription drugs under both pharmacy and medical benefits for policies or certificates issued in Oregon during 2023. All information submitted for this purpose will be confidential and will not be disclosed except as provided in ORS 705.137.

Health insurers should fill out the information on each of the worksheets listed below: Company Information, Data Limitations and Notes, Pharmacy Claims and Cost, Medical Claims and Cost, Plan Design, and Price Concessions. **Upon completion**, please return the file using the following naming convention: "[Company Name]_2023_Data Call_[Market Type].xlsx". The file name indicates year that the carrier collected the information (2023) and is not reflective of the year of collection by the Prescription Drug Affordability Board (2024/2025).

(Example: "ABC_Company_2023_Data_Call_Large Group.xlsx" This file was completed by ABC Company for their 2023 data call for their Large Group market type.) **All reports must be submitted by email to <DFR.DataTeam@dcbs.oregon.gov>.**

NOTE: Please do NOT copy and paste into this workbook. Specific validation is utilized throughout to ensure that data is captured in a meaningful way. Copy and paste actions undo these validations and will result in errors that will need correction by the insurer and increase overall processing time and effort.

Fields highlighted in yellow are required. Some fields will conditionally highlight depending on the data entered.

Fields with data entered for a drug where "Excluded" was selected for coverage or formulary status will highlight pink. If the drug is excluded, no further entry is needed. The pink highlight will be removed when the associated data is removed or when the coverage or formulary status is changed to an option other than "Excluded".

Click the links just below to go to a specific section of the instructions or information

[Company Information](#)

[Data Limitations and Notes](#)

[Pharmacy Claims and Cost](#)

[Medical Claims and Cost](#)

[Plan Design](#)

[Price Concessions](#)

[Definitions](#)

[FAQ](#)

[NDC Information](#)

[Plan Types Reference](#)

Company Information

[Click here to go to the "Company Information" worksheet.](#)

[Click here to return to the beginning of the instructions.](#)

Note: This worksheet contains intentionally hidden fields (Columns A-E) designed for Prescription Drug Affordability Board administrative use only. No data entry is required for these hidden columns.

Company Name and NAIC Code:

Select the company name from the drop-down list. *Format: alpha-numeric*

Enter the company NAIC code. *Format: numeric value*

Primary Contact: Enter the name, phone number, and email address of the company's primary contact for this data request. Optional notes may also be added. *Format: alpha-numeric*

Note: Ensure the primary contact is an individual. Please do not list a shared email box in place of a real person.

Secondary Contact: If there is an additional contact and email or phone number to include, list the information in the secondary contact fields. *Format: alpha-numeric*

Authorizing Authority: Enter the name, phone number, and email address of the supervisor or manager responsible for approving the data provided in this workbook. Optional notes may also be added. *Format: alpha-numeric*

Technical Contact: Enter the name, phone number, and email address of the person who helped pull the data provided for this request. Optional notes may also be added. *Format: alpha-numeric*

Market Type: Select the market from the drop-down list. *Format: alpha-numeric*

Note: If the market type of "other" is selected, a new required field ("**Market Type Notes**") will appear directly below the market type. Please enter a description of the "other" market type in this cell. *Format: alpha-numeric*

Note: If the company serves more than one market type, please fill out a separate version of this workbook for each market the company serves. Example: A company that has both small and large group markets will send two files, one for each market type. **File 1** - "Company Name 2023 Data Call - Small Group.xlsx" and **File 2** - "Company Name 2023 Data Call - Large Group.xlsx".

Data Limitations and Notes (Optional)

[Click here to go to the "Data Limitations and Notes" worksheet.](#)

[Click here to return to the beginning of the instructions.](#)

Note: This worksheet contains intentionally hidden fields (Columns A-E) designed for Prescription Drug Affordability Board administrative use only. No data entry is required for these hidden columns.

Use this tab to list any limitations or quality concerns regarding the data being supplied or the methodology used to obtain the information provided. This tab can be skipped if there are no data limitations or quality concerns.

Section: To list any data concerns, select the section name from the drop-down list in column A. Select "All" when noting data limitations and quality concerns that impact all worksheets or data. *Format: alpha-numeric*

Data Point: If the data limitation and concerns apply to a specific data point (example: number of prescriptions), select the impacted data point from the drop-down list in column B. Select "all" from this drop-down field for notes about the data or methodology that are not limited to a single data point. *Format: alpha-numeric*

Data Quality of Limitation Notes: Enter the note here. *Format: alpha-numeric*

List any additional data limitations, concerns, or notes in new rows as needed.

Pharmacy Claims and Cost

[Click here to go to the "Pharmacy Claims and Cost" worksheet.](#)

[Click here to return to the beginning of the instructions.](#)

Use this worksheet to list the **pharmacy** claim and cost information for each of the listed prescriptions drugs and NDCs.

Note: This worksheet contains intentionally hidden fields (Columns A-E) designed for Prescription Drug Affordability Board administrative use only. No data entry is required for these hidden columns.

Note: If there were no **pharmacy** claims for a listed NDC but the drug is covered on the formulary (not excluded), please enter 0 for all required fields on that NDC row.

Prescription Drug Name: No action is needed unless entering an additional NDC as instructed below. This field is pre-populated with the drug information based on the drugs identified by the Prescription Drug Affordability Board for review. *Format: alpha-numeric*

Note: If entering a new NDC not already represented in the pre-populated list, navigate to the blank row just below the last pre-populated row in the sheet. Select the prescription drug name from the drop down list. The therapy class and drug type will auto-

populate based on the selection. Next, enter the NDC (see National Drug Code(s) instructions) and fill in the remaining required data fields for that NDC.

Therapy Class: **No action is needed for this field.** This field is pre-populated with the drug information based on the drugs identified by the Prescription Drug Affordability Board for review. For any additional rows required for NDCs not represented in the pre-populated list, this field will auto-populate upon selection of the prescription drug name. *Format: alpha-numeric*

Drug Type: **No action is needed for this field.** This field is pre-populated with the drug information based on the drugs identified by the Prescription Drug Affordability Board for review. For any additional rows required for NDCs not represented in the pre-populated list, this field will auto-populate upon selection of the prescription drug name. *Format: alpha-numeric*

National Drug Code(s): For convenience, 11-digit NDCs associated with the drugs found in our records have been listed. If the company records show additional NDCs for any given drug that are not pre-populated in the table, navigate to the blank row just below the last pre-populated row in the sheet. Select the prescription drug name from the drop down list. The therapy class and drug type will auto-populate based on the selection. Enter the NDC using the 11-digit format, then fill in the remaining required information. Add as many as rows as necessary. Each NDC should only appear once on this worksheet. *Format: 11-digit numeric value, no dashes.*

Note: For guidance regarding NDC formats and correct entry for additional NDC entries, please visit the **NDC Information worksheet** linked at the beginning of the instructions.

Coverage: Select from the drop-down box whether the prescription drug was prescribed under the **pharmacy benefit or excluded** from coverage. If "excluded" is selected (indicating that the drug/NDC is excluded from the formulary) and no pharmacy claim and cost information exist for the drug/NDC, please leave the remaining required fields blank for that row. The remaining yellow highlighted fields for that row will be removed as they are not required for excluded drugs. Any cells with data entered for an excluded drug/NDC will highlight pink indicating an error in entry. *Format: alpha-numeric characters*

Number of Enrollees: Enter the number of enrollees who filed pharmacy claims for the prescription drug in the reporting year. *Format: numeric*

Number of Prescriptions: Enter the number of prescriptions received for the prescription drug for **pharmacy claims** in the reporting year. Use pharmacy claim data based on the date of service. *Format: numeric*

Note: for 30-day versus 90-day supplies, count 30-day supplies as one and 90-day supplies as three. If 30-day or 90-day supplies are not applicable to the drug, such as drugs with a course of treatment less than one month, use the "Data Limitations and Notes" tab to note the impacted drug and the unit of measurement used for the associated claims.

Total Number of Claims: Enter the total number of pharmacy claims for the listed drug in the reporting year. *Format: numeric*

Total Annual Plan Spending (Allowed Dollar Amount): Enter 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. *Format: currency*

Note: The total annual plan spending should reflect the total after all rebates and price concessions have been applied.

Total Annual Deductible Costs for Enrollees: Enter the total deductible costs for enrollees for the listed drug in the reporting year.

Format: currency

Total Annual Copay Costs for Enrollees: Enter the total copay costs charged to enrollees for the listed drug in the reporting year.

Format: currency

Total Annual Coinsurance Cost for Enrollees: Enter the total coinsurance cost charged to enrollees for the listed drug in the reporting year. *Format: currency*

Total Other Enrollee Costs: Use this field to enter the total dollar amount of any additional costs or fees charged to enrollees in the reporting year that were associated with the listed drug that do not fall under deductibles, co-pay, or coinsurance. If a value is added to this field, please add an explanation for these added costs to the "Notes" field. The "Notes" field will highlight yellow in this case until completed. If no additional fees applied for an included drug, enter "0". *Format: currency*

Total Annual Out of Pocket Costs for Enrollees: This field is automated and **no action is required**. This field represents the sum of the Total Annual Deductible Costs for Enrollees, Total Annual Copay Costs for Enrollees, Total Annual Coinsurance Costs for Enrollees, and Total Other Enrollee Costs. *Format: currency*

Notes: If **"Total Other Enrollee Costs" were listed**, please enter a brief description or explanation regarding the nature and type of the additional fees. The "Notes" field will highlight yellow in this case until completed. *Format: alpha-numeric*

Medical Claims and Cost

[Click here to go to the "Medical Claims and Cost" worksheet.](#)

[Click here to return to the beginning of the instructions.](#)

Use this worksheet to list the **medical** claim and cost information for each of the listed prescriptions drugs and NDCs.

Note: This worksheet contains intentionally hidden fields (Columns A-E) designed for Prescription Drug Affordability Board administrative use only. No data entry is required for these hidden columns.

Note: If there were no medical claims for a listed NDC but the drug is covered on the formulary (not excluded), please enter 0 for all required fields on that NDC row.

Prescription Drug Name: No action is needed unless entering an additional NDC as instructed below. This field is pre-populated with the drug information based on the drugs identified by the Prescription Drug Affordability Board for review. *Format: alpha-numeric*

Note: If entering a new NDC not already represented in the pre-populated list, navigate to the blank row just below the last pre-populated row in the sheet. Select the prescription drug name from the drop down list. The therapy class and drug type will auto-populate based on the selection. Next, enter the NDC (see National Drug Code(s) instructions) and fill in the remaining required data fields for that NDC.

Therapy Class: **No action is needed for this field.** This field is pre-populated with the drug information based on the drugs identified by the Prescription Drug Affordability Board for review. For any additional rows required for NDCs not represented in the pre-populated list, this field will auto-populate upon selection of the prescription drug name. *Format: alpha-numeric*

Drug Type: No action is needed for this field. This field is pre-populated with the drug information based on the drugs identified by the Prescription Drug Affordability Board for review. For any additional rows required for NDCs not represented in the pre-populated list, this field will auto-populate upon selection of the prescription drug name. *Format: alpha-numeric*

National Drug Code(s): For convenience, 11-digit NDCs associated with the drugs found in our records have been listed. If the company records show additional NDCs for any given drug that are not pre-populated in the table, navigate to the blank row just below the last pre-populated row in the sheet. Select the prescription drug name from the drop down list. The therapy class and drug type will auto-populate based on the selection. Enter the NDC using the 11-digit format, then fill in the remaining required information. Add as many as rows as necessary. Each NDC should only appear once on this worksheet. *Format: 11-digit numeric value, no dashes.*

Note: For guidance regarding NDC formats and correct entry for additional NDC entries, please visit the **NDC Information worksheet** linked at the beginning of the instructions.

Coverage: Select from the drop-down box whether the prescription drug was prescribed under the **medical benefit or excluded** from coverage. If "excluded" is selected (indicating that the drug/NDC is excluded from the formulary) and no medical claim and cost information exist for the drug/NDC, please leave the remaining required fields blank for that row. The remaining yellow highlighted fields for that row will be removed as they are not required for excluded drugs. Any cells with data entered for an excluded drug/NDC will highlight pink indicating an error in entry. *Format: alpha-numeric characters*

Number of Enrollees: Enter the number of enrollees who filed medical claims for the prescription drug in the reporting year. *Format: numeric*

Number of Prescriptions: Enter the number of prescription received for the prescription drug for **medical claims** in the reporting year. Use medical claim data based on the date of service. *Format: numeric*

Note: For 30-day versus 90-day supplies, count 30-day supplies as one and 90-day supplies as three. If 30-day or 90-day supplies are not applicable to the drug, such as drugs with a course of treatment less than one month, use the "Data Limitations and Notes" tab to note the impacted drug and the unit of measurement used for the associated claims.

Total Number of Claims: Enter the total number of claims for the listed drug in the reporting year. *Format: numeric*

Total Annual Plan Spending (Allowed Dollar Amount): Enter 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. *Format: currency*

Note: The total annual plan spending should reflect the total after all rebates and price concessions have been applied.

Total Annual Deductible Costs for Enrollees: Enter the total deductible costs for enrollees for the listed drug in the reporting year. *Format: currency*

Total Annual Copay Costs for Enrollees: Enter the total copay costs charged to enrollees for the listed drug in the reporting year. *Format: currency*

Total Annual Coinsurance Cost for Enrollees: Enter the total coinsurance cost charged to enrollees for the listed drug in the reporting year. *Format: currency*

Total Other Enrollee Costs: Use this field to enter the total dollar amount of any additional costs or fees charged to enrollees in the reporting year that were associated with the listed drug that do not fall under deductibles, co-pay, or coinsurance. If a value is added to this field, please add an explanation for these added costs to the "Notes" field. The "Notes" field will highlight yellow in this case until completed. If no additional fees applied, enter "0". *Format: currency*

Total Annual Out of Pocket Costs for Enrollees: This field is automated and **no action is required**. This field represents the sum of the Total Annual Deductible Costs for Enrollees, Total Annual Copay Costs for Enrollees, Total Annual Coinsurance Costs for Enrollees, and Total Other Enrollee Costs. *Format: currency*

Notes: If **"Total Other Enrollee Costs" were listed**, please enter a brief description or explanation regarding the nature and type of the additional fees. The "Notes" field will highlight yellow in this case until completed. *Format: alpha-numeric*

Plan Design

[Click here to go to the "Plan Design" worksheet.](#)

[Click here to return to the beginning of the instructions.](#)

[Click here to go to "Plan Types Information".](#)

Note: This worksheet contains intentionally hidden fields (Columns A-E) designed for Prescription Drug Affordability Board administrative use only. No data entry is required for these hidden columns.

Use this worksheet to provide formulary information for the selected market for each listed drug. Each drug of interest is listed once; however, additional rows should be added below the last row of data in the table to accommodate all formulary and plan types for each drug.

Examples:

1. A drug is represented across several plan types (e.g. C-HMO, C-PPO, C-POS).
2. Under Plan A for a drug, the formulary status is preferred, but under Plan B it is non-preferred.
3. Under Plan A for a drug, the copay formulary status is a fixed fee but under Plan B it is a percentage of the cost.

Each variation should be listed as an individual row of data to capture all relevant forms of coverage for the drug.

Prescription Drug Name and Therapy Class: No action is needed unless entering additional rows to accommodate additional plan types for a given drug. The table is pre-populated with one row for each drug representing the drugs of interest for the Prescription Drug Affordability Board review. To add a new row, navigate to the row directly below the last row of data in the table and select the Prescription Drug Name from the drop-down list. The Therapy Class and Drug Type will auto-populate based on the selected drug name. Next, enter data in the fields for each new row. *Format: alpha-numeric*

Plan Type: Select the plan type from the drop-down list provided. For more information about plan types go to the "Plan Types Information" worksheet. Only one plan type can be selected from the drop-down list for each row (e.g. C-HMO to indicate a commercial HMO). Additional types should be added after the last row of data in the table. If the plan type is not listed choose "Other" and provide information in the notes regarding the plan type. The "Notes" field will highlight yellow in this case until completed.

Format: alpha-numeric

Average Patient Premium Cost: Enter the average dollar amount for the patient premium cost for the drug for the specified plan type for the reporting year. *Format: currency*

Minimum Patient Premium Cost: Enter the minimum dollar amount for patient premium cost for the drug for the specified plan type for the reporting year. *Format: currency*

Maximum Patient Premium Cost: Enter the maximum dollar amount for patient premium cost for the drug for the specified plan type for the reporting year. *Format: currency*

Therapeutic Alternatives: Select "Yes" or "No" from the drop-down list to indicate the presence or absence of therapeutic alternatives for a given drug. This includes the existence of any therapeutic alternatives and is not limited to only those on the company formulary.

Format: alpha-numeric

Number of Therapeutic Alternatives: Enter a whole number representing the number of therapeutic alternatives for a given drug. If there are no therapeutic alternatives, enter zero. *Format: numeric*

Formulary Status: Select an option from the drop-down list to indicate whether the drug is preferred, non-preferred, or excluded on the formulary drug list. If "Excluded" is selected, the yellow highlighting on the remaining required fields for that row will be removed and no further entry is needed for that row. *Format: alpha-numeric*

Copay Formulary Status: Select an option from the drop-down list to indicate whether the drug has a co-payment formulary status that is fixed fee or percentage of cost. It should be one or the other and not both for each row. If the drug is excluded from the formulary, leave blank. *Format: alpha-numeric*

Note: When the Copay formulary status is selected, either the "Fixed Fee Copay" or "Percentage of Coinsurance" field will highlight yellow indicating that it is now a required field based on the selection. Only the highlighted field should be completed as required.

Fixed Fee Copay: This field is required and will be highlighted yellow if the selected copay formulary status is "Fixed Fee." Indicate the fixed fee amount of the drug. If the copay formulary status is not "Fixed Fee," this field should be left blank. If the drug is excluded from the formulary, leave blank. *Format: currency*

Percentage of Coinsurance: This field is required and will be highlighted yellow if the selected co-pay formulary status is "Percentage of Cost," specify the percentage of coinsurance for the prescription drug. If the copay formulary status is not "Percentage of Cost," this field should be left blank. If the drug is excluded from the formulary, leave blank. *Format: percentage*

Step Therapy Required: Indicate whether the drug requires step therapy in the prior authorization process by choosing "Yes" or "No" from the drop-down selection box. If the drug is excluded from the formulary, leave blank. *Format: alpha-numeric*

Prior Authorization Required: Select "Yes" from the drop-down list if prior authorization is required for the drug, or "No" if prior authorization is not required for the drug. If the drug is excluded from the formulary, leave blank. *Format: alpha-numeric*

Number of Approved Prior Authorizations: Enter the number of approved claims subject to prior authorization. *Format: numeric*

Number of Denied Prior Authorizations: Enter the number of denied claims subject to prior authorization. *Format: numeric*

Provider Administered: Indicate if this drug is provider administered by selecting "Yes" or "No" from the drop-down list. If the drug is excluded from the formulary, leave blank. *Format: alpha-numeric*

Third party payment allowed for the drug: If third-party payments are allowed, select "Yes" from the drop-down list. If third-party payments are not allowed, select "No." If the drug is excluded from the formulary, leave blank. *Format: alpha-numeric*

Third party payment for the drug is applied to member out-of-pocket: If third party payments are allowed and can be applied toward patient out-of-pocket costs (such as deductibles), select "Yes" from the drop-down list. If third party payments are allowed but cannot be applied toward patient out-of-pocket cost, select "No." If the drug is excluded from the formulary, leave blank. *Format: alpha-numeric*

Notes: Use this field to list any needed explanations based on field selections or any notes the company wishes to share regarding the plan design for the listed drug. *Format: alpha-numeric*

Price Concessions

[Click here to go to the Price Concessions tab.](#)

[Click here to return to the beginning of the instructions.](#)

Note: This worksheet contains intentionally hidden fields (Columns A-E) designed for Prescription Drug Affordability Board administrative use only. No data entry is required for these hidden columns.

Use this worksheet to enter the aggregate price concession data for each listed drug. See the definitions tab for a definition of price concessions.

Note: To help protect the confidentiality of this data, data from individual companies will not be shared. Data supplied here will only be used in an aggregate form. Use the "Data Limitations and Notes" tab to make any notes regarding the sensitivity of data reported in the "Price Concessions" tab.

Prescription Drug Name and Therapy Class: These fields are pre-populated with the drugs identified for Prescription Drug Affordability Board review. No action required for these fields. *Format: alpha-numeric*

Coverage: Select from the drop-down list whether the prescription drug was prescribed under the pharmacy benefit, medical benefit, both (medical and pharmacy benefit), or excluded from coverage. *Format: alphabetic characters*

Total Number of Claims: No action is required for this field. This is an automated field that sums all of the claims based on a prescription drug name in the "Pharmacy Claims and Cost" and "Medical Claims and Cost" worksheets. For example - For Drug 1, 100 and 20 total pharmacy claims are entered for two different NDCs for drug 1 in the "Pharmacy Claims and Cost" worksheet. Additionally, 50 and 75 total medical claims are entered for two different NDCs for drug 1 in the "Medical Claims and Cost worksheet. This field is the sum of these values (245 total claims) from both pharmacy and medical claims. *Format: numeric value*

Number of Claims with Price Concessions Applied: Enter the number of claims for the prescription drug in which a price concession was applied in the reporting year. *Format: numeric*

Total Cost of the Drug Before Price Concessions: Enter the total dollars paid for prescription drug claims in the pharmacy and medical benefits before price concessions were applied. *Format: currency*

Total Price Concessions Received from Manufacturer: Enter the total dollar amount of all price concessions received from the manufacturer for the prescription drug in the reporting year. *Format: currency*

Note: If there is a lag in the rebate and price concession data the company receives, enter the actual numbers that are available at the time of this data call for the reporting year. There will be a separate field for any anticipated price concessions that have not yet been received for the reporting year (see "Total Estimated Price Concessions Not Yet Received from Manufacturer").

Total Estimated Price Concessions Not Yet Received from Manufacturer: Enter the total estimated dollar amount of all price concessions not yet received from the manufacturer for the prescription drug in the reporting year. *Format: currency*

Total Price Concessions from PBM: Enter the total dollar amount of all price concessions received from the pharmacy benefit manager (PBM) for the prescription drug in the reporting year. *Format: currency*

Note: If there is a lag in the data the company receives, enter the actual numbers that are available at the time of this data call for the reporting year. There will be a separate field for any anticipated price concessions that have not yet been received for the reporting year (see "Total Estimated Price Concessions Not Yet Received from PBM").

Total Estimated Price Concessions Not Yet Received from PBM: Enter the total estimated dollar amount of all price concessions not yet received from the pharmacy benefit manager (PBM) for the prescription drug in the reporting year. *Format: currency*

Total Other Rebates and Price Concessions (including PAPs): List the total dollar amount of any other price concessions for the prescription drug in the reporting year. If there were no other rebates or price concessions, enter 0. If there were other rebates and price concessions, please add a note to the Notes field explaining the nature and details of these amounts. *Format: currency*

Total Price Concessions: No action required for this field. This field will automatically calculate the sum of the price concession fields. *Format: currency*

Price Concessions Percentage: No action required for this field. This field will automatically calculate the total sum of rebates and discounts divide it by the total cost before rebates and discounts. *Format: percentage*

Notes: If a dollar amount was listed for "Total Other Rebates and Price Concessions (including PAPs)," enter a brief description or explanation regarding the nature of these rebates or price concessions in this field. This field will highlight yellow in this case indicating that it is required. *Format: alpha-numeric*

[Click to return to the top of the screen](#)

NDC Information for formatting 11-digit codes

Enter the NDC in the 11-digit National Council for Prescription Drug Programs (NCPDP) format. This identifies the labeler, product, and trade package size by unique code for the U.S. Food and Drug Administration (FDA) and the manufacturer. Below are the most common conversions. **Please use only digits without dashes as shown in parentheses in the 11-character example.**

NDC (FDA)
4-4-2 (9999-9999-99)
5-3-2 (99999-999-99)
5-4-1 (99999-9999-9)

11-character NDC (NCPDP)
5-4-2 (099999999999)
5-4-2 (99999099999)
5-4-2 (99999999909)

[Return to instructions](#)

Term	Definition
Excluded (formulary status)	Drugs that are not covered under the drug formulary.
Non-Preferred (formulary status)	Drugs that have a higher tier level and/or copay amount; often require prior authorization.
Patient Assistance Program (PAP)	A type of price concession paid by (or on behalf of) the manufacturer for some portion of the patient point-of-service cost sharing as required by the health plan, including the deductible. Plans that allow these payments are to report this amount whether the health plan uses the accumulator or maximizer model to track the amount of the assistance.
Preferred (formulary status)	There is an agreement with the pharmacy benefit manager (PBM) where the drug will be placed on the formulary.
Price Concession	Any negotiated or required reduction in the cost of the drug to the insurer, including, but not limited to, discounts and rebates
Rebate	A type of price concession that occurs after a product or service is paid, typically by the entity receiving the rebate, such as a rebate from the manufacturer to the insurer/PBM after a pharmacy claim has been paid. The amount reported by the insurer is the amount passed directly to the insurer from the PBM or the manufacturer and does not include rebates retained by the PBM in lieu of fees.
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. The total annual plan spending should reflect the total after all rebates and price concessions have been applied.

[Return to Instructions](#)

Question	Answer
There is a lag in when our company receives data regarding rebates. Should we report estimates?	For any months you have data available, include the actual price concession amounts. For any remaining months the actual price concession data is not yet available, such as any lag in rebates, report the estimated amount of pending rebates and price concessions in the estimated price concession columns for manufacturers and PBMs.
Can hyphens or dashes be used when entering NDC numbers?	No, please use the 11-digit format outlined on the "NDC Information" tab. Only numbers may be used for this field.
Which worksheets should be filled out?	Company Information, Pharmacy Claims and Cost, Medical Claims and Cost, Plan Design, and Price Concessions are required worksheets for completion. The Data Limitations and Notes worksheet may also be filled out; however, it is not required.
What year of data should be included?	Only data pertaining to the year of 2023 should be included for this collection.
When should the completed file be returned to DCBS?	TBD
Where should the completed file be sent?	Please send the completed workbook to DFR.DataTeam@dcbs.oregon.gov .
Is it ok to copy and paste information in the worksheets?	No, please do not copy/paste into any worksheet in this workbook. Specific validation is utilized throughout to ensure that data is captured in a meaningful way. Copy and paste actions undo these validations and will result in errors that will need correction by the insurer and increase overall processing time and effort.
What is the significance of the drugs listed in this spreadsheet?	The drugs are a subset list selected by the Prescription Drug Affordability Board for review during the affordability review process as directed by ORS 646A.694. More information about affordability reviews can be located on the PDAB website: https://dfr.oregon.gov/pdab/Pages/affordability-review.aspx .

[Return to Instructions](#)

Figure 1 - Company Information

Company Field	Company Information
Company Name	
NAIC Code	
Primary Contact Name (Required)	
Primary Contact Job Title (Required)	
Primary Contact Phone Number (Required)	
Primary Contact Email (Required)	
Primary Contact Notes	
Secondary Contact Name	
Secondary Contact Job Title	
Secondary Contact Phone Number	
Secondary Contact Email	
Secondary Contact Notes	
Authorizing Authority Name (Required)	
Authorizing Authority Job Title (Required)	
Authorizing Authority Phone Number (Required)	
Authorizing Authority Email (Required)	
Authorizing Authority Notes	
Technical Contact Name (Required)	
Technical Contact Job Title (Required)	
Technical Contact Phone Number (Required)	
Technical Contact Email (Required)	
Technical Contact Notes	
Market Type	

[illegible]

Figure 4 - Medical Claims and Cost

[illegible]

Figure 5 - Plan Design

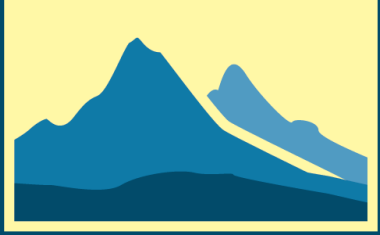
[illegible]

Figure 6 - Price Concessions

[illegible]

Figure 7 - Plan Types Reference

Click here to go the Instructions		
Click here to go to the "Plan Design" Worksheet		
Plan Type	Line of Business	Description
C-DHMO	Commercial	Dental Health Maintenance Organization
C-DPOS	Commercial	Dental Point of Service
C-DPPO	Commercial	Dental Preferred Provider Organization
C-EPO	Commercial	Exclusive Provider Organization
C-HDHP	Commercial	High-Deductible Health Plan
C-HMO	Commercial	Health Maintenance Organization
C-POS	Commercial	Point-of-Service
C-PPO	Commercial	Preferred Provider Organization
MCD-FFS	Medicaid	Fee For Service
MCD-HMO	Medicaid	Health Maintenance Organization
M-DHMO	Medicare	Dental Health Maintenance Organization
M-DPOS	Medicare	Dental Point of Service
M-DPPO	Medicare	Dental Preferred Provider Organization
M-FFS	Medicare	Fee For Service
M-HMO	Medicare	Health Maintenance Organization
M-PABC	Medicare	Parts A, B and C
M-PD	Medicare	Part D
M-PPO	Medicare	Preferred Provider Organization
M-SNP	Medicare	Special Needs Plan
NA	NA	Not Applicable
Other	Other	Other Plan Type
Note: C = "Commercial", MCD = "Medicaid", and M = "Medicare"		



Oregon Prescription Drug
Affordability Board



Affordability review approaches

Cortnee Whitlock, senior policy analyst

March 19, 2025

Affordability review approach

At the February 19 PDAB meeting, the board discussed the following approaches for selection of a subset of drugs for affordability review. The board considered the following criteria:

- **Orphan drugs:** Remove drugs with an orphan class designation.
- **IRA CMS lists:** Remove drugs that are on the IRA CMS negotiation list.
- **Vaccines/HIV medications:** Remove vaccines due to low patient cost and exclude HIV medications based on public comments and alignment with other state PDABs.
- **Therapeutic alternatives:** Prioritize drugs with two or more therapeutic alternatives to determine if market competition is impacting total annual spending and utilization.
- **Generic drugs:** Remove generics that have multiple therapeutic equivalents.
- **Total spend:** Focus on drugs with the highest annual net rebate spend per enrollee.



DPT carrier lists

- Drug Price Transparency (DPT) program collects health insurances carrier's top 25 greatest price increase, most costly, and most prescribed drugs (Rx) under ORS743.025.
- The DPT aggregates the information and provides it to PDAB's data analyst to setup for the board to review.

Any carrier Rx on mfr. new drug report or price increase report

- DPT collects information from manufacturers under ORS 646A.689. Data submitted under sections (6) is give to PDAB data analyst quarterly and provided to the board to review.
- Section (2) under ORS 646A.689 is provided annual from DPT and shown to the board for review.

Historical & current mfr. Rx price increases, based on wholesale acquisition cost (WAC)

- Rx on list for affordability review will be looked up in Medi-Span to determine the historical and current WAC price.
- For drugs with multiple national drug codes (NDC), a measure of central tendency will be used for a price comparison.

FDA

- PDAB staff will look up expedited approvals of fast track, priority review, accelerated approval, and breakthrough therapy designation.
- PDAB staff will use Medi-Span to look up brand-name drugs and biological products, and whether there are any approved and marketed generic drugs or biosimilar drugs.

Are therapeutic alternatives available?

- PDAB staff will review Rx under review and research if there are therapeutic alternatives and if cost and availability can be determined.

Does the Rx have a patent expiration or exclusivity expiration within 18 months

- PDAB staff will review Rx under review and research if there are patent or data exclusivity expirations within 18 months of affordability review.

Phase 2: Select prescription drugs for affordability review



OAR 925-200-0010 Selecting Prescription Drugs for Affordability Reviews

The Prescription Drug Affordability Board (PDAB) will select from the list of eligible prescription drugs, provided by the Department of Consumer and Business Services pursuant to 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) Whether any prescription drugs are on each of the insurer reported top 25 lists under ORS 743.025.
- (2) 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.
- (3) Historical and current manufacturer drug price increases, based on wholesale acquisition cost (WAC) information. For drugs with multiple nation drug codes (NDC), a measure of central tendency will be used for a price comparison.
- (4) 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 designation. 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.
- (5) Where there are therapeutic alternatives, the cost and availability of potential alternatives.
- (6) Whether the prescription drugs have a patent expiration or data exclusivity expiration within 18 months.
- (7) For insulin drugs marketed in the U.S. and available in Oregon, criteria for selection may include, but not limited to, those products with the highest insurer reported:
 - (a) Overall spend;
 - (b) Per-patient spend; and
 - (c) Patient out-of-pocket cost.



Oregon Prescription Drug Affordability Board

Agenda item: Board review of data sets and OAR 925-200-0010 criteria to select subset of drugs for affordability reviews

Click on the [Prescription Drug Affordability Board data web page](#) to access the data in Excel format. Here are the file names:

- [OREGON PDAB DATA DASHBOARD](#) **New!**
- [Carrier_2023_Preliminary_aggregated_information_v03](#)
- [Insulin_2023_Preliminary_aggregated_information_based_on_APAC_pharmacy_data_v01](#)
- [mfr-2023-annual-increase-v01.xlsx](#)
- [mfr-2023-new-specialty-v01.xlsx](#)

Location on the PDAB website: <https://dfr.oregon.gov/pdab/Pages/data.aspx>