



Jardiance[®] (*empagliflozin*)¹

Version 2.0



¹ Image source: <https://www.clinicaltrialsarena.com/wp-content/uploads/sites/22/2023/10/Jardiance-lmg-1.jpg>

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Document version history

Version	Date	Description
v1.0	8/13/2025	Original Release
v1.5	9/15/2025	Added new public comment to the appendix table. Updated table numbers and references.
v2.0	10/30/2025	Updated table formats and footnotes.

Review summary

Therapeutic alternatives^{2,3,4}

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

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)
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)
Invokana	<i>canagliflozin</i>	Janssen Pharmaceuticals	2013	8	2025-2029	2028	No
Steglatro⁵	<i>ertugliflozin</i>	Merk Sharp and Dohme LLC	2017	1	2030		No

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](https://www.fda.gov/drugs/development-approval-process-drugs/frequently-asked-questions-patents-and-exclusivity#What%20is%20the%20difference%20between%20patents%20a).

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

Price history^{6,7}

Jardiance rose at an **average annual rate of 4.7 percent** from 2018-2024.

- In the same time period, its therapeutic alternatives rose at these rates:
 - Brenzavvy: **N/A**⁸
 - Farxiga: **2.3 percent**
 - Invokana: **4.3 percent**
 - Steglatro: **4.6 percent**

Additionally, the average annual rate of Jardiance exceeded inflation **in 2019, 2020, and 2023**. Pharmacy acquisition costs for **Medicaid also increased by 17.2 percent** over the same period, reflecting broader trends in pricing escalation.

Price concessions⁹

Based on data received from healthcare carriers, Jardiance in 2023 had the **gross spend of \$973 per claim**, while the **spend net of discount was \$386 per claim**. Price concession per claim was reported to be **\$587**.

Cost to the payer¹⁰

Table 1 2023 APAC annual payer total expenditure, utilization, and cost per enrollee

Proprietary name	Total expenditure	Utilization	Cost per enrollee	Cost per enrollee, median
Jardiance	\$141,128,924	164,419	\$4,221	\$624
Brenzavvy¹¹				
Farxiga	\$29,820,729	37,843	\$4,037	\$589
Invokana	\$1,787,166	1,873	\$4,753	\$1,237
Stelgrato	\$8,092,496	25,425	\$3,185	\$330

⁶ Medi-Span. Wolters Kluwer, 2025. <https://www.wolterskluwer.com/en/solutions/medi-span/medi-span>.

⁷ Consumer Price Index. U.S. Bureau of Labor Statistics. <https://www.bls.gov/cpi/tables/supplemental-files/>.

⁸ Annual rate could not be calculated due to only one year of WAC being obtained for Brenzavvy.

⁹ Based on data submitted to the Department of Consumer and Business Services (DCBS) by Oregon's commercial insurance carriers. Cost information from the data call is the cost of the drug after price concessions.

¹⁰ Based on Oregon's 2023 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>.

¹¹ Information is unavailable due to the NDC of Brenzavvy yielding no results in APAC database.

Cost to enrollees¹²

Table 2 2023 APAC annual enrollee out-of-pocket (OOP) cost

Proprietary name	OOP cost per enrollee	OOP cost per enrollee median	OOP cost per claim	OOP cost per claim median
Jardiance	\$409	\$47	\$88	\$30
Brenzavvy ¹³				
Farxiga	\$383	\$45	\$83	\$30
Invokana	\$524	\$30	\$119	\$10
Stelgrato	\$28	\$0	\$4	\$0

Rubric considerations

Domain	Consideration
Utilization	164,419 claims
Price evaluation	WAC increased at an average annual rate of 4.7%, outpaces inflation for 3 years
Price concessions	60.3% discount on Rx
System & payer costs	Gross = \$141,128,924 Net = \$22,637,956
Enrollee burden	\$409
Equity impact	Yes
Access restrictions	No
Therapeutic alternative fail to reduce system spending	Yes
Stakeholder input identify access or financial hardship?	Yes
Patent expirations more than 18 months from time of review?	No
Excluded from CMS Maximum Fair Price List (MFP)	No

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.

¹² Based on Oregon's 2023 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>.

¹³ Information is unavailable due to the NDC of Brenzavvy yielding no results in APAC database.

Two primary data sources inform this review: the Oregon All Payers All Claims (APAC) database and the commercial carrier data call. APAC aggregates utilization 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 utilization and cost figures due to broader reporting, while the data call offers insight into actual expenditures from private payers in the commercial market.

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 conducts affordability reviews on prioritized prescription drugs selected under OAR 925-200-0010. The 2023 drug review selection included the following criteria: orphan-designated drugs were removed; drugs were reviewed based on payer-paid cost data from the data call submissions; and drugs reported to the APAC program across Medicare, Medicaid, and commercial lines of business were included. To ensure broader public impact, drugs with fewer than 1,000 enrollees reported in APAC reports were excluded from consideration.

Senate Bill 844 (2021) created the Prescription Drug Affordability Board (PDAB) to evaluate the cost of prescription drugs and protect residents of this state, state and local governments, commercial health plans, health care providers, pharmacies licensed in Oregon and other stakeholders within the health care system from the high costs of prescription drugs.

Drug information¹⁴

Drug proprietary name(s)	Jardiance®
Non-proprietary name	<i>empagliflozin</i>
Manufacturer	Boehringer Ingelheim
Treatment: Jardiance is a sodium-glucose co-transporter 2 (SGLT2) inhibitor indicated for:	<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

FDA approval

Jardiance was first approved by the FDA on Aug. 1, 2014.¹⁵

The drug qualified for the following expedited forms of approval: None

At time of review, the drug had no approved designations under the Orphan Drug Act.

Health inequities

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. Possible data source through APAC.

People who bear the highest burdens of diabetes, chronic kidney disease (CKD), and heart failure in the United States, including American Indian/Alaska Native, Black, Hispanic/Latino, and some Pacific Islander groups, are the same groups most likely to benefit from Jardiance

¹⁴ U.S. Food & Drug Administration. Jardiance (empagliflozin) Prescribing Information, Sept. 2023. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/204629s040lbl.pdf.

¹⁵ FDA approval date based on the earliest occurring approval dates in the FDA Orange/Purple Book. For drugs with multiple forms/applications, the earliest approval date across all related FDA applications was used.

(empagliflozin) for kidney and cardiovascular protection. Yet they remain less likely to receive SGLT2 inhibitors.^{16,17} The American Diabetes Association’s 2025 Standards explicitly recommend SGLT2 inhibitors to slow CKD progression and reduce cardiovascular disease (CVD) events in type-2 diabetes.¹⁸ Not adopting better prescribing for SGLT2 among minoritized groups can worsen outcome gaps.¹⁹ Cost sharing and formulary controls (e.g. prior authorization/step therapy) have improved since 2021, but still create access frictions in some Medicare plans, which can disproportionately affect lower income patients.²⁰ Rural residency is also associated with higher diabetes prevalence and can intersect with pharmacy access barriers.²¹

Residents prescribed

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

Based on APAC claims, **164,419** Oregonians filled a prescription for Jardiance in 2023.²²

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.

¹⁶ National Diabetes Statistics Report. U.S. Centers for Disease Control and Prevention, May 15, 2024. <https://www.cdc.gov/diabetes/php/data-research/index.html>.

¹⁷ Wang, E., Patorno, *et al.* Racial and ethnic disparities in the uptake of SGLT2is and GLP-1RAs among Medicare beneficiaries with type 2 diabetes and heart failure, atherosclerotic cardiovascular disease and chronic kidney disease, 2013–2019. *Diabetologia* **68**, 94–104 (2025). <https://doi.org/10.1007/s00125-024-06321-2>.

¹⁸ American Diabetes Association Professional Practice Committee; 11. Chronic Kidney Disease and Risk Management: *Standards of Care in Diabetes—2024*. *Diabetes Care* 1 January 2024; 47 (Supplement_1): S219–S230. <https://doi.org/10.2337/dc24-S011>.

¹⁹ *Ibid.*

²⁰ Wisniewski, Brady, *et al.* “Medicare formulary restrictions for glucagon-like peptide 1 receptor agonists and sodium glucose cotransporter 2 inhibitors used in type 2 diabetes mellitus: 2019-2023.” *Journal of Managed Care & Specialty Pharmacy*, Volume 30, Number 1, June 27, 2025. <https://doi.org/10.18553/jmcp.2024.30.1.34>.

²¹ National Diabetes Statistics Report. U.S. Centers for Disease Control and Prevention, May 15, 2024. <https://www.cdc.gov/diabetes/php/data-research/index.html>.

²² Number of 2023 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>.

Price history

WAC per 30-day supply was calculated with unit WAC from Medi-Span 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 3 30-day supply for review drug and its therapeutic alternatives

	Jardiance	Brenzavvy	Farxiga	Invokana	Steglatro
30-day supply	30 units (30 pills)				

Table 4 Drug vs therapeutic alternatives for 2018-2024 WAC per 30-day supply²³

Year	Jardiance	Brenzavvy	Farxiga	Invokana	Steglatro
2018	\$465		\$465	\$465	\$268
2019	\$493		\$492	\$494	\$281
2020	\$522		\$517	\$519	\$295
2021	\$549		\$533	\$543	\$310
2022	\$570		\$549	\$570	\$325
2023	\$593		\$565	\$599	\$341
2024	\$611	\$132	\$531	\$599	\$352
Avg. Annual % Change	4.7%		2.3%	4.3%	4.6%
% change 2018 between 2024	31.4%		14.4%	28.8%	31.1%

The WAC of Jardiance, averaged across six NDCs reported, was approximately **\$20.37 per unit** at the end of 2024.²⁴ Between 2018-2024, the unit WAC increased at an average annual rate of **4.7 percent**, exceeding the general consumer price index (CPI-U) inflation rate in **2018-2019, 2019-2020, and 2022-2023**.²⁵

²³ Medi-Span. Wolters Kluwer, 2025. <https://www.wolterskluwer.com/en/solutions/medi-span/medi-span>.

²⁴ Ibid.

²⁵ Consumer Price Index. U.S. Bureau of Labor Statistics. <https://www.bls.gov/cpi/tables/supplemental-files/>.

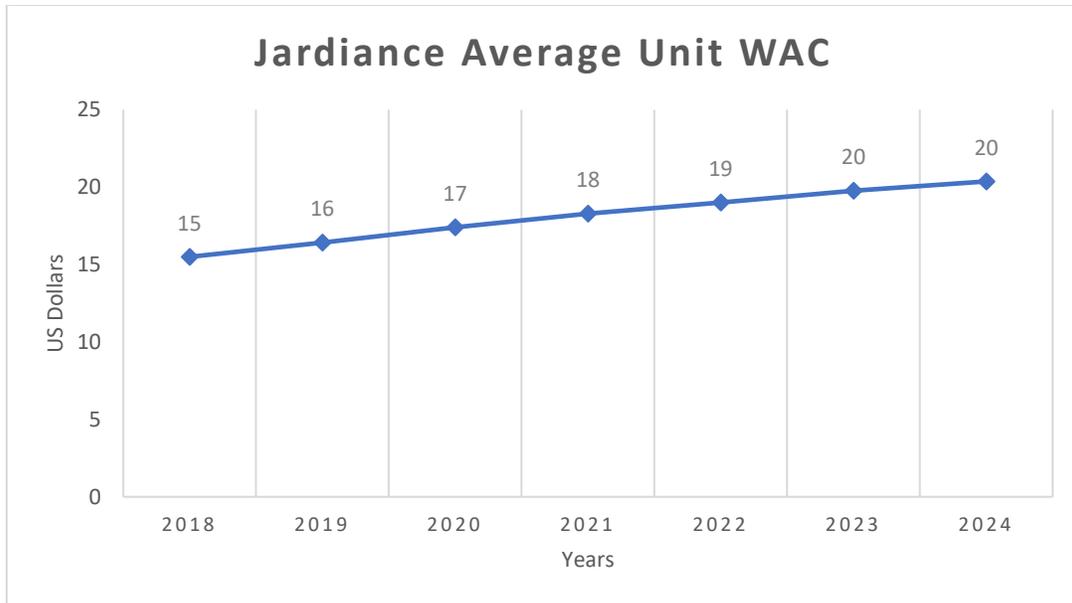


Figure 1 Jardiance average unit WAC from 2018-2024

Table 5 Percent change of WAC of drug and therapeutic alternatives with CPI comparison²⁶

Year	Jardiance	Brenzavvy ²⁷	Farxiga	Invokana	Steglatro	CPI-U
2018-2019	6.0%		6.0%	6.4%	4.9%	1.7%
2019-2020	6.0%		5.1%	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%		-6.0%	0%	3.2%	3.0%

²⁶ Percentages might differ from Table 4 as Table 5 percentages are based on unit WAC only.

²⁷ Annual rate could not be calculated due to only one year of WAC being obtained for Brenzavvy.

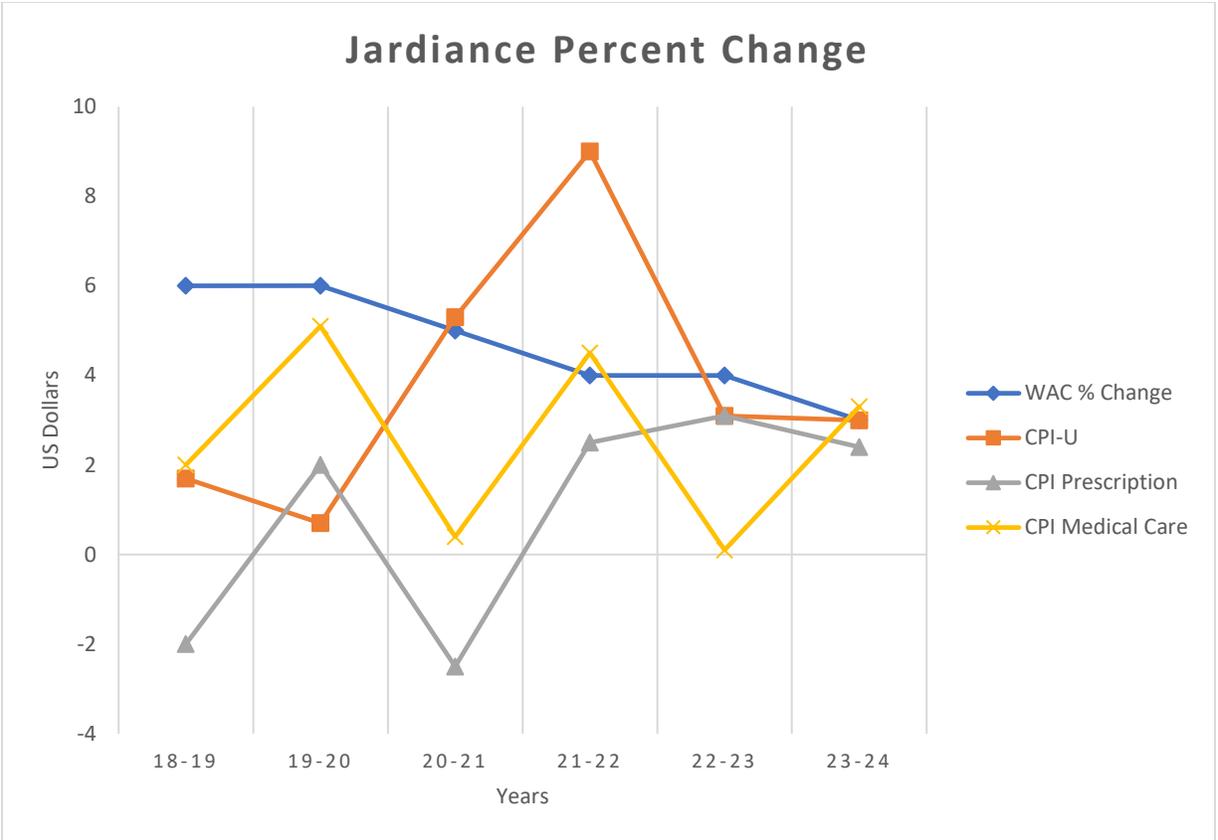


Figure 2 Year over year change in WAC compared to inflation rates²⁸

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 **\$19.52 per unit in Quarter 4 of 2024**, an approximate **17.2 percent increase** over the period (see Table 6).²⁹ Relative to the **\$20.37 WAC** in end-of-year 2024, an **AAAC discount of 4.2 percent** is indicated.

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 net 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.

²⁸ Consumer Price Index. U.S. Bureau of Labor Statistics. <https://www.bls.gov/cpi/tables/supplemental-files/>.

²⁹ 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/>.

Table 6 2020-2024 AAAC Medicaid FFS quarterly purchase prices for Jardiance

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual AAAC average	Average unit WAC
2020	\$17	\$17	\$17	\$17	\$17	\$17
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

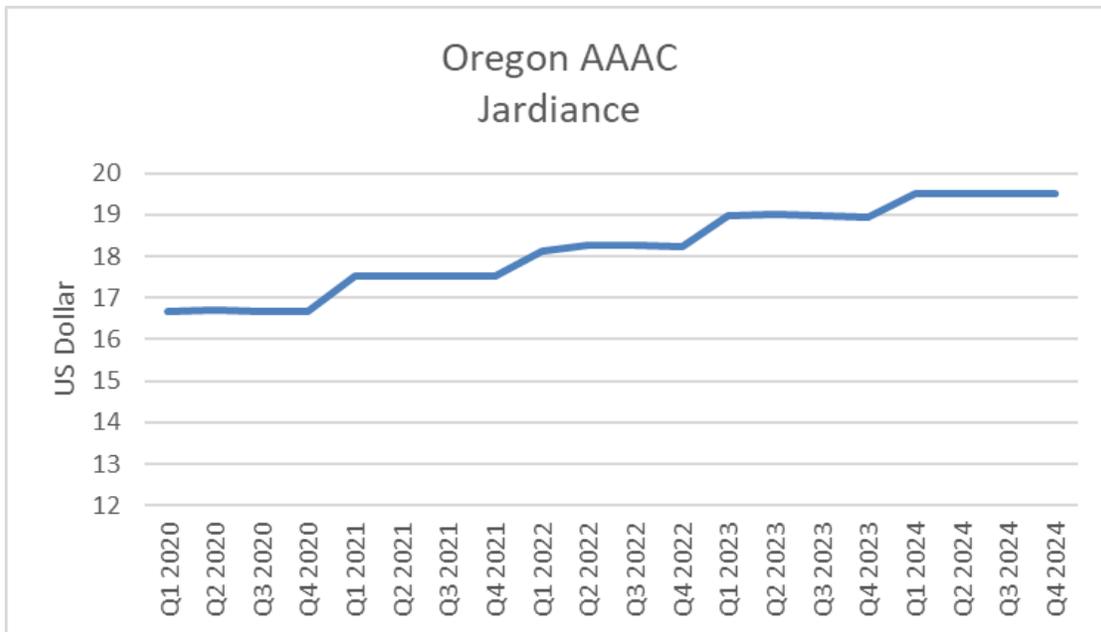


Figure 3 AAAC for Jardiance from Q1 2020 to Q4 2024

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 2023 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 2023, the **average gross cost of Jardiance per enrollee in the commercial market was approximately \$3,112**. After accounting for manufacturer rebates, pharmacy benefit manager (PBM) discounts, and other price concessions, the **average net cost per enrollee declined to approximately \$1,235**, reflecting an **estimated mean discount of 60.3 percent** relative to gross costs.

Across all reporting carriers and market segments, the **total cost of Jardiance before concessions was \$26,732,156**, with total reported **price concessions amounting to approximately \$16,127,003**, as detailed in Table 7. Notably, **80.1 percent of claims benefited from some form of price concession**, leaving **19.9 percent at full gross cost**.

Table 7 Net cost estimate based on carrier submitted 2023 data

Total number of enrollees	8,589
Total number of claims	27,481
Total number of claims with price concessions applied	22,000

Percentage of claims with price concessions applied	80.1%
Percentage of cost remaining after concessions	39.7%
Percentage of discount	60.3%

Manufacturer price concessions for all market types	\$13,245,236
PBM price concessions for all market types	\$2,873,542
Other price reductions for all market types	\$8,225

Cost before price concessions across all market types	\$26,732,156
Total price concessions across all market types	\$16,127,003
Cost of after price concessions across all market types	\$10,605,152

Avg. payer spend per enrollee without price concessions	\$3,112
Avg. payer spend per enrollee with price concessions	\$1,235

Including all market segments, the **gross spend of Jardiance per claim for commercial carriers was \$973** before any discounts, rebates, or other price concessions. The net cost per enrollee discounts, rebates, and other price concessions was **\$386**, meaning that insurers reported a price concession of **\$587** per claim on the initial drug cost as shown in Table 8.

Table 8 The average price concessions across market types from data call³⁰

	Average	Individual market	Large market	Small market
Spend per claim, gross	\$973	\$1,031	\$940	\$1,064
Spend per claim, net	\$386	\$404	\$379	\$401
Price concessions per claim	\$587	\$627	\$561	\$664

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

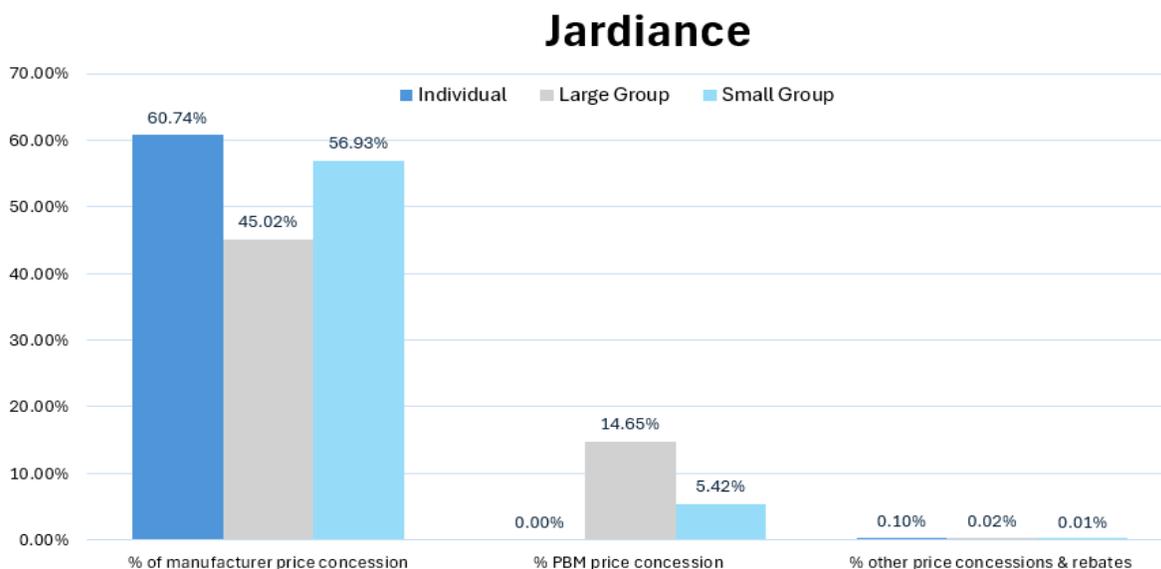


Figure 4 Percent of price concession in each market type^{31, 32}

³⁰ Based on data submitted to the Department of Consumer and Business Services (DCBS) by Oregon's commercial insurance carriers.

³¹ 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.ecfr.gov/current/title-42-chapter-iv-subchapter-b-part-423-subpart-c).

³² 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

Estimated total amount of the price concession

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.

Estimated price for therapeutic alternatives³³

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 2023 data from APAC and the data call. APAC data reflects gross spending across Medicare, Medicaid, and commercial health plans in Oregon, while the data call includes net spending submitted by 11 commercial health insurers. All therapeutic alternatives are represented using APAC data, which does not reflect price concession or rebates.

Jardiance' gross total payer paid, based on APAC data, **was \$141.1 million**, while total net payer paid received from the **carriers indicated a cost of \$22.6 million. Jardiance has the highest gross total pay in consideration** with its therapeutic alternatives. The second highest is Farxiga with \$29.8 million. Notably, Jardiance has the **most utilization among the drugs, at 164,419 claims**, as compared to the second highest utilization of Farxiga, at 37,843 claims. Invokana has a **higher payer paid per claim compared to Jardiance, which are \$954 and \$858 respectively.**

Jardiance also has the highest total enrollee paid at \$12.3 million and Farxiga follows behind with \$2.4 million. Invokana has the highest patient paid per claim of \$95, which is higher than

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>.

³³ Therapeutic alternative to mean 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\(2\)\(c\)](#).

both Jardiance at \$76 and Farxiga at \$64. The drug with the lowest patient paid per claim is Steglatro, which is \$2.

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

Table 9 Average healthcare and average patient OOP costs for Jardiance vs therapeutic alternatives³⁴

Proprietary name	No. of enrollees ³⁵	No. of claims	Total payer paid	Total enrollees paid ³⁶	Payer paid/claim	Patient paid/claim ³⁷
<i>Subject Drug</i> Jardiance (Data call)³⁸	8,589	27,481	\$22,637,956	\$2,345,386	\$824	\$85
<i>Subject Drug</i> Jardiance (APAC)	33,438	164,419	\$141,128,924	\$12,437,255	\$858	\$76
Brenzavvy³⁹						
Farxiga	7,387	37,843	\$29,820,729	\$2,437,904	\$788	\$64
Invokana	376	1,873	\$1,787,166	\$178,575	\$954	\$95
Steglatro	2,541	25,425	\$8,092,496	\$38,847	\$318	\$2

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 addresses the estimated average of discounts, rebates, or other price concessions associated with therapeutic alternatives to Jardiance, as compared to the subject drug itself. At the time of this review, there was no quantifiable data available to PDAB to assess the average price concessions for the identified therapeutic alternatives in the Oregon market.

³⁴ The therapeutic alternative information is based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

³⁵ 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, meaning 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 9, as compared to other totals indicated in this report.

³⁶ The cost includes all lines of business.

³⁷ Ibid.

³⁸ Information from the data call with the cost information after price concessions.

³⁹ Information is unavailable due to the NDC of Brenzavvy yielding no results in APAC database.

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.

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

In 2023, the Oregon APAC database recorded **164,419 total claims for Jardiance among 35,580 total enrollees**, corresponding to a **total payer expenditure of \$141.1 million**.

Table 10 provides gross cost estimates by the total APAC payer spend across all lines of business:

- **Medicare** accounted for the largest share of utilization, with **96,639** claims from **21,475** enrollees and a total spend of **\$89.6 million**.
- **Commercial** and **Medicaid** payers reported smaller but notable expenditures of approximately **\$37.5 million** and **\$14.1 million**, respectively.

Table 10 Estimated 2023 APAC total annual gross payers expenditure for total enrollees and total claims⁴⁰

Payer line of business	Total enrollees	Total claims	Total payer paid	Average cost amount per enrollee	Average cost amount per claim
Commercial	9,765	44,606	\$37,486,136	\$3,839	\$840
Medicaid	4,340	23,174	\$14,060,699	\$3,240	\$607
Medicare	21,475	96,639	\$89,582,089	\$4,171	\$927
Totals⁴¹	35,580	164,419	\$141,128,924		

Table 11 provides utilization for the healthcare system for Jardiance and its therapeutic alternatives, distinguished by lines of business. **Jardiance has the most utilization** among the

⁴⁰ Based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

⁴¹ The total number of enrollees is the summation of enrollees across all markets which differs from the unique enrollees at the drug level.

drugs, with **164,419 claims**. In all lines of business, Jardiance is the most utilized. **Farxiga is the second most utilized with 37,843 claims**.

Table 11 Estimated APAC payer 2023 utilization of review drug and its therapeutic alternatives⁴²

Proprietary name	Commercial utilization	Medicaid utilization	Medicare utilization	Total claims ⁴³
Jardiance	44,606	23,174	96,639	164,419
Brenzavvy ⁴⁴				
Farxiga	10,405	8,498	18,940	37,843
Invokana	428	374	1,071	1,873
Steglatro	8,717	16,220	488	25,425

Table 12 shows the overall payer expenditure of Jardiance and its therapeutic alternatives, distinguished by lines of business. Jardiance has a **total expenditure of \$141.1 million** with **Medicare being the biggest portion at \$89.9 million**. The therapeutic alternative with the **least expenditure is Invokana, at \$1.8 million**.

Table 12 Estimated APAC payer 2023 annual gross expenditure of the review drug and its therapeutic alternatives from all lines of business⁴⁵

Proprietary name	Commercial expenditure	Medicaid expenditure	Medicare expenditure	Total ⁴⁶
Jardiance	\$37,486,136	\$14,060,699	\$89,582,089	\$141,128,924
Brenzavvy ⁴⁷				
Farxiga	\$8,191,489	\$4,863,562	\$16,765,678	\$29,820,729
Invokana	\$323,596	\$206,315	\$1,257,255	\$1,787,166
Steglatro	\$2,441,964	\$5,442,491	\$208,041	\$8,092,496

Table 13 compares the overall payer cost per enrollee of Jardiance and its therapeutic alternatives, distinguished by lines of business. **Invokana has the highest total cost per enrollee at \$4,753**. Farxiga has the **highest cost per enrollee in commercial at \$3,923**, though the cost

⁴² Based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

⁴³ Total is the sum of all utilization for the drug across all lines of business.

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

⁴⁵ Based on 2023 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

⁴⁶ Total is the sum of all expenditure for the drug across all lines of business.

⁴⁷ Information is unavailable due to the NDC of Brenzavvy yielding no results in APAC database.

per enrollee of the commercial line of business is comparable to both Jardiance and Invokana. **The median cost per enrollee for Jardiance is \$624**, which is less than the median cost per enrollee of Invokana.

Table 13 Estimated 2023 APAC payer annual gross cost per enrollee of the review drug and its therapeutic alternatives⁴⁸

Proprietary name	Commercial cost/enrollee	Medicaid cost/enrollee	Medicare cost/enrollee	Total ⁴⁹ cost per enrollee	Cost per enrollee, median	IQR	Cost per enrollee, 75 th percentile	Cost per enrollee, 95 th percentile
Jardiance	\$3,839	\$3,240	\$4,171	\$4,221	\$624	\$1,101	\$1,601	\$1,901
Brenzavvy ⁵⁰								
Farxiga	\$3,923	\$3,313	\$3,828	\$4,037	\$589	\$1,023	\$1,526	\$1,811
Invokana	\$3,852	\$3,079	\$4,854	\$4,753	\$1,237	\$1,189	\$1,761	\$1,958
Steglatro	\$1,930	\$2,242	\$1,387	\$3,185	\$330	\$7	\$333	\$791

Data submitted via the carrier data call further stratifies commercial expenditures by market segment. The collected **total net cost to the healthcare system was around \$25.0 million**, with payer paying **\$22.6 million**, and enrollees out-of-pocket estimating to be **\$2.3 million**. Table 14 includes the average plan cost per enrollee in the commercial market, ranging from **\$2,785 (small group)** to **\$2,573 (large group)** annually.

Table 14.a Estimated 2023 annual total net costs to the healthcare system, payers and OOP/enrollee⁵¹

Market	Number of claims	Number of enrollees	Total annual spending	Payer paid	Enrollee out-of-pocket cost
Individual	4,109	1,314	\$4,224,592	\$3,641,910	\$582,682
Large group	19,081	5,972	\$16,736,979	\$15,367,153	\$1,369,826
Small group	4,291	1,303	\$4,021,770	\$3,628,892	\$392,878
Total	27,481	8,589	\$24,983,342	\$22,637,956	\$2,345,386

⁴⁸ Based on 2023 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 overall cost per enrollee across commercial insurers, Medicaid, and Medicare.

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

⁵¹ Cost information from the data call is the cost of the drug after price concessions.

Table 14.b Estimated 2023 annual total net costs to the healthcare system, payers and OOP/enrollee

Market	Avg. plan spend/claim	Avg. payer paid/claim	Avg. enrollee paid/claim	Avg. plan spend/enrollee	Avg. payer paid/enrollee	Avg. OOP/enrollee
Individual	\$1,028	\$886	\$142	\$3,215	\$2,772	\$443
Large group	\$877	\$805	\$72	\$2,803	\$2,573	\$229
Small group	\$937	\$846	\$92	\$3,087	\$2,785	\$302

As shown in Figure 5, the large group represented the majority of commercial spending (67% of total), followed by individual and small group markets.

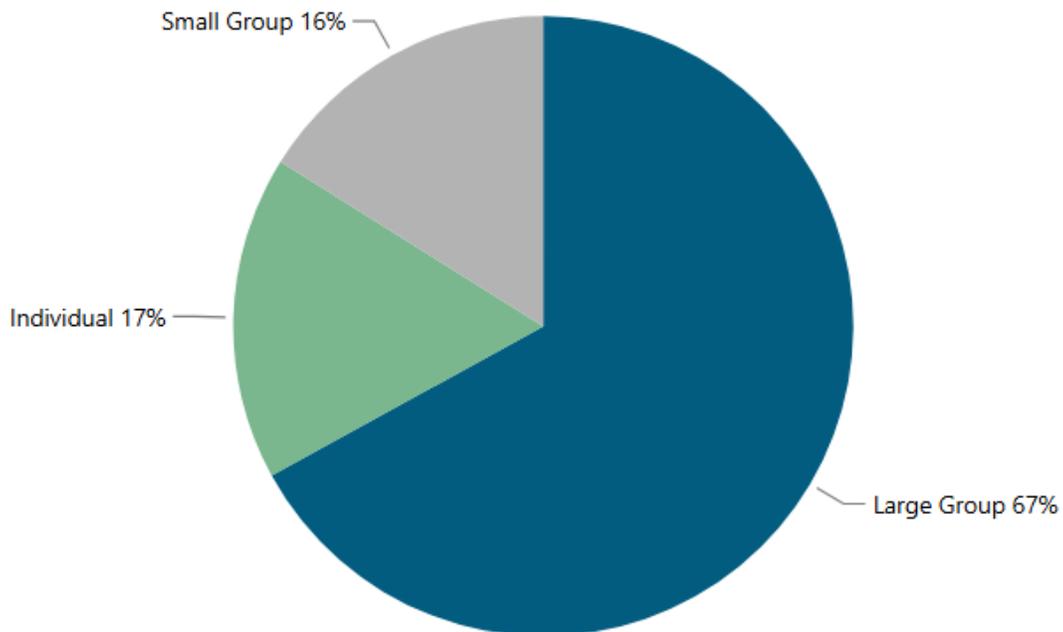


Figure 5 Data call total annual percent spend (payer paid) for each market type

Table 15 indicates CCOs reported Jardiance as having an annual greatest increase from 2022-2023 (rebates not included) with a **\$5.2 million year-over-year increased cost growth**.

Table 15 Medicaid CCOs greatest increase in share to total cost from 2022-2023 (rebates not included)⁵²

Medicaid CCOs			
2022	2023	YoY change in spending	Percent of total CCO cost 2023
\$7,828,996	\$12,979,111	\$5,150,115	0.4%

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.

Review of rejected claims and drug benefit designs

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 2023, approximately **36 percent of reporting plans required prior authorization (PA)** for coverage of the drug, and **1.1 percent of plans required step therapy** before approving its use.

For formulary placement, **no plans categorized Jardiance as a non-preferred drug**, and **no plans excluded it entirely from the formulary**.

Table 16 Plan design analysis from 2023

Percentage of Plans	
Required prior authorization	36.0%
Required step therapy	1.1%
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

⁵² CCO Pharmacy spend provided by Oregon State University drug use research and management program. Oregon State University Drug Use and Research Management DUR utilization reports 2023. College of Pharmacy, Oregon State University. <https://pharmacy.oregonstate.edu/research/pharmacy-practice/drug-use-research-management/dur-reports>.

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 [drug] in Oregon, as reported in 2023 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 17 and 18 presents the average annual enrollee cost-sharing amounts derived from APAC. The APAC data, which includes claims from commercial, and Medicare enrollees, showed average per-claim and per-enrollee OOP gross costs. For example, **Medicare enrollees recorded higher average annual OOP costs**. Due to the absence of Medicaid OOP costs, the insurance type has been omitted entirely from the following tables.

Table 17 Review drug vs. therapeutic alternatives and annual out-of-pocket cost per enrollee⁵³

Proprietary name	Annual Medicare OOP cost/enrollee	Annual Commercial OOP cost/enrollee	Total ⁵⁴	Median	IQR	75 th percentile	95 th percentile
Jardiance	\$420	\$350	\$409	\$47	\$148	\$148	\$606
Brenzavvy ⁵⁵							
Farxiga	\$383	\$365	\$383	\$45	\$151	\$151	\$550
Invokana	\$428	\$805	\$524	\$30	\$158	\$158	\$1,066
Steglatro	\$170	\$11	\$28	\$0	\$0	\$0	\$70

Table 18 Review drug vs. therapeutic alternatives and out-of-pocket cost per claim

Proprietary name	Medicare OOP cost/claim	Commercial OOP cost/claim	Total ⁵⁶	Median	IQR	75 th percentile	95 th percentile
Jardiance	\$93	\$77	\$88	\$30	\$92	\$92	\$417
Brenzavvy ⁵⁷							
Farxiga	\$88	\$73	\$83	\$30	\$90	\$90	\$419
Invokana	\$104	\$158	\$119	\$10	\$100	\$100	\$600
Steglatro	\$52	\$2	\$4	\$0	\$0	\$0	\$0

Clinical information based on manufacturer material⁵⁸

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

⁵³ Based on 2023 Oregon APAC data across commercial insurers and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

⁵⁴ The total is the overall cost per enrollee across commercial insurers and Medicare.

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

⁵⁶ The total is the overall cost per claim across commercial insurers and Medicare.

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

⁵⁸ U.S. Food & Drug Administration. Jardiance (*empagliflozin*) Prescribing Information. Teva Pharms., Action yr 2023. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/204629s040lbl.pdf.

- 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.
 - 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^{59, 60}

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.

⁵⁹ Understanding Unapproved Use of Approved Drugs Off Label. U.S. Food & Drug Administration, Feb. 5, 2018. <https://www.fda.gov/patients/learn-about-expanded-access-and-other-treatment-options/understanding-unapproved-use-approved-drugs-label>.

⁶⁰ 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>.

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
 - Urosepsis and Pyelonephritis
 - Hypoglycemia with Concomitant Use with Insulin and Insulin Secretagogues
 - Necrotizing Fasiitis 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 19 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 20 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)
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 21 Strengths, dosing, and route

Drug	Strengths	Usual 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.
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 for all stakeholder feedback.

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.

Survey information was collected from 24 individuals taking or having an association with Jardiance. According to the survey results, 92 percent of respondents had coverage for Jardiance.

Three patients were on Medicaid, with one being on a patient assistance program. The patient out of pocket cost ranged from \$0-49 and \$100-\$399. Medicare covered 13 patients with two having cost coverage from PAPs, however did not report what the cost contribution was. Eight responses indicated paying monthly out of pocket costs over \$100 with one indicating an OOP ranging from \$800-\$999. Seven patients with private health insurance had coverage with one

respondent indicating there was no coverage for the drug and they were not on a PAP, resulting in them spending a monthly OOP cost of \$600-\$799. Four reported paying \$0-\$49 as their monthly OOP cost. One response showed above \$1000 OOP costs.

Below are written answers from Oregon patients who responded to the PDAB survey in April 2025, edited for readability, length and to protect patient privacy.

”” **Jardiance** ””

- ✚ “The first year Jardiance cost me \$649 for the year. Now it’s \$2,139 per year after insurance.”
- ✚ “My diabetes would be far more serious without the medication.”
- ✚ “Before insulin’s price was dropped, there were three drugs that fell in the \$750 range for a 90-day supply, which is what prompted us to look into the Canadian pharmacy because the costs were so high we were having difficulty affording them.”
- ✚ “It’s a tier 2 drug and I first had to meet my deductible.”

Below is a written answer from the Drug Price Transparency program’s legislative report in 2023. The comment has been edited for readability, length and to protect patient privacy.

- ✚ My husband is on Medicare and a private insurance plan and he pays out of pocket \$460 every 3 months for Jardiance and \$400 for Eliquis. These are required to keep him alive per our primary doctor and not due to the ridiculous advertising we're subjected to non-stop while watching TV. We are both on a fixed income and cannot afford this. One step we should take as a nation is to ban prescription advertising to the public as is done in most countries except for the US and New Zealand. Only doctors should be made aware of their fabulous drugs. These ads must be very costly as they air in prime time and include elaborate casts of actors with dancing and singing. Tell the drug companies to pass the cash savings on to those who really need these drugs. The Jardiance "little pill with the big story to tell" is particularly heinous given its cost to us.

Individuals with scientific or medical training

Surveys were posted on the PDAB website to collect drug information from individuals with scientific and medical training. There were no reports for Jardiance to determine the impact of the disease, benefits or disadvantages, drug utilization, or input regarding off label usage.

Safety net providers

The information reported by safety net providers describes their experience dispensing Jardiance, particularly in relation to the federal 340B Drug Pricing Program. The survey

collected information on utilization, if the drug was eligible for 340B discounts, dispensing arrangements, and payment and reimbursement levels.

A total of **11 safety net clinics** responded to the survey. Among respondents, **11 clinics indicated that Jardiance was covered as a 340B-eligible prescription** within their programs.

Most clinics (91%) reported operating an internal pharmacy for dispensing 340B-eligible medications, and 64 percent reported using one or more contract pharmacies for this purpose.

Additionally, **82 percent of clinics reported having a prescription savings program**, and all respondents (100%) reported employing a staff member dedicated to 340B compliance.

Regarding expenditures under the 340B program, respondents reported a range of total amounts paid: 27 percent reported paying between **\$0–\$100,000**, 18 percent reported between **\$100,001–\$300,000**, while **55 percent declined to report, citing trade secret protections**.

Reported reimbursement for dispensing under 340B also varied: 18 percent of respondents reported reimbursement between **\$0–\$100,000**, 9 percent between **\$100,001–\$500,000**, and 18 percent between **\$500,000–\$10,000,000**.

Without additional detail on the volume of patients treated or the per-claim costs, it is difficult to interpret the figures in terms of clinic financial risk or access outcomes. The wide range may reflect differing clinic sizes, patient populations, or inventory management practices. Notably, the absence of full reporting by 55 percent of clinics makes it challenging to assess how 340B drug costs affect long-term affordability or sustainability for safety-net providers.

These results suggest that while Jardiance is incorporated into many safety-net programs, further data would be necessary to understand how reimbursement aligns with acquisition cost and whether 340B discounts adequately mitigate financial exposure for patients and the healthcare system.

Table 22 Safety net provider survey responses

Survey information	Response
Clinics responded	11
The drug is covered as a 340B eligible prescription in their program	11
Reported having an internal pharmacy they use to dispense 340B eligible prescriptions.	91%
Reported having one or more contract pharmacies from which 340b eligible prescriptions are dispensed.	64%
Reported having a prescription savings program to improve patient access to prescription medications	82%
Reported having a staff person dedicated to 340B compliance requirements	100%
Reported total amount paid for drug under 340B was between \$0-\$100,000	27%
Reported total amount paid for drug under 340B was between \$100,001-\$300-000	18%
Reported total amount paid for drug under 340B was between this was trade secret and did not provide an amount	55%
Reported total reimbursement for drugs dispensed under 340B was between \$0-\$100,000	18%
Reported total reimbursement for drugs dispensed under 340B was between \$100-001-\$500,000	9%
Reported total reimbursement for drugs dispensed under 340B was between \$500,000-\$10,000,000	18%

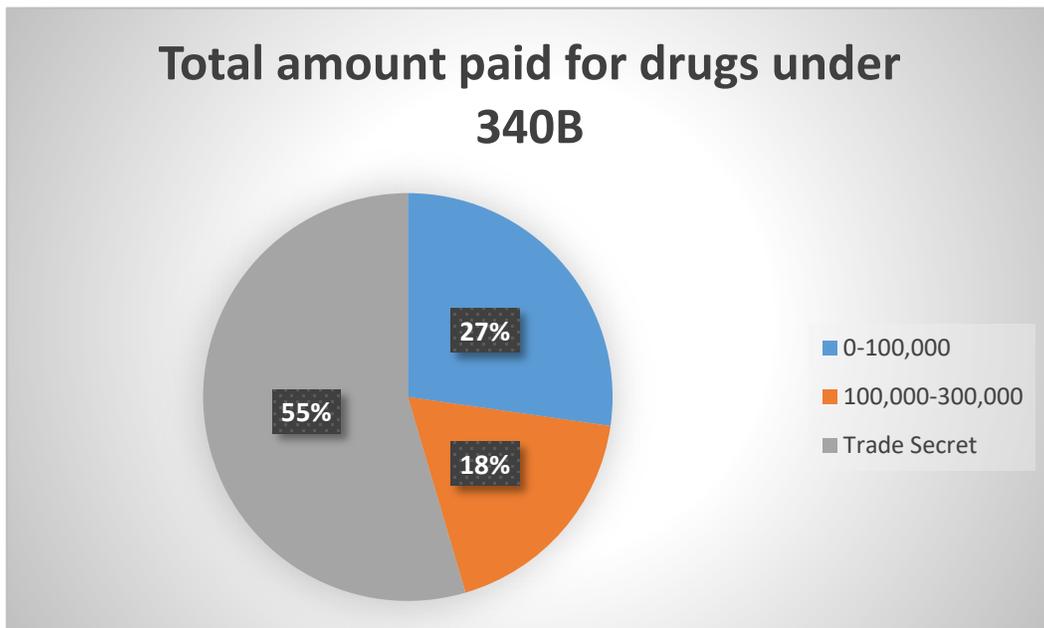


Figure 6 Amounts paid for drug under 340B discount program

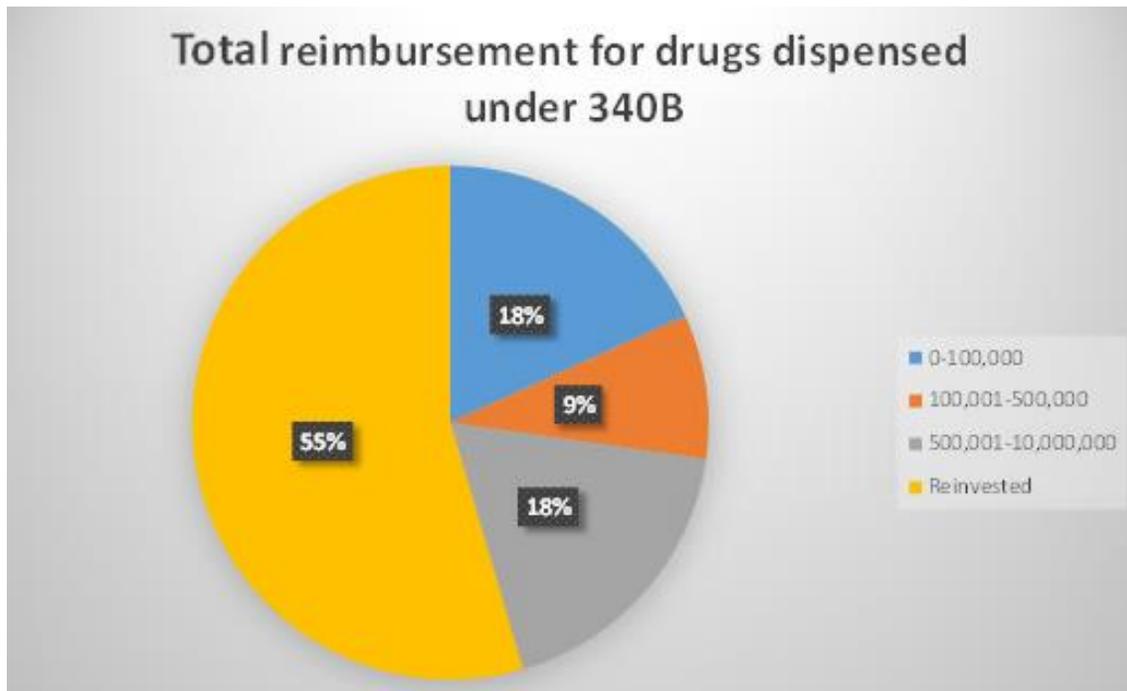


Figure 7 Estimated reimbursement ranges in dollars for potential reimbursement with drugs dispensed under 340B program

Payers

Relevant information from payers is incorporated throughout the material packed based on the data submitted through the formal data call process. This includes details on the total cost of care for the disease, the cost and utilization of the prescription drug, the availability and formulary placement, therapeutic alternatives, as well as reported impacts to member costs.

The data provided through the carrier data call serves as a comprehensive source of payer input and reflects aggregate insights across participating organizations. No separate qualitative feedback or narrative statements were requested or received from individual payers for inclusion in the section.

Appendix

Stakeholder feedback:

Name of speaker	Association to drug under review	Drug	Format	Date	Exhibit website link
Stacie Phan	Boehringer Ingelheim	Jardiance	Letter	5/21/2025	Exhibit A
Dr. Harry Gewanter	Let My Doctors Decide Action Network	Jardiance	Letter	5/15/2025	Exhibit B
Jennifer Hazen	Patient	Jardiance	Letter	9/15/2025	Exhibit C