



Jardiance® (empagliflozin)¹

Version 2.0



¹ Image source: <https://www.clinicaltrialsarena.com/wp-content/uploads/sites/22/2024/10/Jardiance-lmg-1.jpg>

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Document version history

Version	Date	Description
v1.0	6/9/2026	Original release
v2.0	6/15/2026	Updated health equity section with updated data.
v2.0	6/16/2026	Added web link to the public comment letter.

Review summary

Therapeutic alternatives^{2,3,4}

Jardiance® (empagliflozin) has the following therapeutic alternatives: **Brenzavvy, Farxiga, Invokana,** and **Steglatro.**

Table 1 Subject drug and therapeutic alternative information

Proprietary name	Non-proprietary name	Manufacturer	Approved year	Number of patents	Patent date range	Exclusivity expiration	On the CMS drug Maximum Fair Price (MFP) list
Jardiance	<i>empagliflozin</i>	Boehringer Ingelheim Pharmaceuticals	2014	19	2028-2034	2026	Yes (2026) ⁵
Brenzavvy	<i>bexagliflozin</i>	Theracosbio LLC	2023	6	2028-2032	2028	No
Farxiga	<i>dapagliflozin</i>	Astrazeneca Ab	2014	35	2025-2041	2027	Yes (2026) ⁶
Invokana	<i>canagliflozin</i>	Janssen Pharmaceuticals	2013	8	2025-2029	2028	No
Steglatro⁷	<i>ertugliflozin</i>	Merk Sharp and Dohme LLC	2017	1	2030	-	No

Price history^{8,9}

Jardiance rose at an **average annual rate of 3.6 percent** from 2019-2025.

² Approved Drug Products with Therapeutic Equivalence Evaluations | Orange Book. U.S. Food & Drug Administration, Aug. 8, 2025. <https://www.fda.gov/drugs/drug-approvals-and-databases/approved-drug-products-therapeutic-equivalence-evaluations-orange-book>.

³ Frequently Asked Questions on Patents and Exclusivity, U.S. Food & Drug Administration, Feb. 5, 2020. https://www.fda.gov/drugs/development-approval-process-drugs/frequently-asked-questions-patents-and-exclusivity#What_is_the_difference_between_patents_a.

⁴ Selected Drugs and Negotiated Prices. Centers for Medicare & Medicaid Services, May 23, 2025. <https://www.cms.gov/priorities/medicare-prescription-drug-affordability/overview/medicare-drug-price-negotiation-program/selected-drugs-and-negotiated-prices>.

⁵ The year the Maximum Fair Price (MFP) becomes effective.

⁶ Ibid.

⁷ No exclusivity was listed for Steglatro in the U.S. Food & Drug Administration Orange Book Database.

⁸ Medi-Span. Wolters Kluwer, 2025. <https://www.wolterskluwer.com/en/solutions/medi-span/medi-span>.

⁹ Consumer Price Index. U.S. Bureau of Labor Statistics. <https://www.bls.gov/cpi/tables/supplemental-files/>.

- In the same time period, its therapeutic alternatives rose at these rates:
 - Brenzavvy¹⁰
 - Farxiga: 2.9 percent
 - Invokana: 2.8 percent
 - Steglatro: 3.5 percent

Additionally, the average annual rate of Jardiance exceeded inflation in **2020, 2023, and 2025**. Pharmacy acquisition costs for **Medicaid also increased by 20.7 percent** over the same period, reflecting broader trends in pricing escalation.

Price concessions¹¹

Based on data received from healthcare carriers, Jardiance in 2024 had an **average gross spend of \$949 per claim**, while the **average net spend after discounts was \$413 per claim**. Price concession per claim was reported to be **\$537**, resulting in an **average price concession of 56.5 percent per claim**.

Cost to the payer¹²

Table 2 2024 APAC annual payer total expenditure, claims, and cost per enrollee¹³

Proprietary name	No. of enrollees ¹⁴	No. of claims	Total payer paid	Cost per enrollee, mean	Cost per claim, median
Jardiance	41,488	185,195	\$156,018,943	\$3,761	\$589
Brenzavvy¹⁵	-	-	-	-	-
Farxiga	10,839	42,176	\$34,621,727	\$821	\$561
Invokana	566	2,505	\$2,064,486	\$824	\$581
Steglatro	6,095	57,147	\$19,627,841	\$343	\$344

¹⁰ Annual rate could not be calculated due to only one year of WAC being obtained for Brenzavvy.

¹¹ Based on data submitted to the Department of Consumer and Business Services (DCBS) by Oregon’s commercial insurance carriers. The data call includes information about the cost of the drug before and after price concessions in the commercial market.

¹² Based on Oregon’s 2024 All Payer All Claims (APAC) data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons. For more information regarding APAC data visit: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims.aspx>.

¹³ The totals for amounts paid, costs, and claims are from both medical and pharmacy reporting.

¹⁴ The number of enrollees is derived from unique individuals collected from APAC at the drug level. A single unique individual may occur across multiple lines of business, indicating that an enrollee can be counted for each claim line of business. As a result, this leads to the elevated enrollment numbers presented in Table 6, 9, and 10 as compared to other totals indicated in this report.

¹⁵ Information is unavailable due to the NDC of Brenzavvy yielding no results in APAC database.

Cost to enrollees¹⁶

Table 3 2024 APAC annual enrollee out-of-pocket (OOP) cost¹⁷

Proprietary name	Total paid by enrollees	OOP cost per enrollee median	OOP cost per claim. mean	OOP cost per claim, median
Jardiance	\$14,656,919	\$120	\$79	\$11
Brenzavvy ¹⁸	-	-	-	-
Farxiga	\$3,644,788	\$90	\$86	\$11
Invokana	\$187,897	\$22	\$75	\$0
Steglatro	\$79,755	\$0	\$1	\$0

Rubric considerations

Table 4 Rubric domains and scoring considerations

Domain	Consideration
Number of APAC enrollees	41,488
Price evaluation	Average annual percent change in WAC of 3.6 percent from 2019-2025
Price concessions	56.5% claims receive rebates or price concessions
System & payer costs	\$156,018,943 payer paid
Enrollee burden	\$353 mean of APAC enrollee OOP annual cost
Equity impact	TBD
Access restrictions	No
Therapeutic alternative	Yes (subject to change depending on board discussion)
Stakeholder input	Yes
Patent expirations	Yes
Excluded from CMS Maximum Fair Price List (MFP)	No

¹⁶ Based on Oregon's 2024 All Payer All Claims (APAC) data across commercial insurers and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons. For more information regarding APAC data visit: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims.aspx>.

¹⁷ Total patient out-of-pocket costs is the sum of reported copayments, coinsurances, and deductibles.

¹⁸ Information is unavailable due to the NDC of Brenzavvy yielding no results in APAC database.

Review background

This review incorporates supporting information from Medi-Span, FDA databases (e.g., Orange Book, Purple Book), and other publicly available data where applicable.

Two primary data sources inform this review: the Oregon All Payers All Claims (APAC) Reporting Program database and the Oregon commercial carrier data call. APAC aggregates claims data across all payer types in Oregon, including Medicaid, Medicare, and commercial plans, and presents gross cost estimates. In contrast, the data call reflects submissions from 11 commercial health insurers and reports primarily net costs after manufacturer rebates, PBM discounts, and other price concessions. As a result, APAC generally reflects larger total claims and cost figures due to broader reporting for more enrollees, while the data call offers insight into actual expenditures from private payers in the commercial market.

In 2023, APAC included data for approximately 3.5 million Oregonians. Approximately 27% of people in APAC had Medicare coverage, 33% of people had Medicaid coverage, and 39% of people had commercial coverage. APAC cannot require submission of claims and enrollment data from entities regulated under the Employee Retirement Income Security Act of 1974 (ERISA), so data for many self-insured plans are not included.^{19,20} For these drug reviews, APAC data on people with Medicare coverage are limited to Medicare Advantage and Part D only and do not include claims for Traditional Medicare Part A or Part B.

The 2026 Oregon commercial carrier data call included data from commercial health plans providing coverage for approximately 800,000 Oregonians based on claims in 2024.²¹ The data call is limited to fully-insured plans that are regulated by the state and does not include coverage regulated under ERISA.

This review addresses the affordability review criteria to the extent practicable. Due to limitations in scope and resources, some criteria receive minimal or no consideration.

In accordance with OAR 925-200-**0020**, PDAB conducted affordability reviews on prioritized prescription drugs selected under OAR 925-200-**0010**. The board selected ten drugs and two insulin products for affordability review in 2026. The selection process emphasized brand-name products with substantial cost impact and excluded antivirals, toxoids, vaccines, and products with available therapeutic equivalents or biosimilars as of February 2026. The board also

¹⁹ Oregon All Payer All Claims Database (APAC) Data User Guide. Version 1.1 updated Nov 19, 2025. [APAC-Data-User-Guide.pdf](#). The number of people represented in 2024 APAC data has not been published as of May 2026.

²⁰ For 2024, the DCBS Division of Financial Regulation reported that just under one million people in Oregon were enrolled in commercial health plans and slightly more than one million people in Oregon were enrolled in self-insured health plans. *2024 Quarterly enrollment report*, <https://dfr.oregon.gov/business/reg/reports-data/annual-health-insurance-report/Pages/health-ins-enrollment.aspx>, accessed June 1, 2026.

²¹ The number of people covered by plans reporting to the commercial carrier data call was estimated using 2024 insurer data reported in 2025 to the Oregon Drug Price Transparency Program which receives reports on state-regulated health insurance plans.

removed from consideration products reviewed in 2025 and determined to possibly have potential system- or patient-level cost implications. To ensure broad relevance across Oregon’s insured population, the board prioritized drugs reported by seven or more commercial health carriers.

For insulin products, the board focused on products with the highest end-of-year unit prices while excluding those with fewer than 100 covered enrollees. Insulin glargine products reviewed by the board in 2025 were also removed to maintain focus on products not yet evaluated. This approach ensured that the final selection aligned with statutory intent, reflected consistent application of rule-based selection factors, and supported a comprehensive assessment of products with meaningful affordability implications for Oregon’s health care system and patients.

[Visit the PDAB webpage](#) for more information about purpose and statutory authority of the Oregon Prescription Drug Affordability Board (PDAB).

Drug information²²

Table 5 Drug and FDA information

Drug proprietary name(s)	Jardiance®
Non-proprietary name	<i>empagliflozin</i>
Manufacturer	Boehringer Ingelheim
Pharmacologic category	Sodium-glucose co-transporter 2 (SGLT2) inhibitor
Treatment:	<ul style="list-style-type: none"> To reduce the risk of cardiovascular death and hospitalization for heart failure in adults with heart failure. To reduce the risk of sustained decline in eGFR, end-stage kidney disease, cardiovascular death, and hospitalization in adults with chronic kidney disease at risk of progression. To reduce the risk of cardiovascular death in adults with type 2 diabetes mellitus and established cardiovascular disease. As an adjunct to diet and exercise to improve glycemic control in adults and pediatric patients aged 10 years and older with type 2 diabetes mellitus.
Dosage and strength	Recommended 10 mg, 25 mg once daily.
Form/Route	Tablet/oral
Physician administered	No
NDCs reviewed	<ul style="list-style-type: none"> 00597015230

²² U.S. Food & Drug Administration. Jardiance (empagliflozin) Prescribing Information, Sept. 2024. https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/204629s040lbl.pdf.

Drug proprietary name(s)	Jardiance® <ul style="list-style-type: none"> • 00597015237 • 00597015290 • 00597015330 • 00597015337 • 00597015390
First approved by the FDA	Aug. 1, 2014. ²³
Expedited forms of approval by the FDA	None
Designations under the Orphan Drug Act	No

Health equity considerations

ORS 646A.694(1)(a) and OAR 925-200-0020 (1)(a) & (2)(a)(A-B). Limitations in scope and resources available for this statute requirement.

Claims data from APAC was evaluated for health equity considerations related to utilization in Oregon. The analysis included line of business (payer type), race, ethnicity, and gender where available and evaluated member counts, claims numbers, insurer paid amounts, and enrollee out-of-pocket costs. Equity data analysis using APAC is preliminary with additional data cleaning underway as of June 8, 2026. Claim counts and other metrics may change in future updates with improved data cleaning.

Jardiance claims were primarily **observed among Medicare enrollees**. Median and average claim costs were reviewed to understand typical and overall impacts. Median patient costs were generally similar across coverage categories, while average costs were higher in some groups, indicating a smaller number of higher-cost claims. Race, ethnicity, and gender information was included in the review; however, a substantial proportion of records were categorized as unknown, limiting interpretation of demographic differences.

Table 6 2024 APAC claim and enrollee count by line of business

Line of business	Claim count	Enrollee count ²⁴	Claims per enrollee
Commercial	52,885	11,852	4.5
Medicaid	31,249	5,925	5.3
Medicare	101,061	26,641	3.8
Total	185,195	41,488	4.5

²³ FDA approval date based on the earliest occurring approval dates in the FDA Orange/Purple Book. For drugs with multiple forms/applications, staff used the earliest approval date across all related FDA applications.

²⁴ The number of enrollees is derived from unique individuals collected from APAC at the drug level. A single unique individual may occur across multiple lines of business, meaning that an enrollee can be counted for each claim line of business. As a result, the difference in enrollment numbers may be different as compared to other totals indicated in this report.

Table 7 2024 APAC cost by line of business

Line of business	Total payer paid	Mean payer paid/claim	Median payer paid/claim	Total enrollee OOP ²⁵	Mean enrollee OOP/claim	Median enrollee OOP/claim
Commercial	\$43,973,822	\$831	\$587	\$4,180,511	\$79	\$40
Medicaid	\$19,398,580	\$621	\$588	\$0	\$0	\$0
Medicare	\$91,662,110	\$907	\$601	\$10,381,573	\$103	\$11

Table 8 2024 APAC mean and median insurer and patient out-of-pocket costs per claim, by race

Race	Claims	Mean payer paid	Median payer paid	Mean enrollee OOP ²⁶	Median enrollee OOP
White	76,630	\$829	\$593	\$60	\$0
Black/African American	2,909	\$789	\$597	\$34	\$0
American Indian/Alaska Native	2,539	\$651	\$597	\$22	\$0
Asian	3,587	\$959	\$604	\$33	\$0
Native Hawaiian/Pacific Islander	567	\$751	\$587	\$19	\$0
Mix race	5,233	\$862	\$597	\$43	\$0
Other	10,157	\$787	\$588	\$42	\$0
Refused to answer	861	\$629	\$585	\$6	\$0
Unknown	82,712	\$854	\$579	\$109	\$47

Table 9 2024 APAC claim counts and enrollee counts, by ethnicity

Ethnicity	Claim count	Enrollee count
Hispanic	8,213	1,746
Non-Hispanic	92,449	18,869
Unknown	84,533	20,873

²⁵ Total patient out-of-pocket costs is the sum of reported copayments, coinsurances, and deductibles for all members in a line of business.

²⁶ The mean only includes claims paid from commercial and Medicare enrollees. Medicaid enrollees had \$0 out-of-pocket costs.

Table 10 2024 APAC claim counts and enrollee counts, by gender

Gender	Claim count	Enrollee count
Female	72,065	15,915
Male	96,443	21,671
Unknown	16,687	3,902

Residents prescribed

ORS 646A.694(1)(b) and OAR 925-200-0020(1)(b) & (2)(b). Data source from APAC.

Based on APAC, **41,488 enrollees fill prescriptions** for Jardiance with **185,195 claims paid by payers** in 2024.²⁷

Price for the drug

ORS 646A.694(1)(c) and OAR 925-200-0020(1)(c) & (2)(e), (f), & (g). Data source from Medi-Span, APAC, and carrier data call.

This section examines the pricing dynamics of Jardiance, drawing on multiple data sources to characterize its historical price trends and implications for affordability. It includes an analysis of the drug’s wholesale acquisition cost (WAC) and the Oregon Actual Average Acquisition Cost (AAAC), compared to its therapeutic alternatives. Together, the data provides a comprehensive view of Jardiance’s list price trajectory and pharmacy acquisition costs, and the degree to which the list price impacts costs.

Price history

WAC per 30-day supply was calculated with unit WAC from Medi-Span based on the most utilized NDC in APAC in 2024 and was reviewed as an indication of historic price trends for the drug. However, WAC does not account for discounts, rebates, or other changes to the drug’s cost throughout the supply chain.

Table 11 30-day supply for review drug and its therapeutic alternatives

	Jardiance	Brenzavvy	Farxiga	Invokana	Steglatro
30-day supply	30 units (30 pills)	30 units (30 pills)	30 units (30 pills)	30 units (30 pills)	30 units (30 pills)
Reference NDC	00597015330	No claims for drug found in APAC	00310621030	50458014130	000006536403

²⁷ Number of 2024 enrollees in APAC database across commercial insurers, Medicaid, and Medicare. For more information regarding APAC data visit: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims.aspx>.

Table 12 Drug vs therapeutic alternatives for 2019-2025 WAC per 30-day supply²⁸

Year	Jardiance	Brenzavvy ²⁹	Farxiga	Invokana	Steglatro
2019	\$493		\$192	\$494	\$281
2020	\$522		\$517	\$519	\$295
2021	\$549		\$533	\$543	\$307
2022	\$570		\$549	\$570	\$325
2023	\$593		\$565	\$599	\$341
2024	\$611		\$582	\$599	\$357
2025	\$629		\$600	\$599	\$357
Avg. Annual % Change	3.6%		2.9%	2.8%	3.5%
% change 2019 between 2025	27.7%		21.8%	21.1%	26.9%

The WAC of Jardiance was approximately **\$20.98per unit** at the end of 2025.³⁰ Between 2019-2025, the unit WAC increased at an average annual rate of **3.6 percent**, exceeding the general consumer price index (CPI-U) inflation rate in **2019-2020, 2022-2023, and 2024-2025** (See Figure 1 and Table 13).³¹

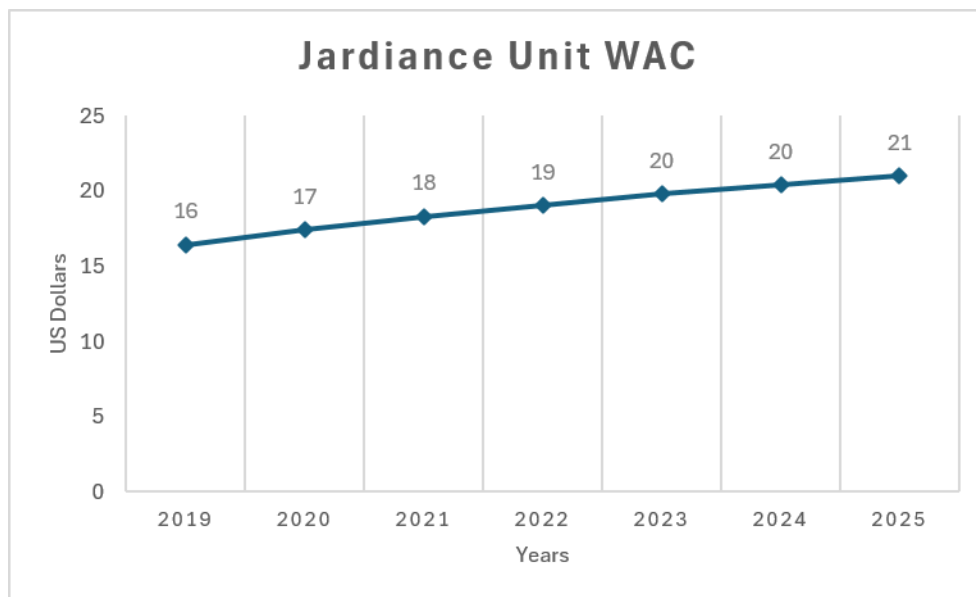


Figure 1 Unit WAC of most utilized NDC of Jardiance from 2019-2025

²⁸ Medi-Span. Wolters Kluwer, 2025. <https://www.wolterskluwer.com/en/solutions/medi-span/medi-span>.

²⁹ No WAC data found in Medi-Span for Brenzavvy.

³⁰ Medi-Span. Wolters Kluwer, 2025. <https://www.wolterskluwer.com/en/solutions/medi-span/medi-span>.

³¹ Consumer Price Index. U.S. Bureau of Labor Statistics. <https://www.bls.gov/cpi/tables/supplemental-files/>.

Table 13 Percent change of WAC of drug and therapeutic alternatives with CPI comparison³²

Year	Jardiance	Brenzavvy ³³	Farxiga	Invokana	Steglatro	CPI-U
2019-2020	6.0%		5.0%	4.9%	4.9%	0.7%
2020-2021	5.0%		3.0%	4.8%	4.9%	5.3%
2021-2022	4.0%		3.0%	4.9%	4.8%	9.0%
2022-2023	4.0%		3.0%	5.0%	5.0%	3.1%
2023-2024	3.0%		3.0%	0%	4.8%	3.0%
2024-2025	3.0%		3.0%	0%	0%	2.7%

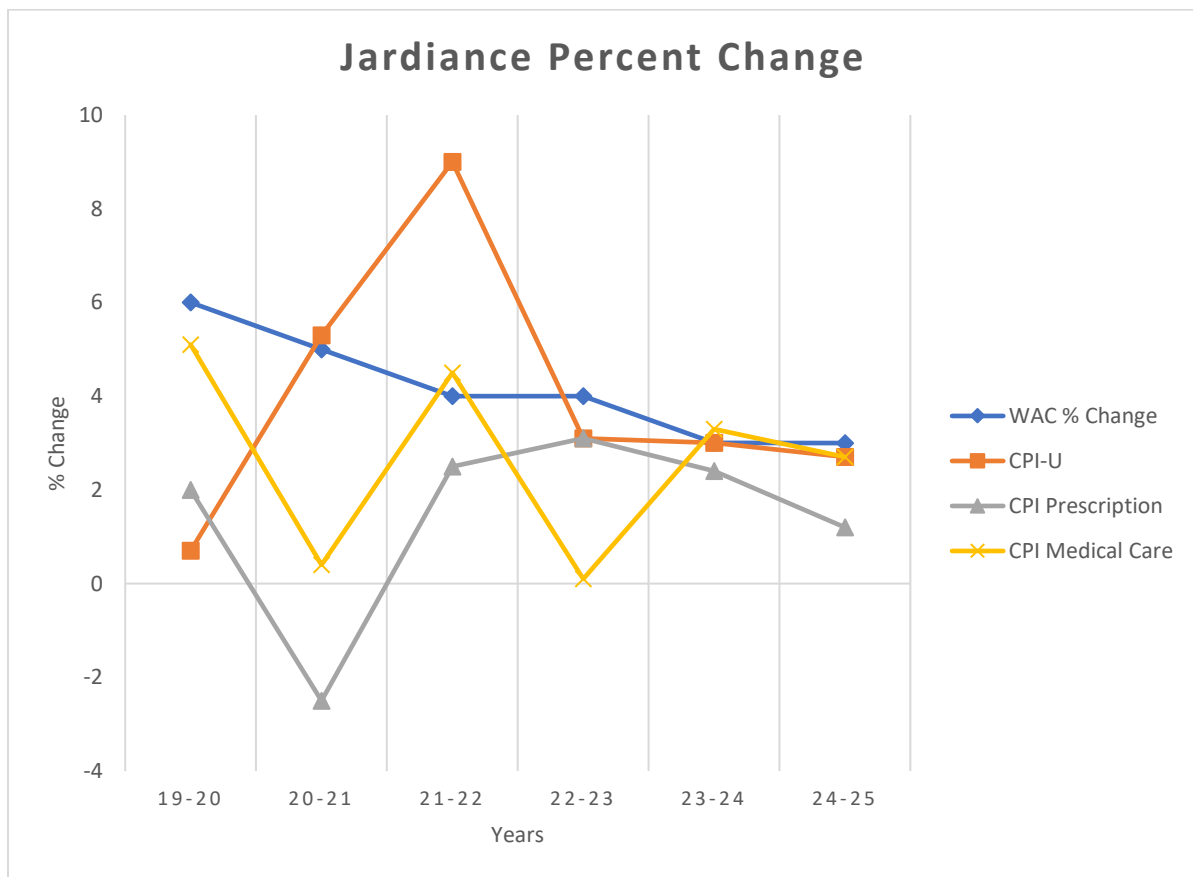


Figure 2 Year over year change in WAC compared to inflation rates³⁴

Pharmacy acquisition costs

The AAAC, which reflects pharmacies' actual purchase prices for Medicaid fee-for-service claims, rose from **\$16.66 per unit in Quarter 1 of 2020** to **\$20.11 per unit in Quarter 4 of 2025**,

³² Percentages might differ from Table 12 as Table 13 percentages are based on unit WAC only.

³³ Annual rate could not be calculated due to no WAC data obtained for Brenzavvy.

³⁴ Consumer Price Index. U.S. Bureau of Labor Statistics. <https://www.bls.gov/cpi/tables/supplemental-files/>.

an approximate **20.7 percent increase** over the period (see Table 14).³⁵ Relative to the **\$20.98 WAC** in end-of-year 2025, the AAAC in end-of-year 2025 is **4.2 percent lower**.

While WAC provides a standardized benchmark of list price, it does not account for negotiated price concessions. In contrast, the AAAC offers a more representative estimate of the point-of-sale price incurred by Medicaid payers in Oregon, derived from regular pharmacy surveys conducted by the Oregon Health Authority. Monitoring these trends over time contextualizes Jardiance’s price trajectory relative to inflation and affordability for public and private payers.

Table 14 2020-2024 AAAC Medicaid FFS quarterly purchase prices for Jardiance

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual AAAC average	Unit WAC
2021	\$18	\$18	\$18	\$18	\$18	\$18
2022	\$18	\$18	\$18	\$18	\$18	\$19
2023	\$19	\$19	\$19	\$19	\$19	\$20
2024	\$20	\$20	\$20	\$20	\$20	\$20
2025	\$20	\$20	\$20	\$20	\$20	\$21

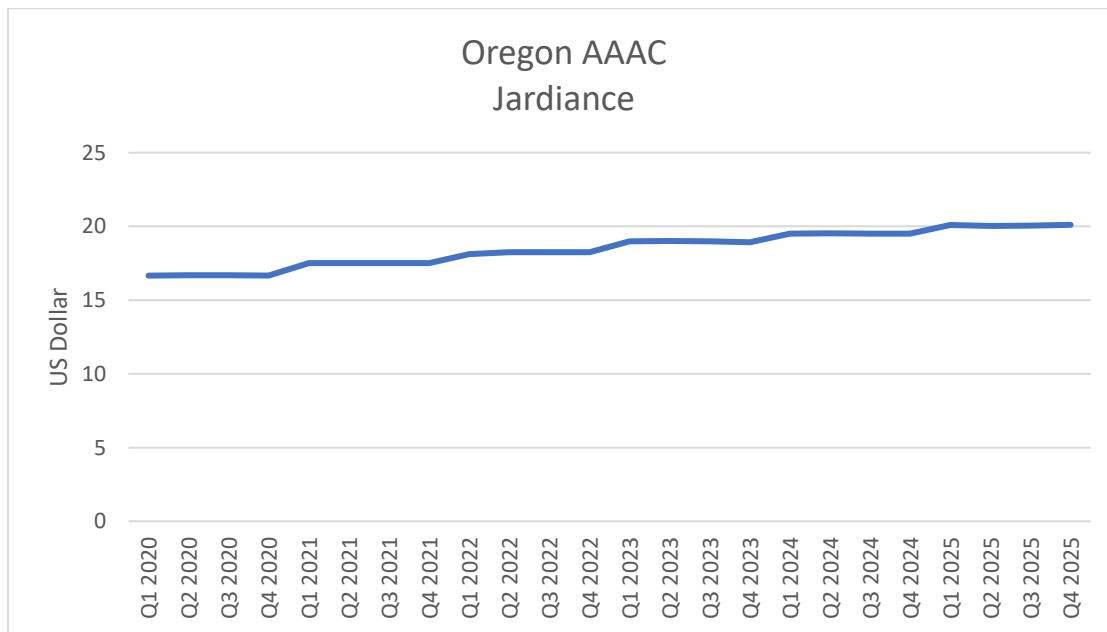


Figure 3 AAAC for Jardiance from Q1 2020 to Q4 2025

³⁵ This data was compiled using the first weekly AAAC chart of each month from January 2020 to December 2024, available at <https://myersandstauffer.com/client-portal/oregon/>.

Medicare Maximum Fair Price

Jardiance (empagliflozin) was selected by the Centers for Medicare & Medicaid Services (CMS) as one of the first 10 drugs in the Medicare Drug Price Negotiation Program.³⁶ The negotiated Maximum Fair Price (MFP) for Jardiance becomes **effective January 1, 2026**, under Medicare Part D. CMS and independent analyses report an MFP of **\$197 per 30-day supply** for Jardiance. This price represents the maximum amount Medicare will pay for the drug beginning in 2026 and is intended to reduce beneficiary out-of-pocket costs and overall Medicare spending. The MFP applies only to Medicare Part D claims and does not affect commercial or Medicaid pricing.

Estimated average monetary price concession

ORS 646A.694(1)(d) and OAR 925-200-0020(1)(d) & (2)(d) & (2)(L)(A-B). Data source information provided from data call.

This section provides an analysis of the average monetary discounts, rebates, and other price concessions applied to Jardiance claims in the commercial market. Drawing on 2024 data submitted through the carrier data call, it evaluates the extent to which these concessions reduced gross drug costs and estimates the average net costs to payers after adjustments. The analysis includes claim-level data on the proportion of claims with applied discounts, and the breakdown of the total concession amounts by type, offering insight into the reduced costs provided through manufacturer, PBM, and other negotiated price reductions.

Based on carrier-submitted data for 2024, the **average gross annual cost of Jardiance per enrollee in the commercial market was approximately \$3,017**. After accounting for manufacturer rebates, pharmacy benefit manager (PBM) discounts, and other price concessions, the **mean net cost per enrollee was approximately \$1,312**, reflecting an **estimated mean discount of 56.5 percent** relative to gross costs.

Across all reporting carriers and market segments, the **total cost of Jardiance before concessions was approximately \$32.8 million**, with total reported **price concessions amounting to approximately \$14.3 million**, as detailed in Table 15. Notably, **70.4 percent of claims benefited from some form of price concession**, leaving **43.5 percent at full gross cost**.

Table 15 Net cost price concessions estimate based on carrier submitted 2024 data

Total number of enrollees	10,866
Total number of claims	34,530
Total number of claims with price concessions applied	24,308

³⁶ CMS Centers for Medicare & Medicaid Services. Selected Drugs and Negotiated Prices. May 26, 2026. . https://www.cms.gov/priorities/medicare-prescription-drug-affordability/overview/medicare-drug-price-negotiation-program/selected-drugs-negotiated-prices?utm_source=copilot.com.

Percentage of claims with price concessions applied	70.4%
Percentage of cost remaining after concessions	43.5%
Percentage of discount	56.5%

Manufacturer price concessions for all market types	\$15,914,966
PBM price concessions for all market types	\$2,602,988
Other price reductions for all market types	\$14,468

Cost before price concessions across all market types	\$32,784,504
Total price concessions across all market types	\$18,532,422
Cost of after price concessions across all market types	\$14,252,082

Mean cost per enrollee without price concessions	\$3,017
Mean cost per enrollee with price concessions	\$1,312

Including all market segments, the **gross average spend** of Jardiance **per claim for commercial carriers was \$949 before any discounts, rebates, or other price concessions**. The **net cost per claim after** discounts, rebates, and other price concessions was **\$413**, meaning that insurers reported an **average cost of \$537 per claim** as shown in Table 16.

Table 16 Mean price concessions across market types from data call³⁷

	Average	Individual market	Large group	Small group
Spend per claim, gross	\$949	\$983	\$915	\$1,073
Spend per claim, net	\$413	\$398	\$415	\$418
Price concessions per claim	\$537	\$585	\$500	\$655
Percent discount	56.5%	59.5%	54.6%	61.0%

Figure 4 shows manufacturer concessions comprised the largest share, supplemented by PBM discounted price arrangements and other adjustments across the payer types.

³⁷ Based on data submitted to the Department of Consumer and Business Services (DCBS) by Oregon's commercial insurance carriers.

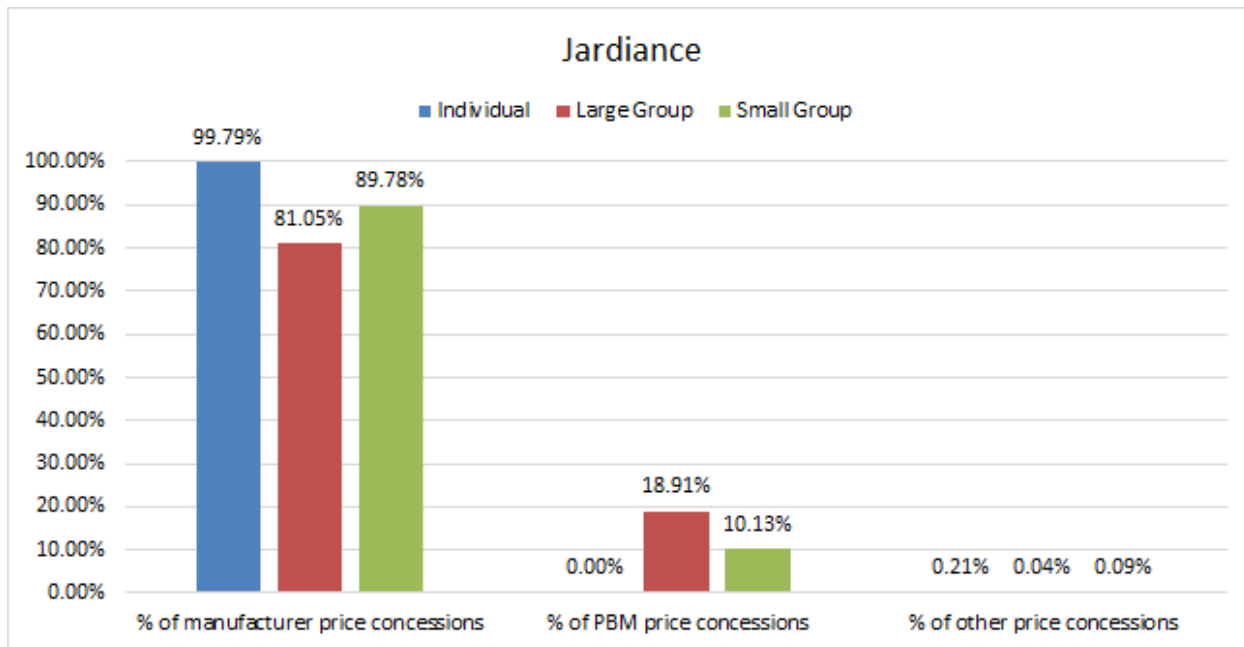


Figure 4 Percent of price concession in each market type^{38, 39}

Estimated total amount of the price concession to PBMs

ORS 646A.694(1)(e) and OAR 925-200-0020(1)(e) & (2)(d) & (2)(L)(A-B). Limitations in scope and resources available for this statute requirement. Possible data source carrier data call.

This section is intended to quantify the total discounts, rebates, or other price concessions provided by the manufacturer of Jardiance to each pharmacy benefit managers, expressed as a percentage of the drug's price. At the time of this review, there was no specific data available to PDAB to determine the total amount of such price concessions in the Oregon market.

The statutory and regulatory criteria calls for consideration of such information to the extent practicable. However, due to limitations in available evidence and reporting, this analysis was not performed. Future reviews may incorporate this data as it becomes available through improved reporting or additional disclosures from manufacturers, PBMs, and payers.

³⁸ Price concession refers to any form of discount, directed or indirect subsidy, or rebate received by the carriers or its intermediary contracting organization from any source that serves to decrease the costs incurred under the health plan by the carriers. Examples of price concessions include but are not limited to: Discounts, chargebacks, rebates, cash discounts, free goods contingent on purchase agreement, coupons, free or reduced-price services, and goods in kind. Definition adapted from Code of Federal Regulations, Title 42, Chapter IV, Subchapter B, Part 423, Subpart C. See more at: [CFR-2024-title42-vol3-sec423-100.pdf](https://www.govinfo.gov/urn:govinfo.gpo:cfrr:2024-title42-vol3-sec423-100.pdf).

³⁹ Rebate refers to a discount that occurs after drugs are purchased from a pharmaceutical manufacturer and involves the manufacturer returning some of the purchase price of the purchaser. When drugs are purchased by a managed care organization, a rebate is based on volume, market share, and other factors. Academy of Managed Care Pharmacy. <https://www.amcp.org/about/managed-care-pharmacy-101/managed-care-glossary>.

Estimated price for therapeutic alternatives⁴⁰

ORS 646A.694(1)(f) and OAR 925-200-0020(1)(f), (2)(c) & (2)(m). Data source information provided from APAC

This section presents information on the estimated spending associated with Jardiance and its therapeutic alternatives using 2024 data from APAC. APAC data reflects gross spending across Medicare, Medicaid, and commercial health plans in Oregon. The therapeutic alternatives are represented using APAC data, which does not reflect price concession or rebates.

Jardiance’s gross total payer paid, based on APAC data, was \$156.0 million. Jardiance has the highest gross total pay in consideration with its therapeutic alternatives. The second highest is Farxiga with \$34.6 million. Notably, Jardiance has the most claims among the drugs, at 185,195 claims, as compared to the second highest claims of Farxiga, at 42,176 claims.

Jardiance also has the highest total gross enrollee out-of-pocket cost at \$14.6 million, with the average cost per claim at \$79. Farxiga follows second with \$3.6 million in enrollee out-of-pocket costs with the average claim costing \$86.

Neither the drug nor therapeutic alternatives were reported by the FDA for drug shortage, thus availability is assumed to be unaffected.

Table 17 APAC average gross healthcare and average patient OOP costs for Jardiance vs therapeutic alternatives⁴¹

Proprietary name	No. of enrollees	No. of claims	Total gross payer paid	Total enrollees paid ⁴²	Payer paid/claim	Enrollee paid/claim ⁴³
Jardiance	41,488	185,195	\$156,018,943	\$14,646,919	\$842	\$79
Brenzavvy ⁴⁴	-	-	-	-	-	-
Farxiga	10,839	42,176	\$34,621,727	\$3,644,788	\$821	\$86
Invokana	566	2,505	\$2,064,485	\$187,897	\$824	\$75
Steglatro	6,095	57,147	\$19,627,841	\$79,755	\$343	\$1

⁴⁰ The definition of therapeutic alternative is a drug product that contains a different therapeutic agent than the drug in question, but is FDA-approved, compendia-recognized as off-label use for the same indication, or has been recommended as consistent with standard medical practice by medical professional association guidelines to have similar therapeutic effects, safety profile, and expected outcome when administered to patients in a therapeutically equivalent dose. [ORS 925-200-0020\(2\)\(c\)](#).

⁴¹ The therapeutic alternative information is based on 2024 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

⁴² The cost includes all lines of business from both pharmacy and medical claims.

⁴³ Ibid.

⁴⁴ Information is unavailable due to the NDC of Brenzavvy yielding no results in APAC database.

Estimated average price concession for therapeutic alternatives

ORS 646A.694(1)(g) and OAR 925-200-0020(1)(g) & (2)(d) & (2)(L)(A-B). Limitations in scope and resources available for this statute requirement.

This section provides an analysis of the average monetary discounts, rebates, and other price concessions applied to the therapeutic alternatives identified for Jardiance. Based on 2024 data submitted through the carrier data call, it evaluates the extent to which these concessions reduced gross drug costs and estimates the average net costs to payers after adjustments. The analysis includes claim-level data on the proportion of claims with applied discounts, and the breakdown of the total concession amounts by type, offering insight into the reduced costs provided through manufacturer, PBM, and other negotiated price reductions.

Table 18 shows the **average gross cost of the therapeutic alternatives per enrollee in the commercial market with Invokana having the highest cost approximately \$4,086 and Steglatro at the lowest with \$712**. After accounting for manufacturer rebates, pharmacy benefit manager (PBM) discounts, and other price concessions, the **average net spend per enrollee for Farxiga was approximately \$1,212** from the gross spend per enrollee being **\$3,884**, as it was the only drug with applied discounts, reflecting an **estimated mean discount of 68.8 percent** relative to gross costs. Brenzavvy did not have any reported claims or spending.

Across all reporting carriers and market segments, the **total cost of Farxiga before concessions was approximately \$7.2 million**, with total reported **price concessions amounting to approximately \$4.9 million**. Notably, **93.3 percent of claims benefited from some form of price concession**, leaving **31.2 percent at full gross cost**.

Table 18 Net cost estimate for therapeutic alternatives based on carrier submitted 2024 data

	Brenzavvy	Farxiga	Invokana	Steglatro
Total number of enrollees		1,842	31	40
Total number of claims		7,295	117	76
Total number of claims with price concessions applied		6,805	2	4
Percentage of claims with price concessions applied		93.3%	1.7%	5.3%
Percentage of cost remaining after concessions		31.2%	100%	100%
Percentage of discount		68.8	0.0%	0.0%

	Brenzavvy	Farxiga	Invokana	Steglatro
Manufacturer price concessions for all market types		\$4,816,092	\$0	\$0
PBM price concessions for all market types		\$105,389	\$0	\$0
Other price reductions for all market types		\$75	\$0	\$0
Cost before price concessions across all market types		\$7,153,674	\$126,663	\$28,469
Total price concessions across all market types		\$4,921,556	\$0	\$0
Cost after price concessions across all market types		\$2,232,118	\$126,663	\$28,469
Avg. payer spend per enrollee without price concessions		\$3,884	\$4,086	\$712
Avg. payer spend per enrollee with price concessions		\$1,212	\$4,086	\$712

Invokana and Steglatro did not have reported price concessions across any market. The **gross average spend of Farxiga per claim for commercial carriers was \$981 before any discounts, rebates, or other price concessions.** The **net cost per enrollee after discounts, rebates, and other price concessions was \$306**, meaning that insurers reported a price concession of **\$675** per claim on the initial drug cost as shown in Table 19.

Brenzavvy did not have any reported claims or spending.

Table 19 The average price concessions per claim across market types from data call for identified therapeutic alternatives⁴⁵

Farxiga	Average	Individual market	Large group	Small group
Spend per claim, gross	\$981	\$964	\$956	\$1,101
Spend per claim, net	\$306	\$294	\$294	\$360
Price concessions per claim	\$675	\$670	\$657	\$741
Percent discount	68.8%	69.5%	69.1%	67.3%

Invokana	Average	Individual market	Large group	Small group
Spend per claim, gross	\$1,083	\$978	\$1,100	\$1,362
Spend per claim, net	\$1,083	\$978	\$1,100	\$1,362
Price concessions per claim	\$0	\$0	\$0	\$0
Percent discount	0.0%	0.0%	0.0%	0.0%

Steglatro	Average	Individual market	Large group	Small group
Spend per claim, gross	\$375	\$394	\$376	\$338
Spend per claim, net	\$375	\$394	\$376	\$338
Price concessions per claim	\$0	\$0	\$0	\$0
Percent discount	0.0%	0.0%	0.0%	0.0%

Estimated costs to health insurance plans

ORS 646A.694(1)(h) and OAR 925-200-0020(1)(h) & (2)(h) & (m). Data source information provided from APAC and data call.

This section quantifies the aggregate financial impact of Jardiance on health insurance plans in Oregon, based on claims and expenditure data from APAC and the 2024 carrier data call. Costs are delineated by payer type—including commercial plans, Medicaid, and Medicare—as well as by market segment within the commercial plans. These estimates highlight the distribution of expenditures across different types of health coverage and inform assessments of the drug’s budgetary implications for public and private payers.

In 2024, the Oregon APAC database recorded **185,195 total claims for Jardiance among 44,418 total enrollees**, corresponding to a **total payer expenditure of \$156.0 million**.

⁴⁵ Based on data submitted to the Department of Consumer and Business Services (DCBS) by Oregon’s commercial insurance carriers.

Table 20 provides gross cost estimates by the total APAC payer spend across all lines of business:

- **Medicare** accounted for the **largest share of claims at 101,061** from **26,641 enrollees** and a **total spend of \$92.6 million**.
- **Commercial** and **Medicaid** payers reported smaller but notable expenditures of approximately **\$44 million** and **\$19.4 million**, respectively.

Table 20 Estimated 2024 APAC total annual gross payment, total enrollees and total claims⁴⁶

Payer line of business	Total enrollees	Total claims	Total payer paid	Percent of total payer spend by LOB
Commercial	11,852	52,885	\$43,986,358	28.2%
Medicaid	5,925	31,249	\$19,398,771	12.4%
Medicare	26,641	101,061	\$92,633,814	59.4%
Totals⁴⁷	44,418	185,195	\$156,018,943	

Table 21 provides claims for the healthcare system for Jardiance and its therapeutic alternatives, distinguished by lines of business. **Jardiance has the most claims** among the drugs, with **185,195 claims**. In all lines of business, Jardiance is the most utilized. **Farxiga is the second most utilized with 42,176 claims**.

Table 21 Estimated APAC payer 2024 claims of review drug and its therapeutic alternatives⁴⁸

Proprietary name	Commercial claims	Medicaid claims	Medicare claims	Total claims ⁴⁹
Jardiance	52,885	31,249	101,061	185,195
Brenzavvy ⁵⁰	-	-	-	-
Farxiga	10,456	4,966	26,754	42,176
Invokana	382	683	1,440	2,505
Steglatro	18,457	37,698	992	18,457

⁴⁶ Based on 2024 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

⁴⁷ The total number of enrollees is the summation of enrollees across all markets which differs from the unique enrollees at the drug level.

⁴⁸ Based on 2024 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

⁴⁹ Total is the sum of all claims for the drug across all lines of business.

⁵⁰ Information is unavailable due to the NDC of Brenzavvy yielding no results in APAC database.

Table 22 shows the overall payer expenditure of Jardiance and its therapeutic alternatives, distinguished by lines of business. Jardiance has a **total expenditure of \$156 million** with **Medicaid being the biggest portion at \$92.6 million**. The therapeutic alternative with the **least expenditure is Invokana, at around \$2.1 million**.

Table 22 Estimated APAC payer 2024 annual gross expenditure of the review drug and its therapeutic alternatives from all lines of business⁵¹

Proprietary name	Commercial expenditure	Medicaid expenditure	Medicare expenditure	Total ⁵²
Jardiance	\$43,986,358	\$19,398,771	\$92,633,814	\$156,018,943
Brenzavvy ⁵³	-	-	-	-
Farxiga	\$8,910,087	\$2,665,544	\$23,046,096	\$34,621,727
Invokana	\$303,945	\$406,473	\$1,354,067	\$2,064,485
Steglatro	\$5,833,128	\$13,377,377	\$417,337	\$19,627,841

Table 23 compares the overall payer cost per enrollee of Jardiance and its therapeutic alternatives, distinguished by lines of business. **Jardiance has the highest mean cost per enrollee at \$3,761 with commercial payers spending an average of \$3,711 per enrollee. The median cost per enrollee for Jardiance is \$3,101.**

Table 23 Estimated 2024 APAC payer annual gross cost per enrollee of the review drug and its therapeutic alternatives⁵⁴

Proprietary name	Jardiance	Brenzavvy ⁵⁵	Farxiga	Invokana	Steglatro
Commercial cost/enrollee	\$3,711	-	\$3,577	\$3,662	\$2,084
Medicaid cost/enrollee	\$3,274	-	\$1,805	\$2,967	\$2,291
Medicare cost/enrollee	\$3,477	-	\$3,144	\$3,437	\$1,041
Mean ⁵⁶ cost/enrollee	\$3,761	-	\$3,194	\$3,220	\$3,220
Median, Cost/enrollee	\$3,101	-	\$2,689	\$2,904	\$2,523

⁵¹ Based on 2024 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

⁵² Total is the sum of all expenditure for the drug across all lines of business.

⁵³ Information is unavailable due to the NDC of Brenzavvy yielding no results in APAC database.

⁵⁴ Based on 2024 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

⁵⁵ Information is unavailable due to the NDC of Brenzavvy yielding no results in APAC database.

⁵⁶ The overall mean cost per enrollee across commercial insurers, Medicaid, and Medicare.

Proprietary name	Jardiance	Brenzavvy ⁵⁵	Farxiga	Invokana	Steglatro
Inter-quartile range (IQR)	\$4,385	-	\$3,694	\$4,628	\$3,479
Cost per enrollee, 75 th percentile	\$5,886	-	\$5,036	\$5,613	\$4,505
Cost per enrollee, 95 th percentile	\$8,718	-	\$7,113	\$9,507	\$8,464

Table 24 compares the overall payer cost per claim, distinguished by lines of business. **Jardiance has the highest mean per claim at \$842, and the highest median cost per claim at \$589.** Among the therapeutic alternatives, **Invokana has the highest mean per claim at \$824 and the highest median per claim at \$581.**

Table 24 Estimated 2024 APAC payer annual gross cost per claim of the review drugs

Insulin product	Jardiance	Brenzavvy ⁵⁷	Farxiga	Invokana	Steglatro
Commercial cost/claim	\$832	-	\$852	\$796	\$316
Medicaid cost/claim	\$621	-	\$861	\$940	\$421
Medicare cost/claim	\$917	-	\$537	\$595	\$355
Cost per claim, mean	\$842	-	\$821	\$824	\$343
Cost per claim, median	\$589	-	\$561	\$581	\$344
IQR	\$950	-	\$903	\$720	\$6
Cost per claim, 75 th percentile	\$1,456	-	\$1,398	\$1,266	\$347
Cost per claim, 95 th percentile	\$1,721	-	\$1,698	\$1,709	\$366

Data for plan year 2024 submitted via the carrier data call further stratifies commercial expenditures by market segment. The collected **total net cost to the healthcare system was around \$25.4 million**, with payer paying **\$22.3 million**, and **enrollees out-of-pocket estimating to be \$3.1 million.**

⁵⁷ Information is unavailable due to the NDC of Brenzavvy yielding no results in APAC database.

Table 25 Estimated 2024 annual total net costs to the healthcare system, payers and OOP/enrollee⁵⁸

Market	Number of claims	Number of enrollees	Total net annual spending	Total annual plan paid	Total annual enrollee out-of-pocket cost
Individual	5,432	1,701	\$3,922,803	\$3,113,289	\$809,513
Large group	23,868	7,481	\$17,375,025	\$15,591,437	\$1,783,588
Small group	5,230	1,684	\$4,072,937	\$3,601,505	\$471,431
Total	34,530	\$10,866	\$25,370,765	\$22,306,231	\$3,064,532

Table 26 includes the **average plan cost per enrollee** in the commercial market, ranging from **\$2,419 (small group)** to **\$2,306 (individual)** annually.

Table 26 Estimated 2024 annual total net costs to the healthcare system, payers and OOP/enrollee

Market	Avg. total paid/claim	Avg. plan paid/claim	Avg. enrollee paid/claim	Avg. total paid/enrollee	Avg. plan paid/enrollee	Avg. Enrollee OOP/enrollee
Individual	\$722	\$573	\$149	\$2,306	\$1,830	\$476
Large group	\$728	\$653	\$75	\$2,323	\$2,084	\$238
Small group	\$779	\$689	\$90	\$2,419	\$2,139	\$280

As shown in Figure 5, the large group represented the majority of commercial spending (69% of total), followed by individual and small group markets.

⁵⁸ Cost information from the data call is the cost of the drug after price concessions.

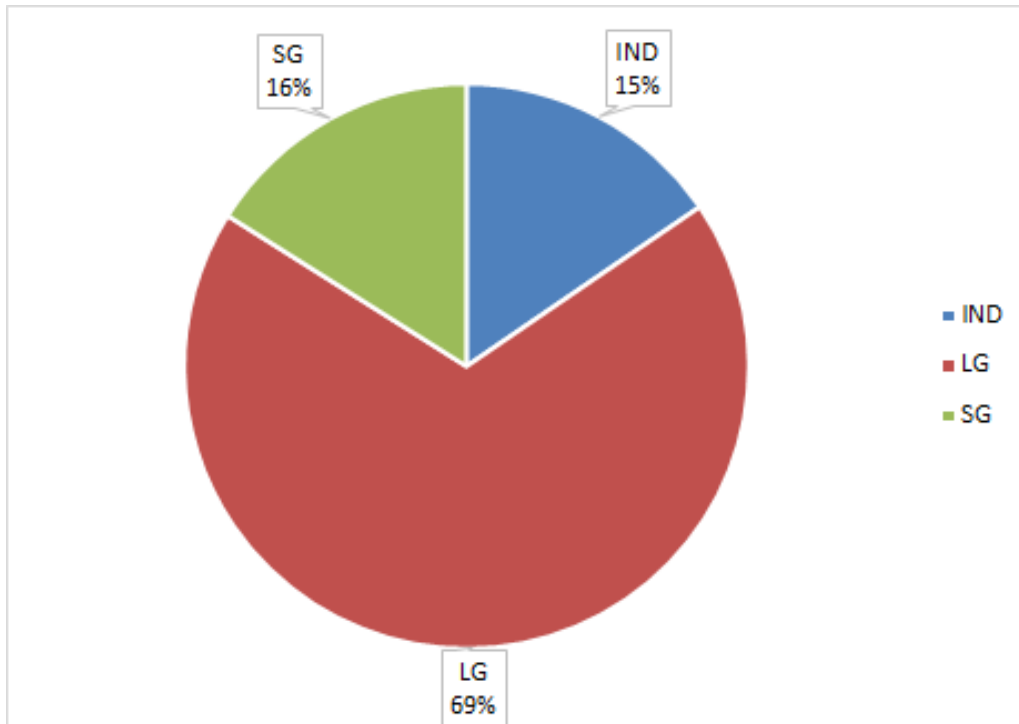


Figure 5 Data call total annual percent spend (payer paid) for each market type

Table 27 indicates CCOs reported Jardiance in the Top 40 physical health drug by gross (FFS only) in multiple quarters throughout 2024. In Q1 Jardiance was ranked number 17 with an average paid per claim at \$326. By Q4 Jardiance was ranked number 12 with the average paid per claim at \$358. The drug is identified as being on the preferred drug list.

Table 27 Medicaid CCOs 2024 quarterly reports for Jardiance (rebates not included)⁵⁹

Medicaid CCOs: Physical health drug by gross (FFS only) ⁶⁰					
Quarter	Rank ⁶¹	Amount paid	% Total FFS costs	Claim count	Avg. paid per claim
1	17	\$123,411	1.1%	378	\$326
2	10	\$139,742	1.5%	407	\$343
3	15	\$121,952	1.2%	362	\$337
4	12	\$130,152	1.5%	364	\$358
Total	13.5	\$515,257	-	1511	\$341

⁵⁹ CCO Pharmacy spend provided by Oregon State University drug use research and management program. Oregon State University Drug Use and Research Management DUR claims reports 2024. College of Pharmacy, Oregon State University. <https://pharmacy.oregonstate.edu/research/pharmacy-practice/drug-use-research-management/dur-reports>.

⁶⁰ Top 40 physical health drugs by gross amount paid (FFS Only) is the drug's gross amount of only physical health drugs and does not include mental health or physician administered drugs.

⁶¹ Average rank in the 2024 DUR utilization quarterly reports for fee-for-service top 40 physical health drugs.

Impact on enrollees access to the drug

ORS 646A.694(1)(i) and OAR 925-200-0020(1)(i). Data source information provided from carrier data call.

This section summarizes information reported by carriers regarding plan design features that relate to coverage of Jardiance, including prior authorization requirements, step therapy protocols, and formulary placement. The data describes how the drug is positioned within insurance benefit designs and the extent to which utilization management processes were applied during the reporting period.

Based on information reported through the carrier data call, the following plan design features were observed for Jardiance. In 2024, approximately **22.1 percent of reporting plans required prior authorization (PA)** for coverage of the drug, and **2.6 percent of plans required step therapy** before approving its use.

For formulary placement, **no plans categorized Jardiance as a non-preferred drug, and all plans covered it.**

Table 28 Plan design analysis from 2024 from six plan types

Percentage of plans	
Required prior authorization	22.1%
Required step therapy	2.6%
On a non-preferred formulary	0.0%
Not covered	0.0%

Note: percentages can equal over 100 percent as some carrier and market combos may have multiple plans that fall under different designs. For example: Carrier A may have three plans in the small group market that require prior authorization but two other plans in the small group market that do not require prior authorization.

Relative financial impacts to health, medical or social services costs

ORS 646A.694(1)(j) and OAR 925-200-0020(1)(j) & (2)(i)(A-B). Limitations in scope and resources available for this statute requirement.

This section addresses the extent to which the use of Jardiance may affect broader health, medical, or social service costs, as compared to alternative treatments or no treatment. At the time of this review, there was no quantifiable data available to PDAB to assess these relative financial impacts in the Oregon population.

The statutory and regulatory criteria calls for consideration of such information to the extent practicable. However, due to limitations in available evidence and reporting, this analysis was

not performed. Future reviews may incorporate this data as it becomes available through carrier reporting, manufacturer disclosures, or other sources.

Future reviews may incorporate findings from real-world evidence, health technology assessments, or economic modeling as such data become available.

Estimated average enrollee copayment or other cost-sharing

ORS 646A.694(1)(k) and OAR 925-200-0020(1)(k) & (2)(j)(A-D). Data source information provided from APAC and carrier data call. Data limitations with patient assistance programs

This section summarizes the average annual enrollee out-of-pocket (OOP) costs for Jardiance in Oregon, as reported in 2024 by the Oregon All Payers All Claims (APAC). These costs include enrollee copayments, coinsurance, and deductible contributions for the drug and are presented by insurance type.

Tables 29 and 30 present the average annual enrollee OOP costs derived from APAC. The APAC data, which includes claims from commercial, and Medicare enrollees, showed average per-enrollee and per-claim and OOP gross costs. For example, **Medicare enrollees recorded higher average annual OOP costs for Jardiance, but commercial enrollees paid more per claim.** Medicaid enrollees pay \$0 OOP costs, so Medicaid has been omitted entirely from the following tables.

Table 29 Review drug vs. therapeutic alternatives: Annual out-of-pocket cost per enrollee by line of business (light green table header) and descriptive statistics for total market (dark green table header)⁶²

Proprietary name	Commercial	Medicare	Medicaid	Mean ⁶³	Median ⁶⁴	IQR	75 th percentile	95 th percentile
Jardiance	\$353	\$393	\$0	\$353	\$120	\$433	\$433	\$1,470
Brenzavvy ⁶⁵	-	-	-	-	-	-	-	-
Farxiga	\$407	\$359	\$0	\$336	\$90	\$450	\$450	\$1,366
Invokana	\$687	\$332	\$0	\$332	\$22	\$420	\$420	\$1,491
Steglatro	\$7	\$150	\$0	\$13	\$0	\$0	\$0	\$5

⁶² Based on 2024 Oregon APAC data across commercial insurers and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

⁶³ Includes summation of copay, coinsurance, and deductible across all from all markets across all claims.

⁶⁴ Median represents the middle value of the data set when arranged in ascending order.

⁶⁵ Information is unavailable due to the NDC of Brenzavvy yielding no results in APAC database.

Table 30 Review drug vs. therapeutic alternatives: Annual out-of-pocket cost per claim by line of business (light green table header) and descriptive statistics for total market (dark green table header)⁶⁶

Proprietary name	Commercial	Medicare	Medicaid	Mean ⁶⁷	Median	IQR	75 th percentile	95 th percentile
Jardiance	\$104	\$79	\$0	\$79	\$11	90	\$90	\$421
Brenzavvy ⁶⁸	-	-	-	-	-	-	-	-
Farxiga	\$97	\$98	\$0	\$86	\$11	\$94	\$94	\$436
Invokana	\$149	\$91	\$0	\$75	\$0	\$11	\$11	\$526
Steglatro	\$1	\$61	\$0	\$1	\$0	\$0	\$0	\$0

Clinical information based on manufacturer material⁶⁹

ORS 646A.694(1)(L) and OAR 925-200-0020(1)(L). Information provided from manufacturers and information with sources from contractor(s).

Drug indications

- FDA Approved:
 - To reduce the risk of cardiovascular death plus hospitalization for heart failure in adults with heart failure
 - To reduce the risk of sustained decline in eGFR, end-stage kidney disease, cardiovascular death, and hospitalization in adults with chronic kidney disease at risk of progression
 - To reduce the risk of cardiovascular death in adults with type 2 diabetes mellitus and established cardiovascular disease
 - As an adjunct to diet and exercise to improve glycemic control in adults and pediatric patients aged 10 years and older with type 2 diabetes mellitus
- Limitations of Use:
 - Not recommended for use to improve glycemic control in patients with type 1 diabetes mellitus. It may increase the risk of diabetic ketoacidosis in these patients.
 - Not recommended for use to improve glycemic control in patients with type 2 diabetes mellitus with an eGFR less than 30 mL/min/1.73 m².

⁶⁶ Based on 2024 Oregon APAC data across commercial insurers and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

⁶⁷ Includes summation of copay, coinsurance, and deductible across all from all markets across all claims.

⁶⁸ Information is unavailable due to the NDC of Brenzavvy yielding no results in APAC database.

⁶⁹ U.S. Food & Drug Administration. Jardiance (*empagliflozin*) Prescribing Information. Teva Pharms., Action yr 2024. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/204629s040lbl.pdf.

- Not recommended for the treatment of chronic kidney disease in patients with polycystic kidney disease or patients requiring or with a recent history of intravenous immunosuppressive therapy or greater than 45 mg of prednisone or equivalent for kidney disease. JARDIANCE is not expected to be effective in these populations.
- Off Label Uses:
 - Glycemic control for patients with Type 1 diabetes mellitus^{70, 71}

Clinical efficacy

Jardiance (*empagliflozin*) is an oral sodium-glucose co-transporter 2 (SGLT2) inhibitor that improves glycemic control in type-2 diabetes mellitus by promoting urinary glucose excretion, leading to reduction in hemoglobin A1c (HbA1c), fasting plasma glucose, body weight, and blood pressure. Initial approval was based on 6 placebo controlled studies demonstrating a reduction in HgA1c with empagliflozin 10 mg daily and 25 mg daily of 0.6% to 1.27% as monotherapy and adjunctive therapy in adults with T2DM. Beyond glucose lowering, empagliflozin demonstrated significant cardiovascular benefit in the EMPA-REG OUTCOME trial, where it reduced the risk of a composite outcome of cardiovascular death, nonfatal myocardial infarction and nonfatal stroke (HR 0.86; 95% CI 0.74 to 0.99) and heart failure hospitalization (HR 0.65; 95% CI, 0.50 to 0.85) in adults with type-2 diabetes and established cardiovascular disease.

It later demonstrated efficacy in reducing the risk of CV death or hospitalization for heart failure in patients with heart failure, regardless of whether or not they had T2DM (EMPEROR-Reduced and EMPEROR-Preserved). In 2023, empagliflozin resulted in a reduction in kidney disease progression or death from CV causes (HR 0.72; 95% CI 0.64 to 0.82) in patients with chronic kidney disease (EMPA-KIDNEY). Empagliflozin is recommended by guidelines for use in heart failure with reduced ejection fraction, heart failure with preserved ejection fraction, T2DM, and chronic kidney disease.

Clinical safety

- FDA safety warnings and precautions:
 - Ketoacidosis
 - Volume Depletion

⁷⁰ U.S. Food & Drug Administration. Understanding Unapproved Use of Approved Drugs Off Label. Feb. 5, 2018. <https://www.fda.gov/patients/learn-about-expanded-access-and-other-treatment-options/understanding-unapproved-use-approved-drugs-label>.

⁷¹ Edwards, K., Uruska, A., Duda-Sobczak, A., Zozulinska-Ziolkiewicz, D., & Lingvay, I. (2023). Patient-perceived benefits and risks of off-label use of SGLT2 inhibitors and GLP-1 receptor agonists in type 1 diabetes: a structured qualitative assessment. *Therapeutic advances in endocrinology and metabolism*, 14, 20420188231180987. <https://doi.org/10.1177/20420188231180987>.

- Urosepsis and Pyelonephritis
- Hypoglycemia with Concomitant Use with Insulin and Insulin Secretagogues
- Necrotizing Fasciitis of the Perineum (Fournier’s Gangrene)
- Genital Mycotic Infections
- Hypersensitivity Reactions
- Lower limb amputation
- Contraindications:
 - Hypersensitivity to empagliflozin
- Common side effects:
 - Dyslipidemia (4%), increased thirst (2%), nausea (2%), genitourinary fungal infection (2-6%), urinary tract infection (8-9%)

Therapeutic alternatives:

Table 31 FDA approved indications

Indication	Empagliflozin (Jardiance)	Dapagliflozin (Farxiga)	Canagliflozin (Invokana)	Ertugliflozin (Steglatro)
Adults with Type 2 Diabetes Mellitus				
Glucose lowering	Yes	Yes	Yes	Yes
Heart failure	Yes	Yes	Yes	-
Kidney disease	Yes	Yes	Yes	-
Children with Type 2 Diabetes Mellitus (10 years and older)				
Glucose lowering	Yes	Yes	Yes	-
Adults without Diabetes Mellitus				
Heart failure	Yes	Yes	-	-
Kidney Disease	Yes	Yes	-	-

Table 32 Comparative clinical efficacy

Drug	~A1C decrease	Cardiovascular benefits	Heart failure risk reduction (CV death or HF hospitalization)	Reduction in CKD progression or CV death
Jardiance (empagliflozin)	0.5 %	3-point MACE: HR 0.86; 95% CI 0.74 – 0.99	HFrEF: HR 0.75; 95% CI 0.65–0.86 HFpEF: HR 0.79; 95% CI 0.69–0.90	HR 0.72 (0.64–0.82)
Farxiga (dapagliflozin)	0.5%	3-point MACE: HR 0.93; 95% CI 0.84 -103	HFrEF: HR 0.74 95% CI 0.65–0.85 HFpEF: HR 0.82; 95% CI 0.73–0.92	HR 0.61 (0.51–0.72)

Drug	~A1C decrease	Cardiovascular benefits	Heart failure risk reduction (CV death or HF hospitalization)	Reduction in CKD progression or CV death
Invokana (canagliflozin)	0.6%	3-point MACE: HR 0.86; 95% CI 0.75 – 0.97	—	HR 0.70 (0.59–0.82)
Steglatro (ertugliflozin)	0.5%	—	—	—

Abbreviations: CI = confidence interval; CKD = chronic kidney disease; CV = cardiovascular; HF = heart failure; HR = hazard ratio; MACE = major cardiovascular adverse events; T2D= type 2 diabetes.

Safety & therapeutic considerations

- Lower limb amputations:
 - There are conflicting data involving the risk of lower limb amputations with SGLT2 inhibitors. Although a class effect cannot be ruled out, this rare risk has been seen specifically with canagliflozin. There was a higher risk observed in the Canvas trials (pooled HR 2.12; 5.9 vs 2.8 and 7.5 vs 4.2 events/1000 pt-yrs).
- All SGLT 2 inhibitors include the following warnings and precautions. There is no evidence that one is safer than the other regarding these risks:
 - Diabetic ketoacidosis (DKA): In patients with type 1 DM, SGLT2 inhibitors significantly increase the risk of DKA compared to placebo. The risk of ketoacidosis and/or glucosuria have been reported and can continue from 6 days to 2 weeks after discontinuing SGLT2 inhibitors. It is recommended to hold therapy ≥3 days prior to any major surgery.
 - Volume depletion
 - Serious urinary tract infections
 - Fournier’s gangrene
 - Genital yeast infections
 - Lower limb amputations:

Table 33 Strengths, dosing, and route

Drug	Strengths	Standard adult dosing (per indication)	Route / admin notes
Jardiance	Tabs: 10 mg, 25 mg	10 mg PO once daily in AM; for additional glycemic control may ↑ to 25 mg if tolerated. (Renal/CKD/HF indications use 10 mg once daily per label.) Hold ≥3 days pre-major surgery. Not recommended for glycemic control if eGFR <30.	Oral; with or without food.

Drug	Strengths	Standard adult dosing (per indication)	Route / admin notes
Farxiga	Tabs: 5 mg, 10 mg	For HF/CKD & HHF-risk: 10 mg once daily. For glycemic control: start 5 mg; may ↑ to 10 mg. eGFR 25–<45: 10 mg daily; initiation not recommended if eGFR <25 (may continue 10 mg for CKD risk-reduction). Hold ≥3 days pre-surgery.	Oral; with or without food.
Invokana	Tabs: 100 mg, 300 mg	Start 100 mg once daily before first meal; may ↑ to 300 mg if eGFR ≥60 and additional glycemic control needed. For diabetic nephropathy CV/renal risk reduction: 100 mg once daily. Hold ≥3 days pre-surgery. Not recommended to improve glycemic control if eGFR <30.	Oral; take before first meal.
Steglatro	Tabs: 5 mg, 15 mg	Start 5 mg once daily; may ↑ to 15 mg for extra glycemic control. Not recommended if eGFR <45. Hold ≥4 days pre-surgery.	Oral; with or without food.

Input from specified stakeholders

ORS 646A.694(3) and OAR 925-200-0020(2)(k)(A-D)

See Appendix A for all stakeholder comment letters.

Survey-style feedback forms were posted on the PDAB website from April to August 2026, to collect voluntary information about drugs under review from stakeholders including patients, caregivers, and advocacy groups; individuals with scientific or medical training; safety net providers; pharmaceutical manufacturers; pharmacy benefit managers; and health insurers. This section summarizes the input received for specific drugs. The 2026 community outreach report summarizes additional general input about drug prices and patient experiences.

Patients and caregivers

Note: The information presented is based on self-reported survey responses from individuals prescribed certain medications. Participation in the survey was voluntary, and the responses reflect the individual's personal understanding and interpretation of the question asked. As such, the data may contain inconsistencies or inaccuracies due to varying levels of comprehension, recall bias, or misinterpretation of question intent. These limitations should be considered when interpreting the responses.

Six patients provided feedback regarding Jardiance. Three respondents reported delaying prescription fills due to cost, two reported skipping doses or taking less medication than prescribed because of cost, and two reported stopping treatment due to cost. Two respondents reported experiencing difficulties obtaining the medication because of insurance requirements such as prior authorization and step therapy.

Out-of-pocket costs varied among respondents. Three individuals reported paying more than \$250 for 30-day supply, while one respondent reported paying \$0-\$25, one reported paying \$26-\$50, and one reported paying \$51-100. Two respondents described the medication as significant financial burden, one described a moderate burden, two described a minor burden and one reported no financial burden. One respondent indicated that difficulty affording the drug negatively affected their health, while two respondents were unsure. Additional comments described concerns related to increasing costs, insurance coverage limitations, and the need to lower prescription drug prices. Visit the consumer report for additional feedback.

Individuals with scientific or medical training

One individual with scientific or medical training submitted feedback regarding Jardiance. The respondent reported that Jardiance provides substantial additional clinical benefit compared with available therapeutic alternatives and indicated that the evidence supporting its use is high-quality and guideline supported. The respondent identified Jardiance as a first-line therapy and reported that utilization management requirements, including prior authorization and step therapy, frequently delay patient access and create a higher administrative burden than alternative therapies.

The respondent reported that patient out-of-pocket costs are significantly higher than available alternatives and frequently contribute to delayed or declined treatment. While the respondent characterized the overall value of Jardiance as high relative to its cost, they also indicated that the medication contributes to affordability concerns for patients.

Safety net providers

No survey information has been received from safety net providers about this drug as of the last update of this document.

Manufacturers

No survey information has been received from manufacturers about this drug as of the last update of this document.

Pharmacy benefit managers

No survey information has been received from PBMs about this drug as of the last update of this document.

Health insurers

No survey information has been received from health insurers about this drug as of the last update of this document.

Appendix

Stakeholder feedback:

Table 34 Feedback

Name of writer	Association to drug under review	Drug	Format	Date	Exhibit website link
Candie Finnegan	Manufacturer	Jardiance	Letter	6/12/2026	Click to view the letter.