Oregon Prescription Drug
Affordability Board

Email: pdab@dcbs.oregon.gov Phone: 971-374-3724 Website: dfr.oregon.gov/pdab

Tremfya®
(*guselkumab*)

Version 1.0

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Document version history

Version	Date	Description
v1.0	08/11/2026	Original release
v1.0	08/13/2026	Added new public comment to Appendix A

Review summary

Therapeutic alternatives[1,2,3]

Tremfya (*guselkumab*) has the following therapeutic alternatives: **Bimzelx, Cosentyx, Enbrel, Entyvio, Humira, Ilumya, Omvoh, Remicade, Skyrizi, Stelara,** and **Taltz**.

Table 1 Subject drug and therapeutic alternative information

Proprietary name	Non-proprietary name	Manufacturer	Year approved	Number of patents	Patent date range	Exclusivity expiration	On the CMS drug Maximum Fair Price (MFP) list
Tremfya[4]	*guselkumab*	Janssen Biotech	2017				No
Bimzelx[5]	*bimekizumab-bkzx*	UCB	2023				No
Cosentyx[6]	*secukinumab*	Novartis	2015				Yes (2028)
Enbrel[7]	*etanercept*	Amgen	1998				Yes (2026)
Entyvio[8]	*vedolizumab*	Takeda	2014				Yes (2028)

[1]Approved Drug Products with Therapeutic Equivalence Evaluations | Orange Book. U.S. Food & Drug Administration. https://www.fda.gov/drugs/drug-approvals-and-databases/approved-drug-products-therapeutic-equivalence-evaluations-orange-book.

[2] 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.

[3] Selected Drugs and Negotiated Prices. Centers for Medicare & Medicaid Services. https://www.cms.gov/priorities/medicare-prescription-drug-affordability/overview/medicare-drug-price-negotiation-program/selected-drugs-and-negotiated-prices.

[4] No patent or exclusivity information was listed for Tremfya. Purple Book Database of Licensed Biological Products. U.S. Food & Drug Administration. https://purplebooksearch.fda.gov/.

[5] No patent or exclusivity information was listed for Bimzelx. Purple Book Database of Licensed Biological Products. U.S. Food & Drug Administration. https://purplebooksearch.fda.gov/.

[6] No patent or exclusivity information was listed for Cosentyx. Purple Book Database of Licensed Biological Products. U.S. Food & Drug Administration. https://purplebooksearch.fda.gov/.

[7] No patent or exclusivity information was listed for Enbrel. Purple Book Database of Licensed Biological Products. U.S. Food & Drug Administration. https://purplebooksearch.fda.gov/.

[8] No patent or exclusivity information was listed for Entyvio. Purple Book Database of Licensed Biological Products. U.S. Food & Drug Administration. https://purplebooksearch.fda.gov/.

Proprietary name	Non-proprietary name	Manufacturer	Year approved	Number of patents	Patent date range	Exclusivity expiration	On the CMS drug Maximum Fair Price (MFP) list
Humira[9]	*adalimumab*	AbbVie	2002	66	2023-2034		No
Ilumya[10]	*tildrakizumab-asmn*	Sun Pharma	2018				No
Omvoh[11]	*mirikizumab-mrkz*	Eli Lilly	2023				No
Remicade[12]	*infliximab*	Janssen Biotech	1998				No
Skyrizi[13]	*risankizumab-rzaa*	AbbVie	2019				No
Stelara[14]	*ustekinumab*	Janssen Biotech	2009	12	2023-2039		Yes (2026)
Taltz[15]	*ixekizumab*	Eli Lilly	2016				No

Price history[16,17]

Tremfya® (*guselkumab*) rose at an **average annual rate of 5.0 percent** from 2019 to 2025.

- In the same time period, its therapeutic alternatives rose at these rates:
  - Bimzelx: 4.9 percent
  - Cosentyx: 6.7 percent

[9] No exclusivity information was listed for Humira. Purple Book Database of Licensed Biological Products. U.S. Food & Drug Administration. https://purplebooksearch.fda.gov/.
[10] No patent or exclusivity information was listed for Ilumya. Purple Book Database of Licensed Biological Products. U.S. Food & Drug Administration. https://purplebooksearch.fda.gov/.
[11] No patent or exclusivity information was listed for Omvoh. Purple Book Database of Licensed Biological Products. U.S. Food & Drug Administration. https://purplebooksearch.fda.gov/.
[12] No patent or exclusivity information was listed for Remicade. Purple Book Database of Licensed Biological Products. U.S. Food & Drug Administration. https://purplebooksearch.fda.gov/.
[13] No patent or exclusivity information was listed for Skyrizi. Purple Book Database of Licensed Biological Products. U.S. Food & Drug Administration. https://purplebooksearch.fda.gov/.
[14] No exclusivity information was listed for Stelara. Purple Book Database of Licensed Biological Products. U.S. Food & Drug Administration. https://purplebooksearch.fda.gov/.
[15] No patent or exclusivity information was listed for Taltz. Purple Book Database of Licensed Biological Products. U.S. Food & Drug Administration. https://purplebooksearch.fda.gov/.
[16] Medi-Span. Wolters Kluwer, 2025. https://www.wolterskluwer.com/en/solutions/medi-span/medi-span.
[17] Consumer Price Index. U.S. Bureau of Labor Statistics. https://www.bls.gov/cpi/tables/supplemental-files/.

- Enbrel: 7.9 percent
- Entyvio: 6.4 percent
- Humira: 5.0 percent
- Ilumya: 4.4 percent
- Omvoh: 0.0 percent
- Remicade: 0.0 percent
- Skyrizi: 7.1 percent
- Stelara: 4.8 percent
- Taltz: 5.2 percent

Additionally, the average annual rate of Tremfya exceeded inflation in **2020, 2023, 2024, and 2025**.

Price concessions [18]

Based on data received from healthcare carriers, Tremfya in 2024 had an **average gross spend of $11,916 per claim**, while the **average net spend after discount was $7,066 per claim**. Price concession per claim was reported to be **$4,851,** resulting in an **average price concession of 40.7 percent per claim**.

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

Cost to the payers[19]

Table 2 2024 APAC payer annual total expenditure, claims, and cost per enrollee[20]

Proprietary name	No. of enrollees[21]	No. of claims	Total payer paid	Cost per enrollee, mean	Cost per claim, median
Tremfya	767	3,322	$36,340,191	$47,380	$41,164
Bimzelx	<31[α]	72	$932,455	$37,298	$14,048
Cosentyx	1,590	12,626	$84,933,241	$53,417	$7,003
Enbrel	1,540	12,917	$84,469,470	$54,850	$6,973
Entyvio	1,029	6,273	$45,190,648	$43,917	$6,950
Humira	3,285	22,421	$162,255,618	$49,393	$6,438
Ilumya	32	119	$1,139,820	$35,619	$12,468
Omvoh	<31[α]	22	$135,584	$33,896	$5,377
Remicade	556	3,428	$5,709,972	$10,270	$1,297
Skyrizi	2,337	8,699	$150,009,521	$64,189	$19,525
Stelara	591	1,959	$20,031,911	$33,895	$12,120
Taltz	490	3,789	$26,539,408	$54,162	$6,722

Cost to enrollees[22]

Table 3 2024 gross APAC annual enrollee out-of-pocket (OOP) cost[23]

Proprietary name	Total paid by enrollee	OOP cost per enrollee, median	OOP cost per claim, mean	OOP cost per claim, median
Tremfya	$1,394,934	$25	$420	$0
Bimzelx	$72,042	$60	$1,001	$0
Cosentyx	$2,582,530	$2	$205	$0
Enbrel	$2,971,887	$250	$230	$0
Entyvio	$2,334,674	$1,180	$372	$0
Humira	$8,631,551	$567	$385	$5

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

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

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

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

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

Proprietary name	Total paid by enrollee	OOP cost per enrollee, median	OOP cost per claim, mean	OOP cost per claim, median
Ilumya	$53,661	$0	$451	$0
Omvoh	$8,688	$671	$395	$0
Remicade	$587,742	$65	$171	$0
Skyrizi	$7,684,342	$500	$883	$0
Stelara	$936,675	$11	$478	$0
Taltz	$1,185,990	$5	$313	$0

Rubric considerations

Table 4 Rubric domains and scoring considerations

Domain	Consideration
Number of APAC enrollees	767
Price evaluation	Average annual percent chang in WAC of 5.0 percent from 2019 to 2025
Price concessions	68.5% of claims received rebates or price concessions
System & payer costs	$36,340,191 gross payer paid
Enrollee burden	$1,819 mean of APAC enrollee OOP annual cost
Equity impact	TBD
Access restrictions such as prior authorization, etc.	Yes
Less expensive therapeutic alternative available	Yes
Stakeholder input identify affordability or financial concerns	Yes
Patent expirations more than 18 months away	Yes (unknown)
Absent from the CMS MFP review list	Yes

Review background

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

Two primary data sources inform this review: the Oregon All Payers All Claims (APAC) Reporting Program database and the Oregon commercial carrier data call. APAC aggregates claims data across all payer types in Oregon, including Medicaid, Medicare, and commercial plans, and presents gross cost estimates. In contrast, the data call reflects submissions from 11 commercial health insurers and reports primarily net costs after manufacturer rebates, PBM discounts, and other price concessions. As a result, APAC generally reflects larger total claims

and cost figures due to broader reporting for more enrollees, while the data call offers insight into actual expenditures from private payers in the commercial market.

In 2023, APAC included data for approximately 3.5 million Oregonians. Approximately 27% of people in APAC had Medicare coverage, 33% of people had Medicaid coverage, and 39% of people had commercial coverage. APAC cannot require submission of claims and enrollment data from entities regulated under the Employee Retirement Income Security Act of 1974 (ERISA), so data for many self-insured plans are not included.[24,25] For these drug reviews, APAC data on people with Medicare coverage are limited to Medicare Advantage and Part D only and do not include claims for Traditional Medicare Part A or Part B.

In this review, cell values with enrollee counts derived from APAC data are suppressed to protect confidentiality when the cell has 30 or fewer individuals. In data tables, this is shown as "<31$^{\alpha}$" with the α (alpha) superscript indicating the exact value of the cell value has been suppressed to protect confidentiality. In some tables, secondary suppression is applied to cell values to prevent backward calculation of other suppressed values. Cells with secondary suppression are shown as a value range with a β (beta) superscript, such as "100-200$^{\beta}$".

The 2026 Oregon commercial carrier data call included data from commercial health plans providing coverage for approximately 800,000 Oregonians based on claims in 2024.[26] The data call is limited to fully-insured plans that are regulated by the state and does not include coverage regulated under ERISA.

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

In accordance with OAR 925-200-**0020**, PDAB conducted affordability reviews on prioritized prescription drugs selected under OAR 925-200-**0010**. The board selected ten drugs and two insulin products for affordability review in 2026. The selection process emphasized brand-name products with substantial cost impact and excluded antivirals, toxoids, vaccines, and products with available therapeutic equivalents or biosimilars as of February 2026. The board also removed from consideration products reviewed in 2025 and determined to possibly have potential system- or patient-level cost implications. To ensure broad relevance across Oregon's insured population, the board prioritized drugs reported by seven or more commercial health carriers.

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

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

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

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

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

Drug information

Table 5 Drug and FDA information[27]

Drug proprietary name(s)	Tremfya®
Non-proprietary name (active ingredients)	*guselkumab*
Manufacturer	Janssen Biotech
Pharmacologic category	Dermatologicals
Treatment	Treats immune-mediated inflammatory conditions: moderate-to-severe plaque psoriasis; active psoriatic arthritis; and moderately to severely active ulcerative colitis.
Dosage strength	**Subcutaneous Injection** • Injection: 100 mg/mL in a single-dose One-Press patient-controlled injector. • Injection: 200 mg/2 mL in a single-dose prefilled pen (TREMFYA PEN). • Injection: 100 mg/mL in a single-dose prefilled syringe. • Injection: 200 mg/2 mL in a single-dose prefilled syringe. **Intravenous Infusion** Injection: 200 mg/20 mL (10 mg/mL) solution in a single-dose vial.
Form/Route	Injectable; injection
Physician administered	Is both physicians administered and self-administered depending on the condition and treatment phase.

[27] Food and Drug Administration. (2024). *Tremfya (guselkumab) injection: Prescribing information* (Label No. 761061s021). U.S. Department of Health & Human Services. https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/761061s021lbl.pdf

Drug proprietary name(s)	Tremfya®
NDCs reviewed	57894064001 57894064011 57894065002 57894065102
First approved by the FDA	07/13/2017
Expedited forms of approval by the FDA	None listed
Designations under the Orphan Drug Act	No

Health equity considerations

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

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

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

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

Line of business	Claim count	Enrollee count[28]	Claims per enrollee
Commercial	2,512	539	4.7
Medicaid	344	87	4.0
Medicare	466	167	2.8
Total	**3,322**	**793**	**4.2**

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

Table 7 2024 APAC cost by line of business

Line of business	Total payer paid	Mean payer paid/claim	Median payer paid/claim	Total enrollee OOP[29]	Mean enrollee OOP/claim	Median enrollee OOP/claim
Commercial	$27,017,992	$10,756	$12,730	$1,215,351	$484	$3
Medicaid	$3,933,319	$11,434	$13,185	$0	$0	$0
Medicare	$5,402,065	$11,592	$13,335	$179,883	$386	$0

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

Race	Claims	Mean payer paid	Median payer paid	Mean enrollee OOP[30]	Median enrollee OOP
White	729	$11,707	$13,272	$340	$0
Black/African American	14	$9,013	$9,736	$1,071	$15
American Indian/Alaska Native	38	$11,320	$13,416	$711	$0
Asian	58	$12,013	$12,991	$174	$0
Native Hawaiian/Pacific Islander	4	$10,291	$10,351	$0	$0
Mix race	45	$11,057	$13,184	$279	$50
Other	98	$7,840	$9,747	$1,181	$30
Refused to answer	28	$10,881	$13,113	$12	$0
Unknown	2,308	$10,812	$12,818	$419	$0

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

Ethnicity	Claim count	Enrollee count
Hispanic	69	<31[α]
Non-Hispanic	996	200-300[β]
Unknown	2,257	521

[29] Total patient out-of-pocket costs is the sum of reported copayments, coinsurances, and deductibles for all enrollees in a line of business.

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

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

Gender	Claim count	Enrollee count
Female	1,561	366
Male	1,528	347
Unknown	233	54

Residents prescribed

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

Based on APAC, **767 enrollees filled prescriptions** for Tremfya with **3,322 claims paid by payers** in 2024.[31]

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 Tremfya, 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 Tremfya's list price trajectory and pharmacy acquisition costs, and the degree to which the list price impacts costs.

Price history

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

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

Proprietary name	Dosage and frequency	30-day supply	Reference NDC	Strength
Tremfya	100 mg every 2 months	0.5 mL	57894064011	100 MG/ mL
Bimzelx	160 mg every 1 month	1 mL	50474078185	160 MG/ mL
Cosentyx	150 mg every 1 month	2 pens (1 kit)	00078063941	150 MG/ mL
Enbrel	50 mg every 1 week	4 mL	58406003204	50 MG/ mL

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

Proprietary name	Dosage and frequency	30-day supply	Reference NDC	Strength
Entyvio	300 mg every 2 months	0.5 vial (2.5 mL)	64764030020	300 MG / 5 mL
Humira	40 mg every 2 weeks	2 pens (1 kit)	00074055402	50 MG/ mL
Ilumya	100 mg every 3 months	0.3 mL	47335017795	100 MG/ mL
Omvoh	600 mg every 6 months	5 mL	00002757501	20 MG/ mL
Remicade[32]	350 mg every 2 months	17.5 mL	57894003001	100 MG/ 10 mL
Skyrizi	150 mg every 3 months	0.3 mL	00074210001	150 MG/ mL
Stelara	45 mg every 3 months	0.17 mL	57894006003	45 MG/ 0.5 mL
Taltz	80 mg every 1 month	1 mL	00002144511	80 MG/ mL

Table 12 Drug vs therapeutic alternatives for 2019-2025 WAC per 30-day supply[33]

Proprietary name	2019	2020	2021	2022	2023	2024	2025	Avg. Annual % Change	% change 2019 between 2025
Tremfya	$5,430	$5,696	$5,969	$6,292	$6,606	$6,936	$14,566	5.0%	34.1%
Bimzelx					$2,376	$2,492	$2,615	4.9%	
Cosentyx	$5,179	$5,541	$5,929	$6,471	$6,924	$7,409	$7,631	6.7%	47.4%
Enbrel	$5,174	$5,557	$5,968	$6,564	$7,049	$7,624	$8,158	7.9%	57.7%
Entyvio	$3,234	$3,498	$3,638	$3,857	$4,088	$4,333	$4,680	6.4%	44.7%
Humira	$5,174	$5,557	$5,968	$6,410	$6,923	$6,923	$6,923	5.0%	33.8%
Ilumya	$4,175	$4,383	$4,646	$4,646	$4,925	$5,171	$5,388	4.4%	29.1%
Omvoh					$3,198	$3,198	$3,198	0.0%	
Remicade	$2,044	$2,044	$2,044	$2,044	$2,044	$2,044	$2,044	0.0%	0.0%
Skyrizi			$5,104	$5,482	$5,920	$6,305	$6,715	7.1%	
Stelara	$3,741	$3,924	$4,112	$4,335	$4,508	$4,733	$4,956	4.8%	32.5%
Taltz	$5,368	$5,690	$5,974	$6,273	$6,586	$6,916	$7,262	5.2%	35.3%

[32] The 30-day supply for Remicade is estimated with the assumed body weight of 70 kg.
[33] Medi-Span. Wolters Kluwer, 2025. https://www.wolterskluwer.com/en/solutions/medi-span/medi-span.

The WAC of Tremfya was approximately **$14,566.44 per unit** at the end of 2025.[34] Between 2019-2025, the unit WAC increased at an average annual rate of **5.0 percent**, exceeding the general consumer price index (CPI-U) inflation rate in **2019-2020, 2022-2023, 2023-2024 and 2024-2025** (See Figure 1 and Table 13).[35]

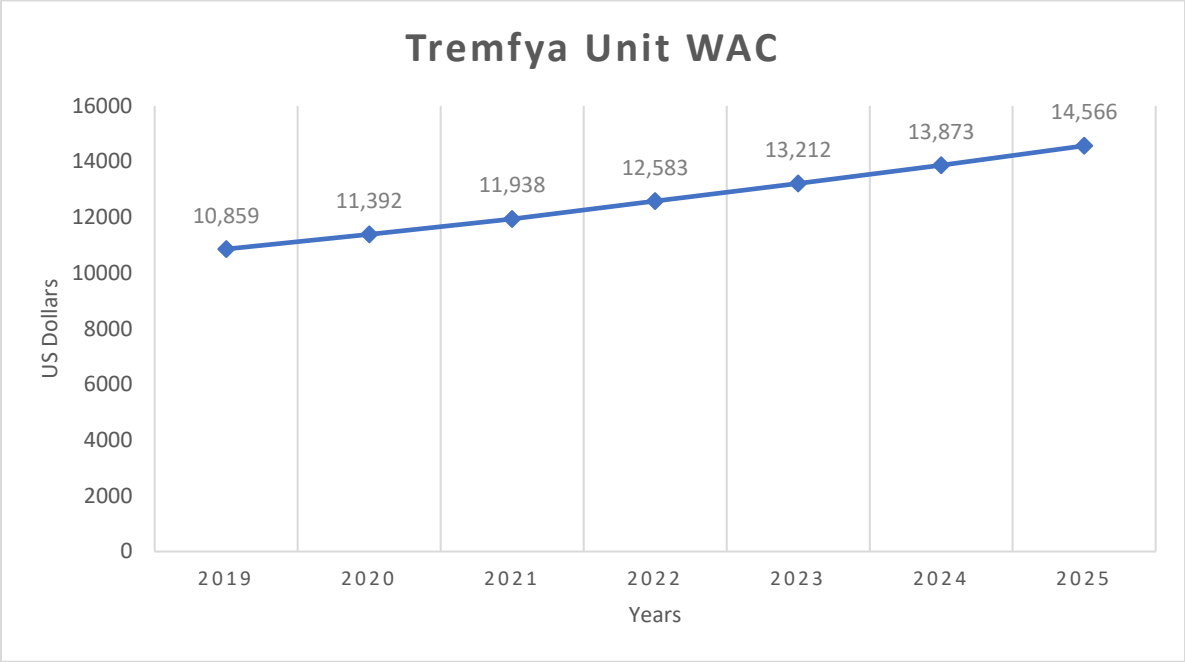

Figure 1 Unit WAC of most utilized NDC from 2019-2025

Table 13 Percent change of unit WAC of drug and therapeutic alternatives with CPI comparison[36]

Proprietary name	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
Tremfya	4.9%	4.8%	5.4%	5.0%	5.0%	5.0%
Bimzelx					4.9%	4.9%
Cosentyx	7.0%	7.0%	9.1%	7.0%	7.0%	3.0%
Enbrel	7.4%	7.4%	10.0%	7.4%	8.2%	7.0%
Entyvio	8.2%	4.0%	6.0%	6.0%	6.0%	8.0%
Humira	7.4%	7.4%	7.4%	8.0%	0.0%	0.0%
Ilumya	5.0%	6.0%	0.0%	6.0%	5.0%	4.2%
Omvoh					0.0%	0.0%
Remicade	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

[34] Ibid.
[35] Consumer Price Index. U.S. Bureau of Labor Statistics. https://www.bls.gov/cpi/tables/supplemental-files/.
[36] Percentages might differ from Table 12 as Table 13 percentages are based on unit WAC only.

Proprietary name	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
Skyrizi			7.4%	8.0%	6.5%	6.5%
Stelara	4.9%	4.8%	5.4%	4.0%	5.0%	4.7%
Taltz	6.0%	5.0%	5.0%	5.0%	5.0%	5.0%
CPI-U	0.7%	5.3%	9.0%	3.1%	3.0%	2.7%

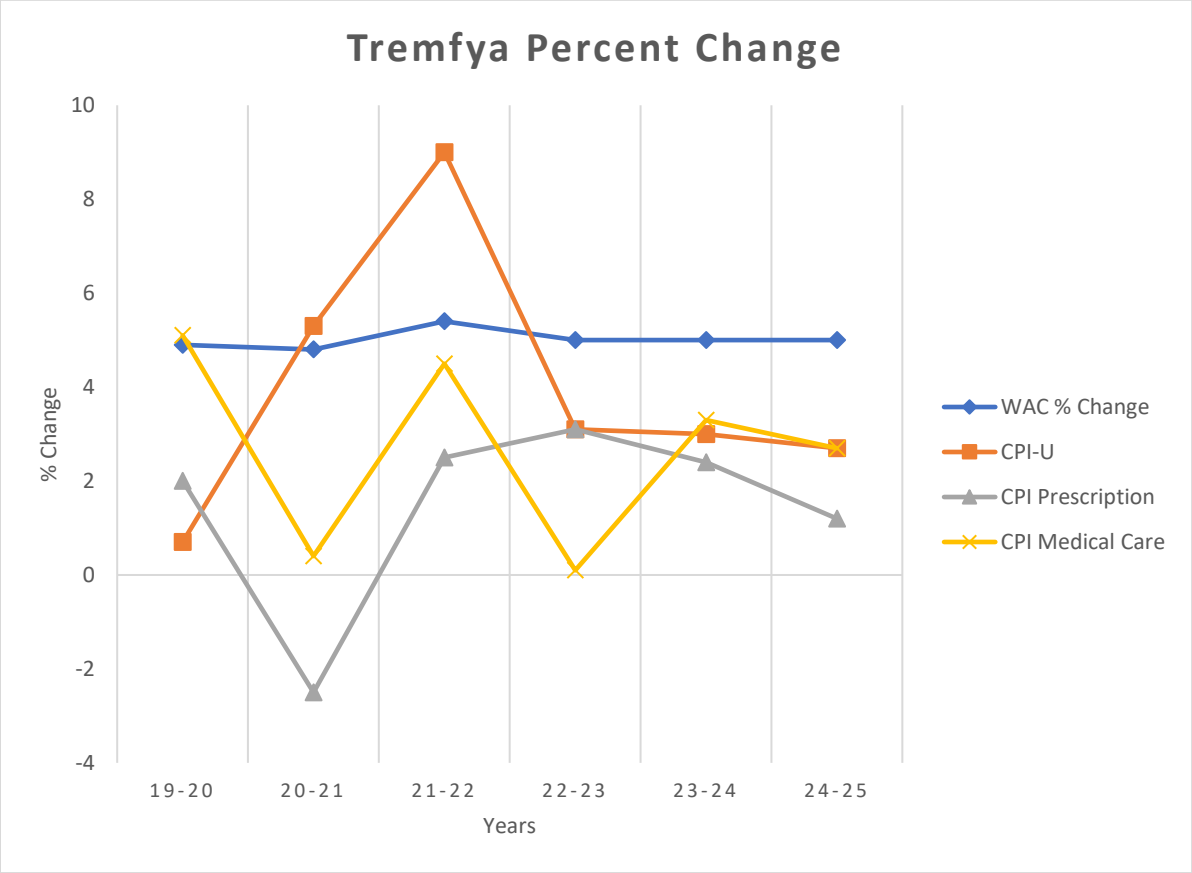

Figure 2 Year over year change in WAC compared to inflation rates[37]

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 Tremfya claims in the commercial market. Drawing on 2024 data submitted through the carrier data call, it evaluates the extent to which these concessions reduced gross drug costs and estimates the average net costs to payers after adjustments. The

[37] Consumer Price Index. U.S. Bureau of Labor Statistics. https://www.bls.gov/cpi/tables/supplemental-files/.

analysis includes claim-level data on the proportion of claims with applied discounts, and the breakdown of the total concession amounts by type, offering insight into the reduced costs provided through manufacturer, PBM, and other negotiated price reductions.

Based on carrier-submitted data for 2024, the **average gross annual cost of Tremfya per enrollee in the commercial market was approximately $50,348**. After accounting for manufacturer rebates, pharmacy benefit manager (PBM) discounts, and other price concessions, the **mean net cost per enrollee declined to approximately $29,854**, reflecting an **estimated mean discount of 40.7 percent** relative to gross costs.

Across all reporting carriers and market segments, the **total cost of Tremfya before concessions was $24.8 million**, with total reported **price concessions amounting to approximately $10.1 million**, as detailed in Table 15. Notably, **68.5 percent of claims benefited from some form of price concession,** leaving **59.3 percent at full gross cost**.

Table 14 Net cost price concessions estimate based on carrier submitted 2024 data

Total number of enrollees	493
Total number of claims	2,083
Total number of claims with price concessions applied	1,426
Percentage of claims with price concessions applied	68.5%
Percentage of cost remaining after concessions	59.3%
Percentage of discount	40.7%
Manufacturer price concessions for all market types	$8,067,936
PBM price concessions for all market types	$1,400,083
Other price reductions for all market types	$635,891
Cost before price concessions across all market types	$24,821,774
Total price concessions across all market types	$10,103,910
Cost after price concessions across all market types	$14,717,865
Mean cost per enrollee without price concessions	$50,348
Mean cost per enrollee with price concessions	$29,854

Including all market segments, the **gross average spend** of Tremfya **per claim for commercial carriers was $11,916 before any discounts, rebates, or other price concessions**. The **net cost**

per claim after discounts, rebates, and other price concessions was **$7,066**, meaning that insurers reported a price concession of **$4,851** per claim on the initial drug cost as shown in Table 16.

Table 15 Mean price concessions across market types from data call[38]

	Mean	Individual market	Large group	Small group
Spend per claim, gross	11,916	$11,098	$12,058	$12,051
Spend per claim, net	$7,066	$6,498	$7,484	$6,039
Price concessions per claim	$4,851	$4,600	$4,574	$6,012
Percent discount	40.7%	41.5%	37.9%	49.9%

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

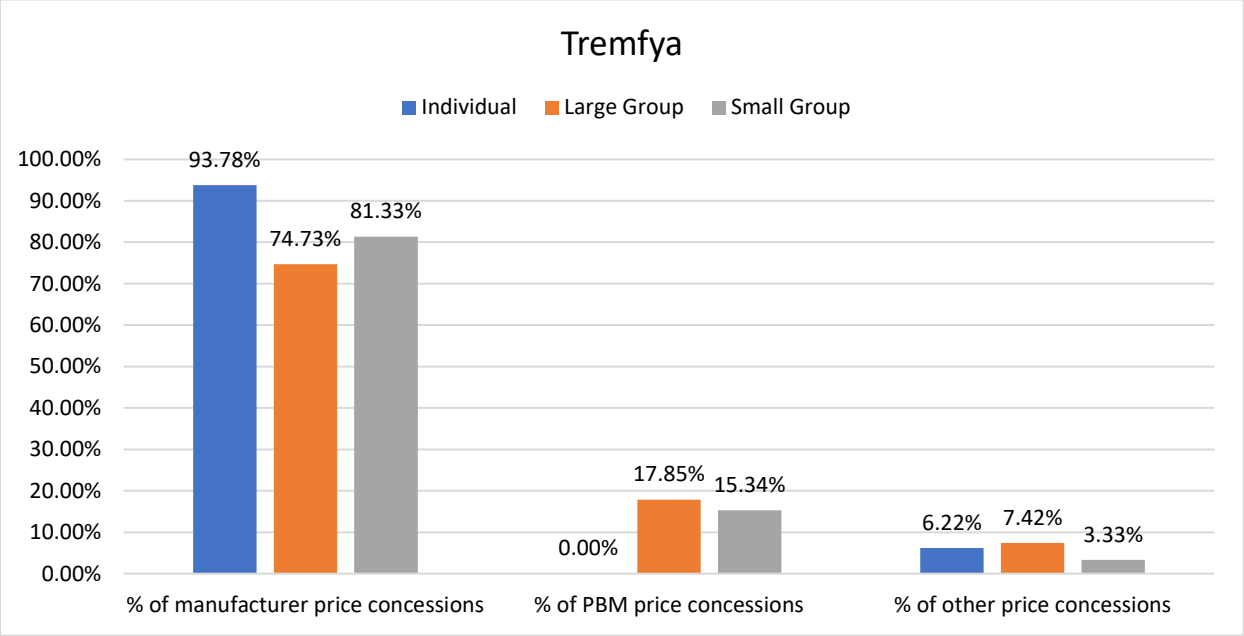

Figure 3 Percent of price concession in each market type[39, 40]

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

[39] 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.

[40] 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 to PBMs

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

This section is intended to quantify the total discounts, rebates, or other price concessions provided by the manufacturer of Tremfya to each pharmacy benefit manager, 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 alternatives

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 Tremfya and its therapeutic alternatives using 2024 data from APAC. APAC data reflects gross spending across Medicare, Medicaid, and commercial health plans in Oregon. The therapeutic alternatives are represented using APAC data, which does not reflect price concession or rebates.

Tremfya's gross total payer spend, based on APAC data, was nearly **$47.4 million**. Among its therapeutic alternatives, **Humira** has the **highest gross total payer spend** over **$162.3 million**. **Humira** also has the **greatest number of claims** at **22,421** compared with **3,322 claims for Tremfya**. **Remicade** has the **lowest payer-paid amount per claim** at **$1,666**, while **Skyrizi** has the **highest at $17,244**.

Within its therapeutic class for Tremfya, Humira **has the highest total enrollee-paid amount at $8.6 million**, followed by **Skyrizi** at nearly **$7.4 million**. **Bimzelx** has the **highest enrollee-paid amount per claim** at **$1,001**, while **Remicade** has the **lowest** at **$171**.

Neither the drug nor its therapeutic alternatives are listed by the FDA as being in shortage, so availability is assumed to be unaffected.

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.

Table 16 APAC average healthcare and average enrollee OOP costs for Tremfya vs therapeutic alternatives[41,42]

Proprietary name	No. of enrollees	No. of claims	Total payer paid	Total enrollees paid[43]	Payer paid/ claim	Enrollee paid/ claim[44]
Tremfya	**767**	**3,322**	**$36,340,191**	**$47,380**	**$10,939**	**$420**
Bimzelx	<31[α]	72	$932,455	$72,042	$12,951	$1,001
Cosentyx	1,590	12,626	$84,933,241	$2,582,530	$6,727	$205
Enbrel	1,540	12,917	$84,469,470	$2,971,887	$6,539	$230
Entyvio	1,029	6,273	$45,190,648	$2,334,674	$7,204	$372
Humira	3,285	22,421	$162,255,618	$8,631,551	$7,237	$385
Ilumya	32	119	$1,139,820	$53,661	$9,578	$451
Omvoh	<31[α]	22	$135,584	$8,688	$6,163	$395
Remicade	556	3,428	$5,709,972	$587,742	$1,666	$171
Skyrizi	2,337	8,699	$150,009,521	$7,684,342	$17,244	$883
Stelara	591	1,959	$20,031,911	$936,675	$10,226	$478
Taltz	490	3,789	$26,539,408	$1,185,990	$7,004	$313

Estimated average price concession for therapeutic alternatives

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

This section provides an analysis of the average monetary discounts, rebates, and other price concessions applied to the therapeutic alternatives identified for Tremfya. Based on 2024 data submitted through the carrier data call, it evaluates the extent to which these concessions reduced gross drug costs and estimates the average net costs to payers after adjustments. The

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

[42] The therapeutic alternative information is based on 2024 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons. https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims.asp.

[43] The cost includes all lines of business.

[44] Ibid.

analysis includes claim-level data on the proportion of claims with applied discounts, and the breakdown of the total concession amounts by type, offering insight into the reduced costs provided through manufacturer, PBM, and other negotiated price reductions.

Table 20 shows the average **gross cost of the therapeutic alternatives per enrollee** in the **commercial market** with **Stelara** having the **highest cost** at approximately **$66,449, with Remicade** having the **lowest cost** at **$16,607**. After accounting for manufacturer rebates, pharmacy benefit manager (PBM) discounts, and other price concessions, the average **net spend per enrollee for Humira** was approximately **$16,637** with nearly **91.0 percent** of claims having price concession applied.

Across all reporting carriers and market segments, the highest gross spend for a therapeutic alternative was **Humira at around $87.2 million**, with total reported **price concessions amounting to approximately $58.1 million**. Notably, **66.6 percent of claims benefited from some form of price concession.**

Table 17 Table percentage of price concessions for therapeutic alternatives based on carrier submitted 2024 data

Proprietary name	Total number of enrollees	Total number of claims	Total number of claims with price concessions applied	Percentage of claims with price concessions applied	Percentage of cost remaining after concessions	Percentage of discount
Bimzelx	17	46	34	73.9%	87.5%	12.5%
Cosentyx	1,028	7,162	4,173	58.3%	52.9%	47.1%
Enbrel	783	5,999	3,931	65.5%	55.0%	45.0%
Entyvio	568	3,221	1,230	38.2%	97.3%	2.7%
Humira	1,748	10,954	9,969	91.0%	33.4%	66.6%
Ilumya	2	3	2	66.7%	77.1%	22.9%
Omvoh	2	4	0	0.0%	100.0%	0.0%
Remicade	118	621	0	0.0%	100.0%	0.0%
Skyrizi	1,255	4,093	3,072	75.4%	71.2%	28.8%
Stelara	540	2,365	1,416	59.7%	58.1%	41.9%
Taltz	153	1,236	449	36.3%	84.2%	15.8%

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

Proprietary name	Manufacturer price concessions for all market types	PBM price concessions for all market types	Other price reductions for all market types	Cost before price concessions across all market types	Total price concessions across all market types	Cost after price concessions across all market types
Bimzelx	$64,197	$0	$36,894	$809,296	$101,090	$708,205
Cosentyx	$17,663,238	$1,464,850	$2,248,627	$45,428,777	$21,376,715	$24,052,062
Enbrel	$14,595,260	$1,270,642	$1,288,453	$38,111,572	$17,154,356	$20,957,217
Entyvio	$611,646	$129,188	$34,852	$28,648,580	$775,686	$27,872,894
Humira	$46,225,999	$9,225,331	$2,631,958	$87,164,462	$58,083,288	$29,081,174
Ilumya	$(164)	$11,270	$0	$48,436	$11,106	$37,330
Omvoh	$0	$0	$0	$75,828	$0	$75,828
Remicade	$0	$0	$0	$1,959,685	$0	$1,959,685
Skyrizi	$16,976,762	$2,686,277	$2,013,559	$75,362,565	$21,676,598	$53,685,967
Stelara	$14,006,577	$589,168	$506,751	$36,015,292	$15,102,496	$20,912,795
Taltz	$341,956	$639,428	$315,825	$8,210,626	$1,297,209	$6,913,417

Table 19 Average payer spend per enrollee for therapeutic alternatives based on carrier submitted 2024 data

Proprietary name	Avg. payer spend per enrollee without price concessions	Avg. payer spend per enrollee with price concessions
Bimzelx	$47,606	$41,659
Cosentyx	$44,191	$23,397
Enbrel	$48,674	$26,765
Entyvio	$50,438	$49,072
Humira	$49,865	$16,637
Ilumya	$24,218	$18,665
Omvoh	$37,914	$37,914
Remicade	$16,607	$16,607
Skyrizi	$60,050	$42,778
Stelara	$66,449	$38,584
Taltz	$53,664	$45,186

Including all market segments, **Omvoh** had the **highest gross average spend per claim** at **$18,957** before any discounts, rebates, or other price concessions. **No price concession was applied to Omvoh,** indicating that payers paid the full price for the drug. **Skyrizi** had the **second-highest gross spend per claim at $18,413,** with a **net cost of $13,117**, reflecting a **price concession of $5,296 per claim.**

Table 20 The average price concessions per claim across market types from data call for identified therapeutic alternatives[45]

Bimzelx	Mean	Individual market	Large group	Small group
Spend per claim, gross	$17,593	$14,494	$20,146	$14,055
Spend per claim, net	$15,396	$14,011	$16,455	$14,027
Price concessions per claim	$2,198	$483	$3,691	$28
Percent discount	12.5%	3.3%	18.3%	0.2%

Cosentyx	Mean	Individual market	Large group	Small group
Spend per claim, gross	$6,343	$7,007	$6,000	$7,453
Spend per claim, net	$3,358	$2,558	$3,586	$3,121
Price concessions per claim	$2,985	$4,450	$2,414	$4,332
Percent discount	47.1%	63.5%	40.2%	58.1%

Enbrel	Mean	Individual market	Large group	Small group
Spend per claim, gross	$6,353	$6,503	$6,273	$6,548
Spend per claim, net	$3,493	$3,179	$3,602	$3,346
Price concessions per claim	$2,860	$3,324	$2,671	$3,203
Percent discount	45.0%	51.1%	42.6%	48.9%

Entyvio	Mean	Individual market	Large group	Small group
Spend per claim, gross	$8,894	$9,037	$8,992	$8,370
Spend per claim, net	$8,653	$8,793	$8,822	$7,875
Price concessions per claim	$241	$244	$170	$495
Percent discount	2.7%	2.7%	1.9%	5.9%

Humira	Mean	Individual market	Large group	Small group
Spend per claim, gross	$7,957	$6,958	$8,498	$7,746
Spend per claim, net	$2,655	$2,395	$2,921	$2,345
Price concessions per claim	$5,302	$4,564	$5,577	$5,402
Percent discount	66.6%	65.6%	65.6%	69.7%

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

Ilumya	Mean	Individual market	Large group	Small group
Spend per claim, gross	$16,145	-	$16,145	-
Spend per claim, net	$12,443	-	$12,443	-
Price concessions per claim	$3,702	-	$3,702	-
Percent discount	22.9%	-	22.9%	-

Omvoh	Mean	Individual market	Large group	Small group
Spend per claim, gross	$18,957	-	$18,957	-
Spend per claim, net	$18,957	-	$18,957	-
Price concessions per claim	$0	-	$0	-
Percent discount	0.0%	-	0.0%	-

Remicade	Mean	Individual market	Large group	Small group
Spend per claim, gross	$3,156	$2,413	$3,628	$2,567
Spend per claim, net	$3,156	$2,413	$3,628	$2,567
Price concessions per claim	$0	$0	$0	$0
Percent discount	0.0%	0.0%	0.0%	0.0%

Skyrizi	Mean	Individual market	Large group	Small group
Spend per claim, gross	$18,413	$17,059	$19,161	$17,845
Spend per claim, net	$13,117	$12,307	$13,785	$12,085
Price concessions per claim	$5,296	$4,752	$5,376	$5,760
Percent discount	28.8%	27.9%	28.1%	32.3%

Stelara	Mean	Individual market	Large group	Small group
Spend per claim, gross	$15,228	$13,677	$15,843	$15,371
Spend per claim, net	$8,843	$6,673	$10,309	$7,002
Price concessions per claim	$6,386	$7,004	$5,534	$8,369
Percent discount	41.9%	51.2%	34.9%	54.4%

Taltz	Mean	Individual market	Large group	Small group
Spend per claim, gross	$6,643	$6,116	$6,880	$6,789
Spend per claim, net	$5,593	$5,725	$5,274	$6,480
Price concessions per claim	$1,050	$391	$1,606	$309
Percent discount	15.8%	6.4%	23.3%	4.6%

Estimated costs to health insurance plans

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

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

In 2024, the Oregon APAC database recorded **3,322 total claims for Tremfya among 767 total enrollees**, corresponding to a **total payer expenditure of nearly $36.3 million.**

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

- **Commercial** accounted for the **largest share of claims** at **539,** with a **total spend of $27.0 million,** and had the **highest number of enrollees** at **2,512.**

Table 21 Estimated 2024 APAC total annual gross payment, total enrollees and total claims [46]

Payer line of business	Total enrollees	Total claims	Total payer paid	Percent of total payer spend by LOB
Commercial	539	2,512	$27,004,807	74.3%
Medicaid	87	344	$3,933,319	10.8%
Medicare	167	466	$5,402,065	14.9%
Totals[47]	**767**	**3,322**	**$36,340,191**	

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

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

Table 21 provides claims information for the healthcare system for Skyrizi's therapeutic alternatives, distinguished by lines of business. Among its therapeutic alternatives, **Humira** has **highest total claims of 22,421,** with **commercial** having the most **claims at 14,607**.

Table 22 Estimated APAC payer 2024 claims of review drug and its therapeutic alternatives[48]

Proprietary name	Commercial claims	Medicaid claims	Medicare claims	Total claims[49]
Bimzelx	45	9	18	**72**
Cosentyx	7,390	3,229	2,007	**12,626**
Enbrel	7,365	2,207	3,345	**12,917**
Entyvio	3,425	1,857	991	**6,273**
Humira	14,607	2,502	5,312	**22,421**
Ilumya	16	41	62	**119**
Omvoh	22	0	0	**22**
Remicade	672	1,668	1,088	**3,428**
Skyrizi	5,777	1,225	1,697	**8,699**
Stelara	1,284	284	391	**1,959**
Taltz	2,069	980	740	**3,789**

Table 22 shows the overall payer expenditure of Skyrizi's therapeutic alternatives, distinguished by lines of business. Among the therapeutic alternatives **Humira** had the **most expenditure at $162.3 million**.

Table 23 Estimated 2024 APAC payer annual gross expenditures of the review drug and its therapeutic alternatives from all lines of business[50]

Proprietary name	Commercial expenditure	Medicaid expenditure	Medicare expenditure	Total[51]
Bimzelx	$567,323	$146,681	$218,450	**$932,455**
Cosentyx	$45,633,199	$23,379,153	$15,920,889	**$84,933,241**
Enbrel	$45,326,797	$14,413,099	$24,729,574	**$84,469,470**
Entyvio	$28,267,730	$10,869,742	$6,053,176	**$45,190,648**
Humira	$99,774,364	$17,431,496	$45,049,759	**$162,255,618**
Ilumya	$173,706	$412,422	$553,692	**$1,139,820**

[48] Based on 2024 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[49] Total is the sum of all claims for the drug across all lines of business.
[50] Based on 2024 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[51] Total is the sum of all expenditure for the drug across all lines of business.

Proprietary name	Commercial expenditure	Medicaid expenditure	Medicare expenditure	Total[51]
Omvoh	$135,584	$0	$0	**$135,584**
Remicade	$1,668,797	$2,252,166	$1,789,009	**$5,709,972**
Skyrizi	$99,013,099	$20,018,297	$30,978,125	**$150,009,521**
Stelara	$12,044,449	$2,603,419	$5,384,043	**$20,031,911**
Taltz	$12,795,186	$7,373,817	$6,370,406	**$26,539,408**

Table 23 compares the overall payer cost per enrollee of Tremfya and its therapeutic alternatives, distinguished by lines of business. Among the therapeutic alternatives, **Skyrizi** has the **highest mean cost per enrollee at $64,189,** compared to **Tremfya's** mean cost per enrollee at **$47.380.**

Table 24 Estimated 2024 APAC payer annual gross cost per enrollee of the review drug and its therapeutic alternatives[52]

Proprietary name	Commercial cost/ enrollee	Medicaid cost/ enrollee	Medicare cost/ enrollee	Mean[53] cost/ enrollee	Median, Cost/ enrollee	Inter-quartile range (IQR)	Cost per enrollee, 75th percentile	Cost per enrollee, 95th percentile
Tremfya	$50,102	$45,211	$32,348	$47,380	$41,164	$50,896	$72,806	$93,762
Bimzelx	$37,822	$48,894	$27,306	$37,298	$31,347	$21,797	$42,503	$73,925
Cosentyx	$45,725	$54,624	$50,703	$53,417	$46,587	$51,912	$75,832	$120,705
Enbrel	$51,275	$49,360	$49,658	$54,850	$52,464	$57,284	$80,899	$112,419
Entyvio	$47,911	$33,343	$32,898	$43,917	$41,037	$36,311	$59,430	$95,321
Humira	$48,670	$36,316	$54,081	$49,393	$37,830	$59,636	$75,733	$133,511
Ilumya	$24,815	$29,459	$34,606	$35,619	$29,101	$43,862	$54,120	$83,845
Omvoh	$33,896	$0	$0	$33,896	$21,938	$55,834	$55,834	$84,534
Remicade	$11,920	$7,766	$9,776	$10,270	$7,154	$9,803	$13,261	$29,896
Skyrizi	$65,833	$58,362	$46,795	$64,189	$60,471	$54,013	$84,731	$139,036
Stelara	$31,448	$23,245	$37,916	$33,895	$28,113	$40,671	$48,916	$76,882
Taltz	$53,988	$57,161	$38,376	$54,162	$48,386	$57,325	$80,658	$121,076

[52] Based on 2024 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[53] The overall mean cost per enrollee across commercial insurers, Medicaid, and Medicare.

Table 25 Estimated 2024 APAC payer annual gross cost per claim of the review drugs

Proprietary name	Commercial cost/ claim	Medicaid cost/ claim	Medicare cost/ claim	Mean[54] cost/ claim	Median, cost/ claim	Inter-quartile range (IQR)	Cost per claim, 75th percentile	Cost per claim, 95th percentile
Tremfya	$10,750	$11,434	$11,592	$10,939	$12,983	$3,133	$13,408	$13,943
Bimzelx	$12,607	$16,298	$12,136	$12,951	$14,048	$4,070	$14,951	$15,183
Cosentyx	$6,175	$7,240	$7,933	$6,727	$7,003	$2,944	$7,357	$12,893
Enbrel	$6,154	$6,531	$7,393	$6,539	$6,973	$1,043	$7,204	$7,686
Entyvio	$8,253	$5,853	$6,108	$7,204	$6,950	$2,623	$8,448	$10,702
Humira	$6,831	$6,967	$8,481	$7,237	$6,438	$557	$6,795	$13,433
Ilumya	$10,857	$10,059	$8,931	$9,578	$12,468	$16,860	$16,875	$18,842
Omvoh	$6,163	$0	$0	$6,163	$5,377	$4,021	$9,359	$14,992
Remicade	$2,483	$1,350	$1,644	$1,666	$1,297	$1,427	$2,188	$3,919
Skyrizi	$17,139	$16,341	$18,255	$17,244	$19,525	$3,735	$20,303	$21,564
Stelara	$9,380	$9,167	$13,770	$10,226	$12,120	$5,314	$13,114	$15,262
Taltz	$6,184	$7,524	$8,609	$7,004	$6,722	$731	$6,951	$13,776

Data for plan year 2024 submitted via the carrier data call further stratifies commercial expenditures by market segment. The collected **total net cost from reporting market types was around $14.7 million**, with payers paying **$14.0 million**, and **enrollees out-of-pocket estimated** to be **$0.7 million**.

Table 26 Estimated 2024 annual total net costs to the healthcare system, payers and OOP/enrollee[55]

Market	Number of claims	Number of enrollees	Total net annual spending	Total annual payer paid	Total annual enrollee out-of- pocket cost
Individual	304	70	$1,975,315	$1,767,184	$208,131
Large Group	1,384	336	$10,357,235	$10,128,089	$229,146
Small Group	395	87	$2,385,315	$2,122,863	$262,452
Total	**2,083**	**493**	**$14,717,865**	**$14,018,136**	**$699,729**

Table 26 includes the average plan costs per enrollee in the commercial market, ranging from **$30,825 (large group) to $27,417 (small group)** annually.

[54] The overall mean cost per enrollee across commercial insurers, Medicaid, and Medicare.
[55] Cost information from the data call is the cost of the drug after price concessions.

Table 27 Estimated 2024 annual total net costs to the healthcare system, payers and OOP/enrollee

Market	Avg. total paid/ claim	Avg. payer paid/ claim	Avg. enrollee paid/ claim	Avg. total paid/ enrollee	Avg. payer paid/ enrollee	Avg. enrollee OOP/ enrollee
Individual	$6,498	$5,813	$685	$28,219	$25,245	$2,973
Large Group	$7,484	$7,318	$166	$30,825	$30,143	$682
Small Group	$6,039	$5,374	$664	$27,417	$24,401	$3,017

As shown in Figure 5, the **large group market segment** represented the majority of commercial spending (70% of total), followed by individual markets and small group.

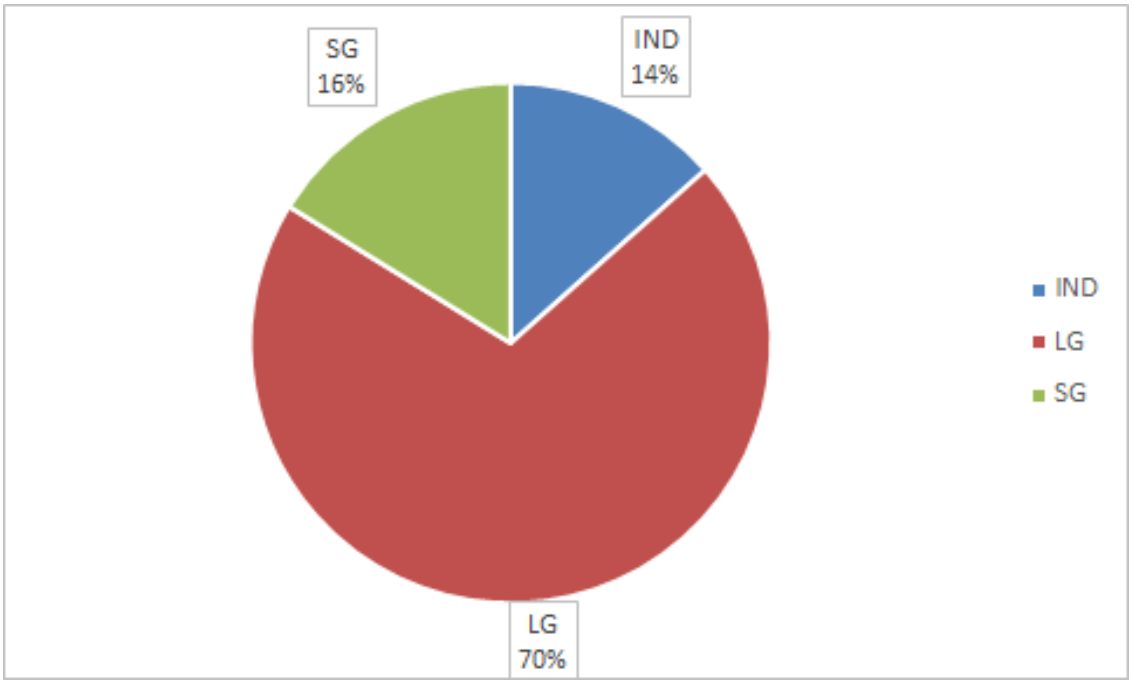

Figure 4 Data call total annual percent spend (payer paid) by market

Impact on enrollee access to the drug

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

This section summarizes information reported by carriers regarding plan design features that relate to coverage of Tremfya, 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 Tremfya. In 2024, approximately **100 percent of reporting plans required prior authorization (PA)** for coverage of the drug, and **no plans required step therapy** before approving its use.

For formulary placement, **4.2 percent of plan types categorized Tremfya as a non-preferred drug**, and **all plans covered it**.

Table 28 Plan design analysis from 2024

Percentage of plans	
Required prior authorization	100.0%
Required step therapy	0.0%
On a non-preferred formulary	4.2%
Not covered	0.0%

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

Relative financial impacts to health, medical, or social services costs

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

This section addresses the extent to which the use of Tremfya 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 patient 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 Tremfya in Oregon, as reported in 2024 by the Oregon All Payers All Claims (APAC).[56] These costs include enrollee copayments, coinsurance, and deductible contributions for the drug and are presented by insurance lines of business of Medicare and commercial heath care carriers.

Tables 29 and 30 presents the average annual enrollee OOP costs derived from APAC. The APAC data, which includes claims from commercial, and Medicare enrollees, showed average per-enrollee and per-claim and OOP gross costs.

Table 29 Review drug vs. therapeutic alternatives: Annual out-of-pocket cost per enrollee by line of business (light green table header) and descriptive statistics for total market (dark green table header) [57]

Proprietary name	Commercial	Medicare	Medicaid	Mean[58]	Median[59]	IQR	75th percentile	95th percentile
Tremfya	$2,254	$1,077	$0	$1,819	$25	$1,288	$1,288	$9,120
Bimzelx	$3,163	$3,075	$0	$2,882	$567	$3,901	$3,906	$10,305
Cosentyx	$2,158	$1,366	$0	$1,624	$0	$2,175	$2,175	$5,649
Enbrel	$2,694	$1,186	$0	$1,930	$671	$2,843	$2,843	$6,446
Entyvio	$3,100	$2,749	$0	$2,269	$65	$1,610	$1,610	$4,632
Humira	$3,904	$753	$0	$2,628	$11	$1,454	$1,454	$8,077
Ilumya	$3,267	$1,925	$0	$1,677	$5	$1,997	$1,997	$14,786
Omvoh	$2,172	$0	$0	$2,172	$25	$1,264	$1,264	$9,120
Remicade	$1,871	$1,780	$0	$1,057	$567	$3,901	$3,906	$10,305
Skyrizi	$4,622	$1,107	$0	$3,288	$500	$4,005	$4,005	$12,112
Stelara	$1,969	$1,285	$0	$1,585	$0	$2,175	$2,175	$5,649
Taltz	$4,104	$1,286	$0	$2,420	$671	$2,843	$2,843	$6,446

[56] Gross costs from the APAC database are prior to any price concessions such as discounts or coupons. Net cost information from the data call is the cost of the drug after price concessions.
[57] Based on 2024 Oregon APAC data across commercial insurers and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[58] Includes summation of copay, coinsurance, and deductible across all from all markets across all claims.
[59] Median represents the middle value of the data set when arranged in ascending order.

Table 30 Review drug vs. therapeutic alternatives: Annual out-of-pocket cost per claim by line of business (light green table header) and descriptive statistics for total market (dark green table header) [60]

Proprietary name	Commercial	Medicare	Medicaid	Mean[61]	Median	IQR	75th percentile	95th percentile
Tremfya	$484	$386	$0	$420	$0	$60	$60	$3,639
Bimzelx	$1,054	$1,367	$0	$1,001	$0	$300	$300	$5,420
Cosentyx	$291	$214	$0	$205	$0	$11	$11	$1,743
Enbrel	$323	$177	$0	$230	$0	$100	$100	$1,671
Entyvio	$534	$510	$0	$372	$0	$5	$5	$2,112
Humira	$548	$118	$0	$385	$5	$200	$200	$2,005
Ilumya	$1,429	$497	$0	$451	$0	$0	$0	$2,818
Omvoh	$395	$0	$0	$395	$0	$40	$40	$951
Remicade	$390	$299	$0	$171	$0	$257	$257	$732
Skyrizi	$1,203	$432	$0	$883	$0	$400	$400	$4,752
Stelara	$587	$467	$0	$478	$0	$58	$58	$3,782
Taltz	$470	$288	$0	$313	$0	$5	$5	$2,104

Clinical information based on manufacturer material

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

The clinical review section prepared and provided by Myers and Stauffer LC is available at https://dfr.oregon.gov/pdab/Documents/Tremfya-2026-Clinical-Review-Draft.pdf. The information is preliminary and may be revised, updated, or supplemented before the final report is released.

Input from specified stakeholders

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

See Appendix for all stakeholder comment letters.

Survey-style feedback forms were posted on the PDAB website from April to August 2026 to collect voluntary input about drugs under review from a broad range of stakeholders, including patients, caregivers, and advocacy groups; individuals with scientific or medical training;

[60] Based on 2024 Oregon APAC data across commercial insurers and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[61] Includes summation of copay, coinsurance, and deductible across all from all markets across all claims.

safety-net providers; pharmaceutical manufacturers; pharmacy benefit managers; and health insurers. This section summarizes the drug-specific input received. Additional general feedback on drug prices and patient experiences is presented in the 2026 community outreach report.

Note: The information summarized here is based on self-reported survey responses from individuals prescribed certain medications. Participation was voluntary, and responses reflect each individual's personal understanding and interpretation of the questions. As a result, the information may include inconsistencies or inaccuracies related to varying levels of comprehension, recall bias, or misinterpretation of question intent. These limitations should be considered when interpreting the findings.

Patients and caregivers:

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

Individuals with scientific or medical training

One individual with scientific or medical training submitted feedback regarding Tremya. The respondent reported that Tremfya provides substantial additional clinical benefit compared with available therapeutic and indicated that the supporting evidence is high quality and guideline supported. The medication was identified as a first-line treatment option for appropriate patients and was considered clinically substitutable for therapeutic alternatives in some patients.

The respondent reported the utilization management requirements, including prior authorization and step therapy, commonly delay patient access and create administrative burden for providers and pharmacies. Patient out-of-pocket costs were described as higher than available alternatives, and the respondent indicated that patients occasionally delay or decline treatment because of cost. Cost-related barriers were reported to have a moderate impact on medication adherence. Overall, the respondent characterized Tremfya as providing high value relative to its cost while indicating that affordability concerns continue to present barriers for some patients.

Safety net providers

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

Manufacturers

One manufacturer response was received regarding Tremfya. The manufacturer reported that Tremfya was first approved by the FDA in 2017, remains marketed in Oregon, and does not have FDA-appoved generic or biosimilar versions. Information provided indicated that Tremfya is approved for non-orphan indications, provides price concessions in the U.S. market, offers patient financial assistance programs, and believes the drug's current pricing aligns with its clinical value.

The manufacturer provided limited additional information within the survey and referred the board to separate written comments submitted on June 15, 2026, for further discussion regarding Tremfya. No additional details regarding therapeutic alternatives, utilization management, or patient assistance eligibility were included in the survey response. See Appendix A for additional information from the manufacturer.

Pharmacy benefit managers

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

Health insurers

One health plan insurer submitted feedback regarding all drugs being reviewed in 2026. The respondent represented a Medicare Advantage health plan covering more than 500,000 individuals. The health plan reported that the overall impact of each drug on plan spending, rebates, and premium was unknown. The respondent also indicated that patients enrolled in the plan never experience affordability challenges for the drugs under review and that no primary utilization management tools are routinely applied to these medications.

The respondent reported that covered drugs are generally subject to standard copayment cost-sharing and indicated that manufacturer rebates are not applied at the point of sale to reduce patient out-of-pocket costs. When asked which policy approach would most improve prescription drug affordability for patients, the respondent identified manufacturer price reductions. The respondent did not provide additional comments regarding the cost of coverage of the drugs under review.

Appendix A: Stakeholder feedback

Table 31 Feedback

Name	Association to drug under review	Drug	Format	Date	Exhibit website link
Chris Herbine	Johnson and Johnson	Tremfya	Speaker	8/19/2026	Click here to view video
Michael Valenta and Lisa Pulver	Johnson and Johnson	Tremfya	Letter	6/15/2026	**Click here to view letter**