

Note: See 'Glossary & Definitions' and 'Methodology & Version Control' tabs for standard terminology, data sources, and scoring rationale (updated June 2026).

| Domain *Statutory and **Rule References | Score 0 (low impact) | Score 1 (moderate impact) | Score 2 (high impact) | Score 3 (severe impact) |
|--|--|--|---|--|
| Number of APAC enrollees *Sec. 2.(1)(b) **(1)(b) & (2)(b) | Less than 300 patients on drug reported in APAC | 301 to 500 patients on drug reported in APAC | 501 to 1,000 patients on drug reported in APAC | 1,001 or more patients on drug reported in APAC |
| Price evaluation *Sec. 2.(1)(c), (f) **(1)(c), (f), & (2)(c) | Stable WAC changes or rising below inflation for five years; minimal divergence from net spend | Average percent change in WAC between 0% to 3.99% for four years; out paces inflation four years | Average percent change in WAC between 4% to 4.99% for three years; out paced inflation for three year | Average percent change in WAC between >5%; Outpaced inflation for four or more years |
| Price concessions (PC) *Sec. 2.(1)(d), (e), (g) **(1)(d), (e), (g), & (2)(d), (L) | >75% of claims receive rebates or price concessions; net spend substantially reduced | 50-75% claims receive rebates or price concessions; net spend modestly reduced | 25-49% claims receive rebates or price concessions; Net spend reduction is moderate | <25% of claims claims receive rebates or price concessions; net spdn reduction is negligible |
| System & payer spend *Sec. 2.(1)(h), (j) **(1)(h), (j) & (2)(h), (i) | Gross spend <\$10M; Net spend <\$5M | Gross spend \$10M- \$40M; Net spend \$5M-\$15M | Gross spend \$40M-\$100M; Net spend \$15M-\$30M | Gross spend >\$100M; Net spend >\$30M |
| Enrollee burden *Sec. 2(1)(k) **(1)(k), & (2)(j) | The mean of APAC OOP annual cost is < \$300 | The mean of APAC OOP annual cost is \$300–\$800 | The mean of APAC OOP annual cost is \$800–\$1,600 | The mean of APAC OOP annual cost is > \$1,600 |

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| Domain *Statutory and **Rule References | No = Score 0 | Yes = Score 1 |
|--|---------------------|----------------------|
| <p>Equity impact & considerations. Does information show the drug disproportionately burdens or limits access for specific populations (e.g. cost, coverage)? *Sec. 2.(1)(a), (j) **(1)(a), (j) & (2)(a), (i)</p> | | |
| <p>Do access restrictions (e.g. prior authorizations, non-preferred formulary status) contribute to increased system spending or patient financial burden? *Sec. 2.(1)(i) ** (1)(i), & (2)(g)</p> | | |
| <p>Are there less expensive therapeutic alternatives available to reduce total system spending or patient OOP burden for the drug under review? *Sec. 2.(1)(f), (g) & (j) **(1)(f), (g), (j), & (2)(c), (i), (m)</p> | | |
| <p>Did stakeholder input identify affordability access, or financial hardship concerns related to the drug under review? *Sec. 2.(1)(L), & (3) **(1)(L), & (2)(k)</p> | | |
| <p>Is the exclusivity expiration date more than 18 months in the future, based on available patent or exclusory information?</p> | | |
| <p>Is the drug on the excluded from the CMS price negotiation drug Maximum Fair Price (MFP) list?</p> | | |

| Term | Definition | Source / Rationale |
|-------------------------|--|---|
| Minor | Quantitative change <10% from baseline or qualitative impact affecting <25% of patient population. | PDAB / Based on APAC and Data Call utilization data trends. |
| Moderate | 10–25% change or impact on 25–50% of population. | PDAB / Based on APAC and Data Call utilization data trends. |
| Significant | >25% change or affecting >50% of population. | PDAB / Based on APAC and Data Call utilization data trends. |
| Equity disparity | Quantified difference in utilization or adherence across race/ethnicity or socioeconomic strata. | PDAB rule 925-200-0200(1)(a). |
| 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 |
| Net cost | Cost after manufacturer rebates, PBM discounts, and price concessions. | PDAB |
| Median OOP | Median enrollee out-of-pocket cost, representing typical patient burden. | PDAB / Preferred over mean to avoid bias from outliers. |
| OOP | Out of pocket: The sum of the out-of-pocket cost for enrollees. | PDAB |
| IQR | Interquartile Range — measure of how spread out the data is; it is equal to the difference between the 75th and 25th percentiles | Math.net / Standard statistical measure for data distribution. |
| Payer Relief | Reduction in total payer cost due to rebates, discounts, or concessions. | PDAB / Economic interpretation aligning with CMS cost frameworks. |

Scoring rubric is a decision support tool and not

| Version | Date Revised | Prepared By | Purpose | Key Updates |
|---------|--------------|-------------|----------------------------|---|
| v0.1 | 6/4/2026 | Staff | Setup for 2026 drug review | Scoring language for 0-4 scores were updated for most of the domains. |
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