Term or Metric	Definitions & Calculations (if applicable)	Source(s)
% Difference in Enrollees	Calculation: (reported total enrollees of current year - reported total enrollees of previous year) divided by total enrollees of previous year. This calculation reflects the total percentage change in the reported number of enrollees over two years based on insurer reporting to the Drug Price Transparency (DPT) program.	PDAB
% Difference in Prescriptions	Calculation: (reported total prescriptions of current year - reported total prescriptions of previous year) divided by total prescriptions of previous year. This calculation reflects the percentage change in the total reported number of prescriptions over two years based on insurer reporting to the Drug Price Transparency (DPT) program.	PDAB
% Difference in Year-over-Year (YOY) Greatest Increase (GI)	Calculation: (the total dollar amount of current year increase - the total dollar amount of previous year increase) divided by the previous year total dollar increase. This calculation reflects the percentage change in the reported amount over two years based on insurer reporting to the Drug Price Transparency (DPT) program.	PDAB
% Variance of Difference in Prescriptions vs Enrollees Over Time	(% Difference prescriptions - % Difference enrollees) divided by % Difference enrollees. This calculation reflects the difference in the percent changes between reported prescriptions and enrollees over the two years based on insurer reporting to the Drug Price Transparency (DPT) program.	PDAB
75th Percentile	The number halfway between the middle number (median) or the highest number. 75% of the data falls below this value for the parameter of interest. (Also known as the third quartile or Q3.)	Quartiles & Quantiles | Calculation, Definition & Interpretation
95th Percentile	The number found at the 95 percentile position of the data for the parameter of interest. 95% of the data falls below this value for the parameter of interest.	PDAB
APAC	OHA All Payer All Claims database. "contains administrative health care data on topics such as insurance coverage, health service cost and utilization for Oregon's insured populations. APAC receives administrative data on most Oregon residents. Administrative data are collected by insurers for purposes related to issuing coverage and making payments."	OHA All Payer All Claims Reporting Program
APAC Claim LOB (Line of Business)	The levels (or lines) of business included in the utilized APAC datasets. These include commercial, Medicare and Medicaid.	OHA All Payer All Claims Reporting Program
APAC Claims	The sum of the number of claims reported to OHA and recorded in the APAC database for a given parameter. For calculations involving this value a distinct count was used. (Also referred to as Utilization).	PDAB
APAC Enrollees	The number of enrollees reported to OHA and recorded in the APAC database. For calculations involving this value a distinct count was used. A single enrollee may be represented across multiple NDCs; therefore, a distinct count was used for calculations. The enrollee count may vary based on the metric of analysis (e.g., by drug or NDC) due to a single enrollee ID occurring across multiple drugs or NDCs. APAC fields without a uniquely identifiable individual were removed from analysis.	PDAB
APAC Payer Paid	Dollar amount recorded in APAC as that which is paid by a payer (e.g. carrier, PBM, third-party payer, etc.).	PDAB

Term or Metric	Definitions & Calculations (if applicable)	Source(s)
APAC System Spend	The total amount paid by payers and enrollees for a given drug as reported to APAC.	PDAB
Average Annual Rate of Wholesale Acquisition Cost (WAC)	Average annual rate of wholesale acquisition cost (WAC) was calculated by determining the end-of-year WAC for years included in analysis, of each of the NDC's reported by the carriers to the Drug Price Transparency (DPT) program. At the drug level, WAC data was averaged across all drug NDC's for each year that WAC was collected. The year-over-year (YOY) percent change was calculated from subsequent years (Ex. 2018-2019 WAC YOY percent change was calculated from 2018 and 2019 WAC). YOY percent changes were calculated for each drug, and averaged together for the average annual rate. (WAC values are sourced from Medi-Span.)	PDAB
Average of % Total FFS Cost	Average percent of Fee for Service (FFS) cost as reported by Oregon State University.	Oregon State University
Average Out-of-Pocket per Enrollee	The total enrollee out-of-pocket cost divided by the number of enrollees.	PDAB
Average Price Concessions per Claim	The sum of the concessions, rebates, and discounts, based on either one market or all included markets, reported in the data call for a drug divided by the total number of claims reported for that drug.	PDAB
Average Spend per Claim, gross	The average insurer gross spend, based on either one market or all included markets, reported in the data call prior to concessions, rebates and discounts divided by the total number of claims reported for a drug.	PDAB
Average Spend per Claim, net	The average insurer spend, based on either one market or all included markets, reported in the data call after concessions, rebates and discounts are applied divided by the total number of claims reported for a drug.	PDAB
Average Unit WAC	The average end of year (EOY) Wholesale Acquisition Cost (WAC) across all NDCs reported for a drug to the Drug Price Transparency (DPT) program for the data year of cost review.	PDAB
Avg Annual Spend	The sum of total annual spending reported during a specified period divided by the number of rows of data in which total annual spending was reported. This may be calculated based on a parameter (e.g. drug, year, etc.). Values are based on insurer reporting to the Drug Price Transparency (DPT) program.	PDAB
Avg Enrollees	The sum of all enrollees reported fora specified period divided by the number of rows of data in which enrollees were reported. This may be calculated based on a parameter (e.g. drug, year, etc.). Values are based on insurer reporting to the Drug Price Transparency (DPT) program.	PDAB
Avg List Rank	The sum of all reported ranks for the drug on the greatest increase list divided by the total number of rows of reported ranks on the greatest increase list for the drug as reported to by insurers to the Drug Price Transparency (DPT) program.	PDAB
Avg Prescriptions	The sum of all prescriptions reported during a specified period divided by the number of rows of data in which prescriptions were reported. This may be calculated based on a parameter (e.g. drug, year, etc.). Values are based on insurer reporting to the Drug Price Transparency (DPT) program.	PDAB

Term or Metric	Definitions & Calculations (if applicable)	Source(s)
Bioequivalence	"The absence of a significant difference in the rate and extent to which the active ingredient or active moiety in pharmaceutical equivalents or pharmaceutical alternatives becomes available at the site of drug action when administered at the same molar dose under similar conditions in an appropriately designed study."	Draft Guidance for Industry: Evaluation of Therapeutic Equivalence
Biosimilar	"A biosimilar is a biologic medication. It is highly similar to a biologic medication already approved by FDA – the original biologic (also called the reference product). Biosimilars also have no clinically meaningful differences from the reference product. This means you can expect the same safety and effectiveness from the biosimilar over the course of treatment as you would the reference product. Biosimilars are made from the same types of sources (e.g., living cells or microorganisms) and are just as safe and effective as their reference products."	FDA
Brand Name Drug	"A drug sold by a drug company under a specific name or trademark and that is protected by a patent. Brand name drugs may be available by prescription or over the counter."	FDA
Carrier	"Any person who provides health benefit plans in this state, including: A licensed insurance company; a health care service contractor; a health maintenance organization; An association or group of employers that provides benefits by means of a multiple employer welfare arrangement and that: is subject to ORS 750.301 to 750.341; or is fully insured and otherwise exempt under ORS 750.303 (4) but elects to be governed by ORS 743B.010 to 743B.013; or any other person or corporation responsible for the payment of benefits or provision of services."	ORS743B.005(5)
CCO Amount Paid	"The dollar amount paid by coordinated care organizations as reported by Oregon State University. If blank, no dollar amount was reported." (see also Coordinated Care Organization)	Oregon State University
Claims with Concessions, Rebates, Discounts	The total number of claims with price concessions as reported in the data call.	PDAB
CMS	Centers for Medicare & Medicaid Services	Home - Centers for Medicare & Medicaid Services | CMS
Consumer Price Index (CPI)	"A measure of the average change over time in the prices paid by urban consumers for a market basket of consumer goods and services. Indexes are available for the U.S. and various geographic areas"	U.S. Bureau of Labor Statistics
Consumer Price Index (CPI) Medical Care	The consumer price index related to medical care. (see also Consumer Price Index)	U.S Bureau of Labor Statistics
Consumer Price Index (CPI) Prescription	The consumer price index related to prescription drugs. (see also Consumer Price Index)	U.S Bureau of Labor Statistics
Consumer Price Index (CPU) -U	The consumer price index related to all markets. (see also Consumer Price Index)	U.S. Bureau of Labor Statistics
Coordinated Care Organization (CCO)	"CCOs are health plans that are set up so that anyone who provides your care - doctors, counselors, nurses - will be better able to focus on prevention and improving care. Instead of just treating you when you get sick, they can work with you to keep you healthy and better manage existing health conditions."	OHA
Cost per Enrollee	The total cost or amount paid by payers divided by the number of enrollees.	PDAB
Cost per Enrollee, Median	The median value of the cost per enrollee. (see also Cost per Enrollee and Median)	PDAB

Term or Metric	Definitions & Calculations (if applicable)	Source(s)
DC	This designation before a field in a report or dashboard indicates fields or calculations collected as part of the data call.	PDAB
DC Claims	The total number of claims as reported by carriers per national drug code (NDC) for the data call based on the parameter of analysis (drug, market, etc.). NDCs were provided pursuant to selection of the subset list and were based on submissions to the Drug Price Transparency program (DPT) pursuant to HB 4005. (See also DC)	PDAB
DC Enrollees	The total number of enrollees as reported by carriers per national drug code (NDC) for the data call. NDCs were provided pursuant to selection of the subset list and were based on submissions to the Drug Price Transparency Program (DPT). For the dashboard, a summation of the reported enrollees by drug were used. DC (Data Call) is indicative of the data source.	PDAB
DC Market	The market as reported by carriers in the data call. This typically includes individual, small group and large group markets.	PDAB
DC Net Payer Paid	This represents the "Total Annual Plan Spending (Allowed Dollar Amount) minus the "Total Annual Out of Pocket Costs for Enrollees" as reported by carriers in the data call.	PDAB
DC Number of Carriers w/Enrollees > 0	The total number of carriers in the data call that reported greater than zero enrollees for a given drug.	PDAB
DC OOP per Enrollee	The sum of the out-of-pocket costs for enrollees as reported in the data call divided by the number of enrollees based on the parameter of analysis (e.g. drug).	PDAB
DC System Spend	The total amount paid by payers and enrollees for a given drug as reported in the data call.	PDAB
DC System Spend per Claim	The sum of the payer and enrollee paid amounts divided by the number or reported claims.	PDAB
Difference Avg Annual Spend	The calculated difference between the average annual spend of one period and the average annual spend of the previous period.	PDAB
DPT	Oregon Prescription Drug Price Transparency Program	Prescription Drug Price Transparency
Drug Cost per Claim	The total cost of the drug before price concessions, rebates, or discounts as reported in the data call divided by the total number of claims.	PDAB
Drug cost per Claim after Concessions, Rebates, Discounts	The total cost of the drug minus all reported concessions, rebates, and discounts divided by the total number of claims as reported in the data call.	PDAB
Earliest FDA Approval	The earliest data by which a drug received approval from the FDA.	Medi-Span
Employee	"Any individual employed by an employer"	ORS743B.005(8)
Enrollee	An employee, dependent of the employee, or an individual otherwise eligible for a group or individual health benefit plan who has enrolled for coverage under the terms of the plan.	ORS743B.005(9)
Enrollee OOP	The sum of the out-of-pocket cost for enrollees. This includes copay, coinsurance, deductible and other costs to enrollees as reported in the data call. For APAC values, this includes copay, coinsurance and deductible costs as reported to OHA. This is a sum based on a specific parameter and may vary based on that parameter (e.g. drug or NDC). Also referred to as Enrollee Paid.	PDAB
EOY	End-of-Year	PDAB

Term or Metric	Definitions & Calculations (if applicable)	Source(s)
Exclusive Provider Organization (EPO)	"A managed care plan where services are covered only if you use doctors, specialists, or hospitals in the plan's network (except in an emergency)."	Healthcare.gov
Expenditure	see Total Expenditure	
Generic Drug	A generic drug is a "medication created to be the same as an already marketed brand-name drug in dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use".	FDA
Greatest Increase (GI)	The top 25 drugs that have caused the greatest increase in total spending from one year to the next as reported annually by insurers to the Drug Price Transparency program.	ORS 743.025
Gross spend	The total cost of the drug before price concessions, rebates, or discounts as reported in the data call by carriers to the Drug Price Transparency program	PDAB
Health Benefit Plan	"Any hospital expense, medical expense or hospital or medical expense policy or certificate; subscriber contract of a health care service contractor as defined in ORS 750.005; or plan provided by a multiple employer welfare arrangement or by another benefit arrangement defined in the federal Employee Retirement Income Security Act of 1974, as amended, to the extent that the plan is subject to state regulation"	ORS743B.002(16)
Health Maintenance Organization (HMO)	"A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage. HMOs often provide integrated care and focus on prevention and wellness."	Healthcare.gov
High Deductible Health Plan (HDHP)	"A plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs yourself before the insurance company starts to pay its share (also called your deductible)."	Healthcare.gov
Individual (Health Plan)	"A health benefit plan that is issued to an individual policyholder; or that provides individual coverage through a trust, association or similar group, regardless of the situs of the policy or contract."	ORS 743B.005(17)
Insulin Mixes	A combination of insulin products with a duration of up to 24 hours. Typically given twice daily before meals.	Clinician
Insurer	"Every person engaged in the business of entering into policies of insurance." [1967 c.359 §22]	ORS 731.106
Intermediate Acting (NPG) Insulin	Human insulin with an onset of about 90 minutes and a duration of up to 24 hours. Typically given once or twice daily.	Clinician
Interquartile Range (IQR)	"In statistics, the interquartile range (IQR) is a measure of how spread out the data is. It is equal to the difference between the 75th and 25th percentiles, referred to as the third (Q3) and first quartiles (Q1), respectively. Thus, the IQR is comprised of the middle 50% of the data, and is therefore also referred to as the midspread, or middle 50%. The IQR is particularly useful when data is contaminated (e.g. has many outliers) because it excludes extreme values. It can also be used to find outliers in a set of data."	Math.net
Large Group (Health Plan)	Health insurance plans with greater than 50 full-time equivalent employees	Consumer Guide to Health Insurance Rate Review in Oregon

Term or Metric	Definitions & Calculations (if applicable)	Source(s)
Long Acting Insulin	Human insulin analog with a duration of ~24 hours (up to 42 hours with insulin degludec). Typically given once daily. (Definition provided by clinician for PDAB.)	Clinician
Manufacturer	"A person that manufactures a prescription drug that is sold in the state."	ORS 646A.005
Median	"The median is the middle number in a set of data when the data is arranged in ascending (this is more common) or descending order. If there are an even number of values in the data set, the median is the arithmetic mean of the two middle numbers. Thus, the median separates the lower and higher half of a data set."	Math.net
Most Costly (MC)	The top 25 most costly drugs as a portion of total annual spending as reported annually by insurers to the Drug Price Transparency program.	ORS 743.025
Most Prescribed (MP)	The top 25 most frequently prescribed drugs as reported annually by insurers to the Drug Price Transparency program.	ORS 743.025
National Drug Code (NDC)	An NDC is a "unique 10-digit or 11-digit, 3-segment number, and a universal product identifier for human drugs in the United States. The code is present on all prescription, over-the-counter and insulin products and labels in the U.S. The NDC serves as the FDA's identifier for drugs."	Drugs.com
Non-proprietary name	A globally recognized unique name of a pharmaceutical active ingredient. (also known as "international nonproprietary name" or "generic name")	World Health Organization
Number of TA, TE, Biosimilars	The reported number of therapeutic alternatives, therapeutic equivalents, or biosimilars as reported by the contracted clinician.	Clinician
OHA	Oregon Health Authority	OHA
Oregon Actual Average Acquisition Cost (AAAC)	"This is the average of all rates collected in Acquisition Cost Surveys and will serve as the reimbursement rate. The state's contractor, Myers and Stauffer, LC, collects the rates through an Acquisition Cost Survey process."	OHA
Orphan Designation	A drug designated by the FDA as a treatment for a rare disease and when the drug has been granted exclusive marketing rights for a seven-year period to treat rare diseases.	FDA
Patient Assistance Program	"A program that a manufacturer offers to the general public in which a consumer may reduce the consumer's out-of-pocket costs for prescription drugs by using coupons or discount cards, receiving copayment assistance or by other means"	House Bill 4005(2)(g)
Payer	Any person or entity that provides health benefit plans in the state that include but are not limited to licensed insurance companies, health care service contractors, health maintenance organizations, and any other corporation responsible for the payment of benefits or provisions of services.	ORS 743B
Payer Paid	The total amount paid by a payer for a given parameter of analysis (e.g. drug, market, NDC, etc.). See also Payer	PDAB
Payer Paid per Claim	The total amount paid by a payer or payers divided by the number of claims for a given parameter of interest (e.g. drug, market, NDC, etc.)	PDAB
Payer Paid per Enrollee	The total amount paid by a payer or payers divided by the number of enrollees for a given parameter of interest (e.g. drug, market, NDC, etc.)	PDAB

Term or Metric	Definitions & Calculations (if applicable)	Source(s)
Percent of Claims with Price Concessions, Rebates or Discounts	The total number of claims with price concessions, rebates or discounts applied as reported in the data call divided by the total number of claims for a drug.	PDAB
Percent Price Concession, Rebate, Discount	Total price concessions, rebates, discounts is based on the parameter of interest (e.g. drug, NDC), divided by the total cost before price concessions, rebates or discounts.	PDAB
Percentage of Claims with Price Concessions, Rebate, Discount Applied	The total number of claims with price concessions divided by the total number of claims as reported by carriers in the data call. The final result is multiplied by 100% to convert to a percentage.	PDAB
Percentage of Cost Remaining After Concessions, Rebates, Discounts	The total reported price concessions for a drug subtracted from the total gross cost of the drug as reported in the price concessions for the data call and divided by the total gross cost of the drug as reported in the price concessions. The result is multiplied by 100% to convert to a percentage.	PDAB
Percentage of Manufacturer Price Concession	The total price concessions received from manufacturers as reported by carriers in the data call divided by the total cost of the drug prior to concessions, rebates or discounts. The result is then multiplied by 100% to convert to a percentage.	PDAB
Percentage of Plans - Not covered	The sum of the number of plans for which a drug is reported as excluded from the formulary for the data call divided by the total number of rows of data reported for that plan type and drug multiplied by 100% to convert to a percentage.	PDAB
Percentage of Plans - On a Non-preferred Formulary	The sum of the number of plans for which a drug is reported as non-preferred on the formulary for the data call divided by the total number of rows of data reported for that plan type and drug multiplied by 100% to convert to a percentage.	PDAB
Percentage of Plans - Required Prior Authorization	The sum of the number of plans for which a drug is reported as requiring prior authorization on the formulary for the data call divided by the total number of rows of data reported for the drug multiplied by 100% to convert to a percentage.	PDAB
Percentage of Plans - Required Step Therapy	The sum of the number of plans for which a drug is reported as requiring step therapy on the formulary for the data call divided by the total number of rows of data reported for that plan type and drug multiplied by 100% to convert to a percentage.	PDAB
Percentage Other Price Concessions & Rebates	The total of other price concessions, rebates, discounts received aside from those reported for manufacturers or PBMs as reported by carriers in the data call divided by the total cost of the drug prior to concessions, rebates or discounts. The result is then multiplied by 100% to convert to a percentage.	PDAB
Percentage PBM Price Concession	The total price discounts received from PBMs as reported by carriers in the data call divided by the total cost of the drug prior to concessions, rebates or discounts. The result is then multiplied by 100% to convert to a percentage.	PDAB

Term or Metric	Definitions & Calculations (if applicable)	Source(s)
Pharmaceutical Equivalence	Drug products that have "identical dosage form and route(s) of administration; contain identical amounts of the identical active drug ingredient, i.e., the same salt or ester of the same therapeutic moiety, or, in the case of modified-release dosage forms that require a reservoir or overage or such forms as prefilled syringes where residual volume may vary, that deliver identical amounts of the active drug ingredient over the identical dosing period; do not necessarily contain the same inactive ingredients; and meet the identical compendial or other applicable standard of identity, strength, quality, and purity, including potency and, where applicable, content uniformity, disintegration times, and/or dissolution rates."	Draft Guidance for Industry: Evaluation of Therapeutic Equivalence
Physician Administered Drug	"An outpatient drug other than a vaccine that is typically administered by a health care provider in a physician's office or other outpatient clinical setting."	Medicaid and CHIP Payment and Access Commission
Plan Spend per Claim	The total allowed plan spending amount as reported in the data call divided by the number of claims reported for the parameter of analysis (e.g. drug, market, etc.)	PDAB
Plan Spend per Enrollee	The total allowed plan spending amount as reported in the data call divided by the number of enrollees reported for the parameter of analysis (e.g. drug, market, etc.)	PDAB
Point-of-Service (POS)	"A type of plan where you pay less if you use doctors, hospitals, and other health care providers that belong to the plan's network. POS plans require you to get a referral from your primary care doctor in order to see a specialist."	Healthcare.gov
Preferred Provider Organization (PPO)	"A type of health plan where you pay less if you use providers in the plan's network. You can use doctors, hospitals, and providers outside of the network without a referral for an additional cost."	Healthcare.gov
Price Concessions per Claim	The sum of the concessions, rebates, and discounts reported in the data call for a drug divided by the number of claims reported for that drug.	PDAB
Prior Authorization	"A form of utilization review that requires a provider or an enrollee to request a determination by an insurer, prior to the provision of health care that is subject to utilization review, that the insurer will provide reimbursement for the health care requested. "Prior authorization" does not include referral approval for evaluation and management services between providers."	ORS 743B.002(16)
Priority Review	Priority review status for a drug application indicates that the FDA will review the drug within 6 months (at a faster rate than the 10 month standard review).	FDA
Proprietary Name	"The proprietary name of a drug product is its brand name. Sometimes referred to as the product's "trade name".)	FDA
Short Acting (Regular) Insulin	Regular human insulin with an onset of about 30 minutes. Longer time to onset and longer duration (~8 hours) than rapid-acting. (Definition provided by clinician for PDAB.)	Clinician
Small Group (Health Plan)	Health insurance plans with "at least one but not more than 50 full-time equivalent employee on the first day of the plan year"	ORS 743B.005(26)

Term or Metric	Definitions & Calculations (if applicable)	Source(s)
Specialty Drug	A Part D drug whose "30-day equivalent ingredient cost must exceed a dollar-per-month threshold annually reviewed and established by CMS". The threshold for new drug reporting is established by the Centers for Medicare and Medicaid Services (CMS) for specialty drugs in the Medicare Part D program; $950 is the amount specified in OAR 836-200- 0505 for the minimum Part D specialty tier eligibility in the 2024 Final Call Letter from CMS. (Access the quoted part above in the 2024 Final Call Letter from CMS linked in the source provided here.)	Drug Price Transparency: Manufacturer User Guide
Spend per Claim, gross	The carrier gross spend reported in the data call prior to concessions, rebates and discounts divided by the number of claims reported for a drug.	PDAB
Spend per Claim, net	The carrier spend reported in the data call after concessions, rebates and discounts are applied divided by the number of claims reported for a drug.	PDAB
Step Therapy	Utilization review protocol, policy or program in which an insurer requires certain preferred drugs for treatment of a specific medical condition be proven ineffective or contraindicated before a prescribed drug may be reimbursed.	ORS 743B.002(18)
Therapeutic Alternative (TA)	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."	Oregon Secretary of State Administrative Rules
Therapeutic Class	The therapeutic class for a drug as indicated by Medi-Span and/or the FDA.	Medi-Span, FDA
Therapeutic Equivalent (TE)	"Approved drug products that FDA has determined are pharmaceutical equivalents for which bioequivalence has been demonstrated, and that can be expected to have the same clinical effect and safety profile when administered to patients under the conditions specified in the labeling."	FDA
Third-party Payer	"Organization, public or private, that pays or insures medical expenses on behalf of enrollees."	Alliance for Health Policy
Total Annual Plan Spending (Allowed Dollar Amount)	The total payments made under the policy to health care providers on behalf of covered members, including payments made by issuers and member cost sharing. The total annual plan spending reflects the total after all rebates and price concessions have been applied.	PDAB
Total Cost per Enrollee	see Enrollee OOP	PDAB
Total Expenditure	The value associated with the total payer paid or cost based on a given parameter (e.g. drug, market or level of business) See also Payer Paid	PDAB
Total Number of Claims with Price Concessions, Rebates, Discounts Applied	As reported in the data call, the number of claims, of all reported in the data call, with price concessions applied.	PDAB
Utilization	see APAC Claims, DC Claims	PDAB

Term or Metric	Definitions & Calculations (if applicable)	Source(s)
Variance of prescription & enrollee differences over time > 20%	If the % Variance of difference in prescriptions vs enrollees over time is greater than the absolute value of 20%, a "yes" is noted. If not, "no" is noted. This calculation reflects if a percentage change in prescriptions varies from a percentage change in enrollees from year to year by more than 20% based on insurer reporting to the Drug Price Transparency (DPT) program.	PDAB
Wholesale Acquisition Cost (WAC)	The "price paid by a wholesaler to purchase drugs from a supplier, typically the manufacturer."	Pharmaceutical Government Pricing
Wholesale Acquisition Cost (WAC) per 30-day Supply	The 30-day supply (as provided by clinician) multiplied by the average unit WAC.	Clinician, PDAB