

2024

Annual Report for the Oregon Legislature



December 2024



Oregon Prescription Drug
Affordability Board

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Executive summary



The 2024 Annual Report for the Oregon Prescription Drug Affordability Board (PDAB) outlines the board's continued commitment to addressing the growing challenges posed by high prescription drug costs in the state. Established in 2021 as part of Senate Bill 844, the board's mission is to protect Oregon residents and stakeholders from the financial burdens associated with exorbitant drug prices.

In the reporting period, significant trends in drug pricing have emerged, with average prescription drug prices increasing by 15.2 percent between January 2022 and January 2023, far surpassing the general inflation rate. This rise translates to an average additional cost of about \$590 per drug, placing financial strains on patients. Notably, 46 percent of these price increases exceeded the inflation rate, illustrating the ongoing concern of pricing practices in the pharmaceutical sector.

The PDAB's affordability review process focused on insulin products and other prescription drugs

determined to possibly cause affordability concerns. In July 2023, the board approved administrative rules to further refine the affordability review process, enhancing the transparency and effectiveness of its efforts.

The report highlights the cost trends, the effect of the supply chain, and the challenges of having accessible and affordable drugs, as many patients, particularly older adults, are increasingly unable to afford their prescribed medications. This report also presents information about the affordability reviews, and recommendations for legislative considerations to improve the accessibility and affordability of prescription medications in Oregon. It is important to continue to collaborate with stakeholders with legislative support to drive meaningful reforms and ensure equitable access to essential medications for all Oregonians.

Background

PDAB was formally established within the Department of Consumer and Business Services (DCBS) by the Oregon Legislature in 2021, following the enactment of Senate Bill 844 (2021). This legislation was codified under Oregon Revised Statute (ORS) 646A.693 to 646A.697. The board's mission is to safeguard various stakeholders within the Oregon health care system from the high costs of prescription drugs. This includes Oregon residents, state and local governmental entities, commercial health insurance providers, health care professionals, and licensed pharmacies. The board aims to alleviate the financial burdens associated with the exorbitant costs of prescription medications.

To fulfill its mandate, the board undertakes comprehensive affordability reviews of insulin products and prescription drugs that are reported to the department under ORS 646A.689 (2) and (6), ORS 743.025. These reviews are designed to identify at least nine prescribed drugs and a minimum of one insulin product, which are believed to present significant affordability challenges. Challenges may be determined either from the effect the drug has on the health care systems or from the high out-of-pocket costs faced by Oregonians when accessing these medications. The top 25 drugs reported under ORS 743.025 to the Drug Price Transparency (DPT) Program were reviewed in identifying a subset list of drugs for the affordability review process and cost trends.

In July 2023, the board approved the affordability review process administrative rules, OAR 925-200-0010 and OAR 925-200-0020. These rules outline specific criteria to guide the board in reviewing prescription drugs and insulin products, and selecting drugs that may create affordability concerns. Adopting these rules marked a significant step toward enhancing the transparency and effectiveness of the board's efforts in tackling the rising costs of prescription drugs within Oregon.

This annual report includes cost trends from the lists of prescription drugs provided by the DPT Program, the list of drugs selected for the affordability review, and recommendations for potential legislative changes that may improve the affordability of prescription drug products in Oregon.



Cost trends



In 2022, the landscape of prescription drug pricing and costs presented a significant challenge for consumers, marked by striking increases that outpaced the overall rate of inflation. According to a comprehensive report from the U.S. Department of Health and Human Services (HHS), between January 2022 and January 2023, the average price of prescription drugs surged by 15.2 percent. This increment equals roughly \$590 more per drug product, a substantial financial burden for many patients reliant on medications.¹

A disconcerting statistic from the report revealed that 46 percent of the price increases for these drugs exceeded the inflation rate during this period, emphasizing a trend in pharmaceutical pricing practices.² The variation in price changes was significant: while some drugs experienced staggering price hikes of more than 3,000 percent, others saw reductions as drastic as 99 percent.³ This stark contrast highlights the unpredictable nature

of drug pricing and costs to the system, which is influenced by various factors, including market dynamics, manufacturing costs, and regulatory changes.

Further analysis of trends in prior years show the severity of the situation. From July 2021 to July 2022, 1,216 prescription drugs experienced price increases that exceeded the inflation rate of 8.5 percent.⁴ The average price increase for these drugs was even more pronounced, measuring 31.6 percent. This means that a significant portion of patients faced rising costs at a time when many were already grappling with economic challenges worsened by broader financial pressures.

The implications of these price increases on patient behavior and health outcomes are profound. Polling data from 2019 indicated that nearly 1 in 5 older adults in the U.S. had not taken their prescribed medications at some point in the previous year due to cost concerns.⁵ This statistic speaks volumes about the direct effect of rising drug costs on adherence to necessary treatments, potentially leading to worsened health outcomes and increased long-term health care costs.

Top 25

During the affordability review for DPT's submitted drug report under ORS 743.025, an analysis of prescription drugs for the year 2022 highlighted the ongoing dominance of Humira, produced by AbbVie, as the most costly medication for eight out of nine commercial health insurance companies. The top 25 most costly drugs are from both pharmacy and medical benefits,

¹ "Changes in the List Prices of Prescription Drugs, 2017-2023." Assistant Secretary for Planning and Evaluation, Office of Health Policy, Oct. 6, 2023. [aspe-drug-price-tracking-brief.pdf](#).

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Kirzinger, Ashley, et al. "Data Note: Prescription Drugs and Older Adults." KFF Aug. 9, 2019. <https://www.kff.org/affordable-care-act/issue-brief/data-note-prescription-drugs-and-older-adults/>.

which contribute to the largest cost to total annual spending. The list is based on the net costs from any rebates or other price concessions that affected the total annual spending. Appendix A shows that in 2022, Humira had a total annual spending from all reporting insurance companies of \$75,241,110. DPT's annual report for 2022 revealed that Humira also maintained its status as the most expensive drug in 2021, incurring total expenditures of \$76,996,470.⁶ Notably, this amount marks a decrease compared to the previous year's spending, which reached \$93,544,597 in 2020.⁷ Despite this notable decline in cost over the past two years, Humira remains firmly established as the most costly drug for commercial health insurers in Oregon. Following Humira in the rankings of most costly medications, Stelara claimed second place in 2021 and 2022. The top five most costly drugs also included Keytruda, Biktarvy, and Enbrel, illustrating a competitive landscape among high-priced pharmaceuticals in the commercial market. This data underscores the ongoing challenges consumers and health care systems face regarding prescription drug affordability and the need for continued scrutiny of drug pricing policies and cost controls.

The top 25 drugs with the greatest increase in spending, as shown in Appendix B, are reported by insurance companies that account for total plan spending from one year to the next, including the net effect of any rebates or price concessions. The year-over-year increase is calculated by subtracting the total annual spending from the previous year (2021) from the total annual spending of the reporting year (2022). In 2022, Keytruda was reported by all nine commercial insurers as having the most significant increase from the previous year, with a total increase across all reporting insurance companies of \$11,840,653. Skyrizi was noted as

having the second-largest increase at \$8,385,287, followed by Inflectra, Trikafta, and Gammagard in the top five.

Additionally, PDAB reviewed the top 25 most expensive drugs based on the highest cost per prescription. Appendix C identified Ocrevus, produced by Genentech, as having the highest average cost per prescription among eight commercial health insurers, totaling \$10,932,003 for 352 prescriptions. Keytruda had the second-highest average cost per prescription at \$17,535, with Revlimid, Skyrizi, and Opdivo ranking in the top five.

The board also reviewed the 25 most prescribed medications included in Appendix D, but decided not to include them in the affordability review process, as most of these drugs are considered affordable. Among the top prescribed medications were vaccines, which had 221,220 prescriptions, followed by thyroid agents, with 169,336 prescriptions. Other drugs in the review included those in the therapy classes of antihyperlipidemic, antihypertensives, and medications for attention-deficit/hyperactivity disorder, anti-narcolepsy, antiobesity, and anorexia.

Cost trends summary

Trends show that prescription drug costs will continue to rise, with expected annual increases from 1 percent to 4.6 percent through 2031.⁸ This indicates that consumers will likely encounter challenges in affording essential medications. As a result, there is an ongoing need for discussions surrounding health care policy, potential reforms, and strategies to improve medication access and affordability for patients in Oregon and across the U.S.

⁶"Prescription Drug Price Transparency Results and Recommendations – 2022." Department of Consumer and Business Services, Nov. 30, 2022. <https://dfr.oregon.gov/drugtransparency/Documents/Prescription-Drug-Price-Transparency-Annual-Report-2022.pdf>.

⁷"Prescription Drug Price Transparency Results and Recommendations – 2021." Department of Consumer and Business Services, Dec. 15, 2021. <https://dfr.oregon.gov/drugtransparency/Documents/Prescription-Drug-Price-Transparency-Annual-Report-2021.pdf>.

⁸CMS Office of the Actuary Releases 2022-2031 National Health Expenditure Projections." Centers for Medicare & Medicaid Services, June 14, 2023. <https://www.cms.gov/newsroom/press-releases/cms-office-actuary-releases-2022-2031-national-health-expenditure-projections>.

In summary, the analysis of prescription drug pricing and trends from 2022 highlights a concern for consumers for substantial price increases that outstrip inflation and create financial barriers to necessary medications. The dominance of high-cost drugs such as Humira and the alarming rate of cost hikes across the market underscores the pressing need for reform in pharmaceutical pricing practices and costs throughout the health care system. With nearly one-third of adults reporting that costs prevent them from adhering to prescribed

treatments, the ramifications on public health are significant and concerning. As the health care system grapples with these challenges, ongoing proactive procedures are needed to enhance drug affordability and to ensure that patients can get the medications they need for optimal health outcomes. The commitment to addressing these critical issues is vital for fostering a more equitable and sustainable health care environment.



Drug selection for affordability reviews



Beginning in August 2023, the board commenced a thoughtful and comprehensive review of prescription medications, focusing on affordability. As discussions progressed in the following months, the board concentrated on identifying specific drugs and insulin products that indicated high costs. By November 2023, the board developed a refined shortlist of 10 insulin products, further narrowing it to three by December. During the December meeting, the board undertook an in-depth analysis of the prescription drug lists from commercial health plans, culminating in the selection of 12 medications for detailed affordability evaluations.

Insulin products selected for review: Humulin R U-500, Tresiba and Tresiba FlexTouch.

Prescription drugs from commercial health plans: Ozempic, Trulicity, Shingrix, Ocrevus, Entyvio, Inflectra, Cosentyx, Skyrizi, Tremfya, Vyvanse, Genvoya, and Triumeq.

The January 2024 meeting was dedicated to discussing the three insulin products. During this meeting, a motion was presented to finalize the

list of concerns, including Humulin R U-500 KwikPen, recognizing its potential to pose affordability challenges for health care systems and high out-of-pocket costs for patients in Oregon. Subsequently in February, the board added Ozempic and Trulicity to the list of prescription drugs identified as posing affordability challenges. Although Shingrix was reviewed, it was determined that it did not warrant a motion for inclusion in this context.

In response to feedback from the Governor's Office, the March board meeting was postponed to ensure

board alignment with statutory requirements and consider stakeholder concerns about the affordability review process. PDAB took proactive steps to redesign the affordability review template to clarify statutory and regulatory obligations while addressing identified data gaps.

The board enhanced stakeholder engagement by allocating equal time for presentations from manufacturers, patients/caregivers, and the public during drug reviews. Furthermore, to promote transparency, the board improved agenda clarity by providing comprehensive information on topics, speakers, and content up for discussion, establishing a practice of inviting comments before deliberations to support informed decision-making.

At the April meeting, the board considered a new timeline for reviewing two drugs at a time, allowing for more thorough discussions. This led to scheduling reviews for Ozempic and Trulicity in May, supplemented by updated informational packets.

In June, the board chairperson advocated temporarily pausing affordability reviews until 2025. In a unanimous decision, the board agreed to suspend current reviews for 2024 to allow for a comprehensive evaluation of the criteria and methods employed in selecting drugs for potential affordability reviews in 2025, utilizing an updated data set for greater accuracy and reliability.

Challenges to the first affordability review process

The initial process for conducting affordability reviews encountered challenges that complicated its implementation. At the outset, the review framework was still in the early stages of establishment and the necessary data integration was ongoing. Concurrently, the board was learning how to effectively identify which drugs should be reviewed in accordance with the two guiding OARs that inform their evaluation. The first rule, OAR 925-200-0010, outlines specific criteria the board must utilize to select a subset of drugs for further examination. The second rule, OAR 925-200-0020, provides guidelines to identify prescription drugs that could lead to affordability issues for health care systems or result in high out-of-pocket costs for patients in Oregon.

The challenge of conducting an affordability review while the process was still being established significantly affected the selection of drug subset lists. Many medications initially flagged for review did not satisfy the established criteria for inclusion. As a result, out of the original 12 drugs selected for evaluation, four were ultimately removed from the list. This reduction created a shortfall in meeting the statutory obligation to identify nine medicines that could pose affordability challenges for health care systems or impose high out-of-pocket expenses on patients. Consequently, the board faced

difficulties fulfilling its mandated responsibilities amidst an evolving review process.

Improvement to the next affordability review

For the affordability reviews starting in 2025, PDAB has initiated a five-phase strategy to evaluate the cost of prescription medications in Oregon. This approach includes analyzing drug pricing and market dynamics and their effects on the health care system. By collaborating with health care providers and community stakeholders, PDAB aims to identify challenges regarding drug costs and their effects on the health care system and patient out-of-pocket expenses. The goal is to explore solutions and address high drug costs to improve patients' and the health care system's affordability and access.

The five phases of this strategy are as follows:

- **Phase 1:** Identifying prescription drugs eligible for review. PDAB will use prescription drug information from the DPT Program, which collects data from insurance companies and manufacturers. Insulin data will be sourced from the Oregon Health Authority's All Payer All Claims (APAC) reporting program. These preliminary lists will be shared at an upcoming board meeting and published on the PDAB website for transparency.
- **Phase 2:** The board will refine the preliminary lists using OAR 925-200-0010⁹ to create a subset list of insulin products and prescription drugs for further examination.
- **Phase 3:** PDAB will request detailed information from insurance companies and manufacturers regarding the drugs on the subset lists in compliance with ORS 646A.689 and ORS 743.025. This information will be compiled into comprehensive drug review material packets.

⁹ Refer to criteria in OAR 925-200-0010, <https://dfr.oregon.gov/pdab/Documents/OAR-925-200-0010.pdf>.

Recommendations



Potential Senate Bill (SB) 844 cleanup

- 1. Propose a language change from “nine drugs a year” for affordability reviews to “up to nine” drugs a year.**

The recommendation is to revise language in SB 844 to remove the requirement to review nine drugs and change the language to “review up to nine prescription drugs.” This change will ensure the board focuses on reviewing drugs that are known to cause affordability challenges, based solely on cost or criteria, rather than trying to identify drugs that may or may not cause challenges to the health system or out-of-pocket costs to meet legislative thresholds. The initial review process revealed challenges in identifying specific drugs, as some may not actually cause affordability issues.
- 2. Remove the requirement that DCBS provide PDAB with a list of prescription drugs each calendar quarter.**

The information is provided to PDAB by DCBS under ORS 646A.689 (2) and (6) and ORS

743.025, including insulin products that are submitted annually by prescription drug manufacturers and health insurance companies. Manufacturers are required to report 60 days before a price increase for brand-name and generic prescription drugs according to ORS 646A.683 (2), but the information is based on the current year and may not apply to the reporting requirement in ORS 646A.694 to review drugs from the previous calendar year. Removing the quarterly reporting language will ensure a more accurate review of prescription drugs by the board.

3. Replace the generic drug report annual requirement with a new provision that relevant content would be incorporated into the affordability review report. This information could include generics or biosimilar availability, pricing, and marketplace commentary when relevant to the drugs under review.

The generic drug market does not have significant year-over-year changes, and the current report does not provide significant market identifiers that effect prescription medication prices and costs. Any significant effect on the market system will be captured in the annual report requirements under OAR 646A.696.

Additional recommendations

- 4. Expand patient assistance program (PAP) reporting to the DPT Program**

It is recommended to expand PAP reporting requirements to include manufacturer coupons and any other payment that reduces a patient’s out-of-pocket cost to fill a prescription. The board also recommends manufacturers be required to report on

all PAPs they maintain or fund to the DPT Program.

5. Require pharmacy benefit managers and insurers to report on copay accumulators and maximizers to the DPT Program

Implement mandatory reporting on copay accumulator and maximizer programs to ensure equitable access to essential medications and prioritize transparency. With enhanced reporting, the board will aim to monitor the effect of copay accumulators on patient costs and access to medications.

6. Require brokers to make Consolidated Appropriations Act disclosures about reimbursements and fees to the relevant purchasing entities

- Any broker or entity facilitating the purchase of health insurance or prescription drug benefits for purchasing entities must provide an annual disclosure of all direct and indirect compensation received, as required by the Consolidated Appropriations Act (CAA). This disclosure must include any commissions, fees, or other forms of compensation related to the transaction.
- Brokers must proactively offer these CAA-compliant disclosure schedules in writing to the relevant purchasing entities (Oregon Educators Benefit Board, Public Employees' Benefit Board, fee-for-service (FFS) provider, Medicaid, ArrayRx, etc.) during contract negotiations or renewals, and no later than 30 days before the renewal of any contract or service agreement.

7. Require reimbursement of the dispensing fee

It is recommended that all payors, including coordinated care organizations, commercial health plans, and pharmacy benefit managers operating within the state shall reimburse the dispensing fee equal to or greater than the dispensing fee used in Oregon's medical

assistance programs. The dispensing fee may be updated periodically based on updated surveys or economic conditions. The model shall not alter patient copayment amounts.

8. Require Oregon Health Plan FFS and coordinated care organizations to purchase through a statewide purchasing group

Statewide purchasing groups shall use programs that leverage the collective buying power of state agencies to secure better prices and terms for goods and services. These programs are designed to make procurement more efficient and cost effective for state and local government entities.

9. Extend Oregon Health Plan's preferred drug list for all classes of prescription drugs

Oregon Health Plan FFS has a uniform preferred drug list for some classes; however, to use the most cost-effective medications and to reduce administrative burdens for providers, it is recommended to extend the current preferred drug list for all classes to CCOs for coverage of prescription drugs.



Appendixes

Appendix A

Top 25 most costly drugs in 2022

Appendix B

Top 25 greatest increase drugs in 2022

Appendix C

Top 25 most expensive drugs in 2022

Appendix D

Top 25 most prescribed drugs in 2022



Top 25 most costly drugs in 2022

| Rank | Therapy class | Proprietary name(s) | Non-proprietary name | Total annual plan spending | Avg YoY price change (over past 5 years) | Number of carriers | Percent of carriers | Brand or generic | Drug has a therapeutic equivalent or biosimilar | First FDA approval date | Drug part of IRA CMS reduction list |
|------|---|--|--|----------------------------|--|--------------------|---------------------|------------------|---|-------------------------|-------------------------------------|
| 1 | ANALGESICS - ANTI-INFLAMMATORY | Humira / Humira Pediatric Crohns Start / Humira Pen / Humira Pen-CD/UC/HS Starter / Humira Pen-Pediatric UC Start / Humira Pen-Ps/UV/Adol HS Start / Humira Pen-Psor/Uveit Starter | Adalimumab | \$75,241,110 | 6.95% | 8 | 89% | Brand | Yes | 12/31/2002 | No |
| 2 | DERMATOLOGICALS | Stelara | Ustekinumab | \$28,957,943 | 5.20% | 8 | 89% | Brand | None listed | 9/25/2009 | Yes |
| 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | Keytruda | Pembrolizumab | \$28,248,898 | 1.83% | 9 | 100% | Brand | None listed | 9/4/2014 | No |
| 4 | ANTIVIRALS | Biktarvy | Bictegravir-Emtricitabine-Tenofovir Alafenamide Fumarate | \$26,988,465 | 2.78% | 9 | 100% | Brand | None listed | 2/7/2018 | No |
| 5 | ANALGESICS - ANTI-INFLAMMATORY | Enbrel / Enbrel SureClick | Etanercept | \$22,017,823 | 6.14% | 9 | 100% | Brand | Yes | 11/2/1998 | Yes |
| 6 | RESPIRATORY AGENTS - MISC. | Trikafta | Elexacaftor-Tezacaftor-Ivacaftor | \$21,559,651 | 1.84% | 7 | 78% | Brand | None listed | 10/21/2019 | No |
| 7 | DERMATOLOGICALS | Cosentyx / Cosentyx Sensoready Pen / Cosentyx Sensoready | Secukinumab | \$18,723,855 | 6.81% | 8 | 89% | Brand | None listed | 1/21/2015 | No |
| 8 | GASTROINTESTINAL AGENTS - MISC. | Entyvio | Vedolizumab | \$17,655,131 | 4.60% | 7 | 78% | Brand | None listed | 5/20/2014 | No |
| 9 | GASTROINTESTINAL AGENTS - MISC. | Inflectra | Infliximab-dyyb | \$16,516,923 | 0.00% | 8 | 89% | Brand | Yes | 4/5/2016 | No |
| 10 | DERMATOLOGICALS | Skyrizi / Skyrizi Pen | Risankizumab-rzaa | \$15,517,811 | 7.65% | 8 | 89% | Brand | None listed | 4/23/2019 | No |
| 11 | DERMATOLOGICALS | Dupilixent | Dupilumab | \$12,665,407 | 4.07% | 9 | 100% | Brand | None listed | 3/28/2017 | No |
| 12 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | Ocrevus | Ocrelizumab | \$10,932,003 | 2.48% | 8 | 89% | Brand | None listed | 3/28/2017 | No |
| 13 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | Opdivo | Nivolumab | \$10,884,240 | 1.78% | 8 | 89% | Brand | None listed | 12/22/2014 | No |
| 14 | PASSIVE IMMUNIZING AND TREATMENT AGENTS | Gammagard / Gammaked / Gamunex-C | Immune Globulin (Human) IV or Subcutaneous | \$10,747,945 | 3.63% | 7 | 78% | Brand | None listed | 8/27/2003 | No |
| 15 | ANTIDIABETICS | Rybelsus / Ozempic | Semaglutide | \$10,581,528 | 4.55% | 9 | 100% | Brand | None listed | 12/5/2017 | No |



Top 25 most costly drugs in 2022

| Rank | Therapy class | Proprietary name(s) | Non-proprietary name | Total annual plan spending | Avg YoY price change (over past 5 years) | Number of carriers | Percent of carriers | Brand or generic | Drug has a therapeutic equivalent or biosimilar | First FDA approval date | Drug part of IRA CMS reduction list |
|------|---|---------------------------------------|---------------------------------------|----------------------------|--|--------------------|---------------------|------------------|---|-------------------------|-------------------------------------|
| 16 | MISCELLANEOUS THERAPEUTIC CLASSES | Lenalidomide / Revlimid | Lenalidomide | \$10,432,994 | 0.91% | 9 | 100% | Both | Yes | 12/27/2005 | No |
| 17 | ANTIDIABETICS | Trulicity | Dulaglutide | \$8,970,087 | 5.14% | 8 | 89% | Brand | None listed | 9/18/2014 | No |
| 18 | ANTICOAGULANTS | Eliquis / Eliquis DVT/PE Starter Pack | Apixaban | \$8,812,210 | 6.00% | 9 | 100% | Brand | Yes | 12/28/2012 | Yes |
| 19 | HEMATOLOGICAL AGENTS - MISC. | Ultomiris | Ravulizumab-cwvz | \$8,640,498 | 0.00% | 6 | 67% | Brand | None listed | 12/21/2018 | No |
| 20 | OPHTHALMIC AGENTS | Eylea | Aflibercept | \$8,222,980 | 0.00% | 7 | 78% | Brand | None listed | 11/18/2011 | No |
| 21 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS | Vyvanse | Lisdexamfetamine Dimesylate | \$7,558,385 | 4.60% | 9 | 100% | Brand | None listed | 2/23/2007 | No |
| 22 | ANTIDIABETICS | Jardiance | Empagliflozin | \$7,262,309 | 5.00% | 9 | 100% | Brand | None listed | 8/1/2014 | Yes |
| 23 | VACCINES | Shingrix | Zoster Vaccine Recombinant Adjuvanted | \$6,822,359 | 5.56% | 9 | 100% | Brand | None listed | 10/20/2017 | No |
| 24 | NEUROMUSCULAR AGENTS | Botox | OnabotulinumtoxinA | \$6,673,692 | 1.08% | 9 | 100% | Brand | None listed | 12/9/1991 | No |
| 25 | HEMATOLOGICAL AGENTS - MISC. | Hemlibra | Emicizumab-kxwh | \$6,574,803 | 1.80% | 5 | 56% | Brand | None listed | 11/16/2017 | No |



Top 25 greatest increase drugs in 2022

| Rank | Therapy class | Proprietary name(s) | Non-proprietary name | YoY increase | Avg YoY price change (over past 5 years) | Number of carriers | Percent of carriers | Brand or generic | Drug has a therapeutic equivalent or biosimilar | First FDA approval date | Drug part of IRA CMS reduction list |
|------|--|--|--|--------------|--|--------------------|---------------------|------------------|---|-------------------------|-------------------------------------|
| 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | Keytruda | Pembrolizumab | \$11,840,653 | 1.83% | 9 | 100% | Brand | None listed | 9/4/2014 | No |
| 2 | DERMATOLOGICALS | Skyrizi / Skyrizi Pen | Risankizumab-rzaa | \$8,385,287 | 7.65% | 8 | 89% | Brand | None listed | 4/23/2019 | No |
| 3 | GASTROINTESTINAL AGENTS - MISC. | Inflectra | Infliximab-dyyb | \$5,489,239 | 0.00% | 8 | 89% | Brand | Yes | 4/5/2016 | No |
| 4 | RESPIRATORY AGENTS - MISC. | Trikafta | Elexacaftor-Tezacaftor-Ivacaftor | \$4,417,699 | 1.84% | 7 | 78% | Brand | None listed | 10/21/2019 | No |
| 5 | PASSIVE IMMUNIZING AND TREATMENT AGENTS | Gammagard / Gammaked / Gamunex-C | Immune Globulin (Human) IV or Subcutaneous | \$4,312,556 | 3.63% | 7 | 78% | Brand | None listed | 8/27/2003 | No |
| 6 | ANALGESICS - ANTI-INFLAMMATORY | Humira / Humira Pediatric Crohns Start / Humira Pen / Humira Pen-CD/UC/HS Starter / Humira Pen-Pediatric UC Start / Humira Pen-Ps/UV/Adol HS Start / Humira Pen-Psor/Uveit Starter | Adalimumab | \$3,682,844 | 6.95% | 8 | 89% | Brand | Yes | 12/31/2002 | No |
| 7 | DERMATOLOGICALS | Dupilxent | Dupilumab | \$3,333,668 | 4.07% | 9 | 100% | Brand | None listed | 3/28/2017 | No |
| 8 | ANTIDIABETICS | Rybelsus / Ozempic | Semaglutide | \$3,238,534 | 4.55% | 9 | 100% | Brand | None listed | 12/5/2017 | No |
| 9 | DERMATOLOGICALS | Stelara | Ustekinumab | \$3,077,394 | 5.20% | 8 | 89% | Brand | None listed | 9/25/2009 | Yes |
| 10 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | Adcetris | Brentuximab Vedotin | \$3,020,976 | 3.97% | 5 | 56% | Brand | None listed | 8/19/2011 | No |
| 11 | GASTROINTESTINAL AGENTS - MISC. | Entyvio | Vedolizumab | \$2,801,800 | 4.60% | 7 | 78% | Brand | None listed | 5/20/2014 | No |
| 12 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | Darzalex Faspro | Daratumumab-Hyaluronidase-fihj | \$2,735,655 | 4.72% | 4 | 44% | Brand | None listed | 5/1/2020 | No |
| 13 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | Verzenio | Abemaciclib | \$2,680,808 | 5.20% | 6 | 67% | Brand | None listed | 9/28/2017 | No |
| 14 | HEMATOLOGICAL AGENTS - MISC. | Hemlibra | Emicizumab-kxwh | \$2,584,640 | 1.80% | 5 | 56% | Brand | None listed | 11/16/2017 | No |
| 15 | HEMATOLOGICAL AGENTS - MISC. | Ultomiris | Ravulizumab-cwvz | \$2,566,297 | 0.00% | 6 | 67% | Brand | None listed | 12/21/2018 | No |
| 16 | DERMATOLOGICALS | Cosentyx / Cosentyx Sensoready Pen / Cosentyx Sensoready | Secukinumab | \$2,560,019 | 6.81% | 8 | 89% | Brand | None listed | 1/21/2015 | No |
| 17 | MISCELLANEOUS THERAPEUTIC CLASSES | Lenalidomide / Revlimid | Lenalidomide | \$2,350,557 | 0.91% | 9 | 100% | Both | Yes | 12/27/2005 | No |



Top 25 greatest increase drugs in 2022

| Rank | Therapy class | Proprietary name(s) | Non-proprietary name | YoY increase | Avg YoY price change (over past 5 years) | Number of carriers | Percent of carriers | Brand or generic | Drug has a therapeutic equivalent or biosimilar | First FDA approval date | Drug part of IRA CMS reduction list |
|------|---|---------------------|--|--------------|--|--------------------|---------------------|------------------|---|-------------------------|-------------------------------------|
| 18 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | Opdivo | Nivolumab | \$2,274,979 | 1.78% | 8 | 89% | Brand | None listed | 12/22/2014 | No |
| 19 | ANTIVIRALS | Biktarvy | Bictegravir-Emtricitabine-Tenofovir Alafenamide Fumarate | \$1,926,579 | 2.78% | 9 | 100% | Brand | None listed | 2/7/2018 | No |
| 20 | VACCINES | Pevnar 20 | Pneumococcal 20-Valent Conjugate Vaccine | \$1,896,151 | 4.45% | 5 | 56% | Brand | None listed | 6/8/2021 | No |
| 21 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | Ocrevus | Ocrelizumab | \$1,784,101 | 2.48% | 8 | 89% | Brand | None listed | 3/28/2017 | No |
| 22 | HEMATOLOGICAL AGENTS - MISC. | Takzyro | Lanadelumab-flyo | \$1,742,373 | 2.70% | 4 | 44% | Brand | None listed | 8/23/2018 | No |
| 23 | ANTIDIABETICS | Jardiance | Empagliflozin | \$1,632,440 | 5.00% | 9 | 100% | Brand | None listed | 8/1/2014 | Yes |
| 24 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | Tecentriq | Atezolizumab | \$1,580,794 | 2.60% | 4 | 44% | Brand | None listed | 5/18/2016 | No |
| 25 | DERMATOLOGICALS | Tremfya | Guselkumab | \$1,575,599 | 5.21% | 5 | 56% | Brand | None listed | 7/13/2017 | No |



Top 25 most expensive drugs in 2022

| Rank | Therapy class | Proprietary name(s) | Non-proprietary name | Total annual plan spending | Number of prescriptions | Average cost per prescription | Avg YoY price change (over past 5 years) | Number of carriers | Percent of carriers | Brand or generic | Drug has a therapeutic equivalent or biosimilar | First FDA approval date | Drug part of IRA CMS reduction list |
|------|---|--|---|----------------------------|-------------------------|-------------------------------|--|--------------------|---------------------|------------------|---|-------------------------|-------------------------------------|
| 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | Ocrevus | Ocrelizumab | \$10,932,003 | 352 | \$31,057 | 2.48% | 8 | 89% | Brand | No | 3/28/2017 | No |
| 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | Keytruda | Pembrolizumab | \$28,248,898 | 1,611 | \$17,535 | 1.83% | 9 | 100% | Brand | No | 9/4/2014 | No |
| 3 | MISCELLANEOUS THERAPEUTIC CLASSES | Lenalidomide / Revlimid | Lenalidomide | \$10,432,994 | 627 | \$16,640 | 0.91% | 9 | 100% | Both | Yes | 12/27/2005 | No |
| 4 | DERMATOLOGICALS | Skyrizi / Skyrizi Pen | Risankizumab-rzaa | \$15,517,811 | 1,199 | \$12,942 | 7.65% | 8 | 89% | Brand | No | 4/23/2019 | No |
| 5 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | Opdivo | Nivolumab | \$10,884,240 | 887 | \$12,271 | 1.78% | 8 | 89% | Brand | No | 12/22/2014 | No |
| 6 | DERMATOLOGICALS | Stelara | Ustekinumab | \$28,957,943 | 2,717 | \$10,658 | 5.20% | 8 | 89% | Brand | No | 9/25/2009 | Yes |
| 7 | GASTROINTESTINAL AGENTS - MISC. | Entyvio | Vedolizumab | \$17,655,131 | 2,038 | \$8,663 | 4.60% | 7 | 78% | Brand | No | 5/20/2014 | No |
| 8 | DERMATOLOGICALS | Tremfya | Guselkumab | \$4,336,168 | 708 | \$6,125 | 5.21% | 5 | 56% | Brand | No | 7/13/2017 | No |
| 9 | ANTIVIRALS | Odefsey | Emtricitabine-Rilpivirine-Tenofovir Alafenamide Fumarate | \$5,822,139 | 986 | \$5,905 | 5.20% | 5 | 56% | Brand | No | 3/1/2016 | No |
| 10 | ANTIVIRALS | Biktarvy | Bictegravir-Emtricitabine-Tenofovir Alafenamide Fumarate | \$26,988,465 | 5,108 | \$5,284 | 2.78% | 9 | 100% | Brand | No | 2/7/2018 | No |
| 11 | ANALGESICS - ANTI-INFLAMMATORY | Humira / Humira Pediatric Crohns Start / Humira Pen / Humira Pen-CD/UC/HS Starter / Humira Pen-Pediatric UC Start / Humira Pen-Ps/UV/Adol HS Start / Humira Pen-Psor/Uveit Starter | Adalimumab | \$75,241,110 | 14,283 | \$5,268 | 6.95% | 8 | 89% | Brand | Yes | 12/31/2002 | No |
| 12 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | Truxima | Rituximab-abbs | \$4,680,246 | 903 | \$5,183 | 0.00% | 3 | 33% | Brand | Yes | 11/28/2018 | No |
| 13 | ANTIVIRALS | Genvoya | Elvitegravir-Cobicistat-Emtricitabine-Tenofovir Alafenamide | \$3,400,080 | 727 | \$4,677 | No data | 5 | 56% | Brand | No | 11/5/2015 | No |
| 14 | PASSIVE IMMUNIZING AND TREATMENT AGENTS | Gammagard / Gammaked / Gamunex-C | Immune Globulin (Human) IV or Subcutaneous | \$10,747,945 | 2,339 | \$4,595 | 3.63% | 7 | 78% | Brand | No | 8/27/2003 | No |
| 15 | ANALGESICS - ANTI-INFLAMMATORY | Enbrel / Enbrel SureClick | Etanercept | \$22,017,823 | 4,805 | \$4,582 | 6.14% | 9 | 100% | Brand | Yes | 11/2/1998 | Yes |
| 16 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | Riabni | Rituximab-arrx | \$985,840 | 217 | \$4,543 | No data | 1 | 11% | Brand | Yes | 12/17/2020 | No |
| 17 | ANTIVIRALS | Triumeq / Triumeq PD | Abacavir-Dolutegravir-Lamivudine | \$4,371,265 | 1,009 | \$4,332 | 5.90% | 7 | 78% | Brand | No | 3/30/2022 | No |
| 18 | DERMATOLOGICALS | Cosentyx / Cosentyx Sensoready Pen / Cosentyx | Secukinumab | \$18,723,855 | 4,401 | \$4,254 | 6.81% | 8 | 89% | Brand | No | 1/21/2015 | No |
| 19 | HEMATOPOIETIC AGENTS | Ziextenzo | Pegfilgrastim-bmez | \$1,704,074 | 454 | \$3,753 | No data | 4 | 44% | Brand | Yes | 11/4/2019 | No |
| 20 | OPHTHALMIC AGENTS | Eylea | Aflibercept | \$8,222,980 | 2,626 | \$3,131 | 0.00% | 7 | 78% | Brand | No | 11/18/2011 | No |



Top 25 most expensive drugs in 2022

| Rank | Therapy class | Proprietary name(s) | Non-proprietary name | Total annual plan spending | Number of prescriptions | Average cost per prescription | Avg YoY price change (over past 5 years) | Number of carriers | Percent of carriers | Brand or generic | Drug has a therapeutic equivalent or biosimilar | First FDA approval date | Drug part of IRA CMS reduction list |
|------|---|----------------------|----------------------|----------------------------|-------------------------|-------------------------------|--|--------------------|---------------------|------------------|---|-------------------------|-------------------------------------|
| 21 | ANALGESICS - ANTI-INFLAMMATORY | Otezla | Apremilast | \$3,385,140 | 1,172 | \$2,888 | No data | 3 | 33% | Brand | Yes | 3/21/2014 | No |
| 22 | DERMATOLOGICALS | Dupixent | Dupilumab | \$12,665,407 | 4,406 | \$2,875 | 4.07% | 9 | 100% | Brand | No | 3/28/2017 | No |
| 23 | ANALGESICS - ANTI-INFLAMMATORY | Xeljanz / Xeljanz XR | Tofacitinib Citrate | \$5,195,829 | 1,905 | \$2,727 | No data | 4 | 44% | Brand | Yes | 11/6/2012 | No |
| 24 | GASTROINTESTINAL AGENTS - MISC. | Inflectra | Infliximab-dyyb | \$16,516,923 | 6,209 | \$2,660 | 0.00% | 8 | 89% | Brand | Yes | 4/5/2016 | No |
| 25 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS | Xolair | Omalizumab | \$5,645,533 | 2,148 | \$2,628 | No data | 6 | 67% | Brand | No | 6/20/2003 | No |



Top 25 most prescribed drugs in 2022

| Rank | Therapy class | Proprietary name(s) | Non-proprietary name | Number of prescriptions | Avg YoY price change (over past 5 years) | Number of carriers | Percent of carriers | Brand or generic | Drug has a therapeutic equivalent or biosimilar | First FDA approval date | Drug part of IRA CMS reduction list |
|------|---|--|--|-------------------------|--|--------------------|---------------------|------------------|---|-------------------------|-------------------------------------|
| 1 | VACCINES | Afluria Quadrivalent / Fluarix Quadrivalent / Flulaval Quadrivalent / Fluzone Quadrivalent | Influenza Virus Vaccine Split Quadrivalent | 221,220 | 0.00% | 9 | 100% | Brand | None listed | 12/9/1999 | No |
| 2 | THYROID AGENTS | Euthyrox / Levothyroxine Sodium / Levoxyl / Synthroid / Tirosint / Tirosint-SOL | Levothyroxine Sodium | 169,336 | -4.29% | 9 | 100% | Both | Yes | 8/21/2000 | No |
| 3 | ANTIHYPERTENSIVES | Atorvaliq / Atorvastatin Calcium / Lipitor | Atorvastatin Calcium | 166,505 | -2.00% | 9 | 100% | Both | Yes | 12/17/1996 | No |
| 4 | ANTIHYPERTENSIVES | Lisinopril / Prinivil / Qbrelis / Zestril | Lisinopril | 161,174 | 2.67% | 9 | 100% | Both | Yes | 12/29/1987 | No |
| 5 | ADHD/ ANTI-NARCOLEPSY/ ANTI-OBESITY/ANOREXIANTS | Adderall / Adderall XR / Amphetamine-Dextroamphetamine ER / Amphetamine-Dextroamphetamine / Mvdavis | Amphetamine-Dextroamphetamine | 156,001 | -0.98% | 9 | 100% | Both | Yes | 10/11/2001 | No |
| 6 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS | Albuterol Sulfate / Albuterol Sulfate ER / Albuterol Sulfate HFA / ProAir HFA / ProAir RespiClick / Proventil HFA / Ventolin HFA | Albuterol Sulfate | 141,372 | -1.30% | 9 | 100% | Both | Yes | 12/5/1989 | No |
| 7 | ANTIDIABETICS | metFORMIN HCl / metFORMIN HCl ER | Metformin HCl | 137,692 | -1.00% | 9 | 100% | Both | Yes | 3/3/1995 | No |
| 8 | ANTIDEPRESSANTS | buPROPion HCl / buPROPion HCl ER (SR) / buPROPion HCl ER (XL) | Bupropion HCl | 126,612 | -1.36% | 9 | 100% | Both | Yes | 10/4/1996 | No |
| 9 | VACCINES | Comirnaty / Moderna COVID-19 Vaccine / Pfizer-BioNTech COVID-19 Vacc / Spikevax COVID-19 Vaccine / Pfizer COVID-19 Vac | COVID-19 (SARS-CoV-2) mRNA Virus Vaccine | 124,948 | No Data | 9 | 100% | Brand | None listed | 8/23/2021 | No |
| 10 | ANTIDEPRESSANTS | Sertraline HCl / Zoloft | Sertraline HCl | 119,432 | 0.03% | 9 | 100% | Both | Yes | 12/30/1991 | No |
| 11 | ANTIHYPERTENSIVES | Cozaar / Losartan Potassium | Losartan Potassium | 106,741 | 1.57% | 9 | 100% | Both | Yes | 4/14/1995 | No |
| 12 | ANTIDEPRESSANTS | Escitalopram Oxalate / Lexapro | Escitalopram Oxalate | 97,660 | 2.45% | 9 | 100% | Both | Yes | 8/14/2002 | No |
| 13 | CALCIUM CHANNEL BLOCKERS | amLODIPine Bes+SyrSpend SF / amLODIPine Besylate / Norliqva / Norvasc | Amlodipine Besylate | 97,624 | 0.60% | 9 | 100% | Both | Yes | 7/31/1992 | No |
| 14 | ANALGESICS - OPIOID | HYDROcodone-Acetaminophen | Hydrocodone-Acetaminophen | 95,307 | -1.45% | 9 | 100% | Both | Yes | 2/14/1997 | No |
| 15 | ANTICONVULSANTS | Fanatrex FusePaq / Gabapentin / Neurontin | Gabapentin | 92,474 | -0.63% | 8 | 89% | Both | Yes | 12/30/1993 | No |



Top 25 most prescribed drugs in 2022

| Rank | Therapy class | Proprietary name(s) | Non-proprietary name | Number of prescriptions | Avg YoY price change (over past 5 years) | Number of carriers | Percent of carriers | Brand or generic | Drug has a therapeutic equivalent or biosimilar | First FDA approval date | Drug part of IRA CMS reduction list |
|------|---|---|----------------------|-------------------------|--|--------------------|---------------------|------------------|---|-------------------------|-------------------------------------|
| 16 | ANTIDEPRESSANTS | FLUoxetine HCl / PROzac | Fluoxetine HCl | 81,720 | -1.24% | 8 | 89% | Both | Yes | 12/29/1987 | No |
| 17 | ANTIDEPRESSANTS | traZODone HCl | Trazodone HCl | 80,668 | -0.41% | 9 | 100% | Generic | Yes | 3/25/1987 | No |
| 18 | ANALGESICS - OPIOID | Oxaydo / oxyCODONE HCl / oxyCODONE HCl ER / OxyCONTIN | Oxycodone HCl | 58,612 | 2.20% | 7 | 78% | Both | Yes | 8/31/2000 | No |
| 19 | ULCER DRUGS/ ANTISPASMODICS/ ANTICHOLINERGICS | Omeprazole | Omeprazole | 57,520 | -2.16% | 8 | 89% | Generic | Yes | 11/1/2002 | No |
| 20 | ESTROGENS | Alora / Climara / Divigel / Dotti / Elestrin / Estrace / Estradiol / Estrogel / Evamist / Lyllana / Menostar / Minivelle / Vivelle-Dot | Estradiol | 56,181 | -0.44% | 9 | 100% | Both | Yes | 12/22/1994 | No |
| 21 | MUSCULOSKELETAL THERAPY AGENTS | Cyclobenzaprine HCl | Cyclobenzaprine HCl | 47,774 | -0.06% | 5 | 56% | Both | Yes | 5/3/1989 | No |
| 22 | ADHD/ANTI-NARCOLEPSY/ ANTI-OBESITY/ANOREXIANTS | Adhansia XR / Aptensio XR / Concerta / Jornay PM / Methylin / Methylphenidate HCl / Methylphenidate HCl ER / Methylphenidate HCl ER (CD) / Methylphenidate HCl ER (LA) / Methylphenidate HCl ER (OSM) / Methylphenidate HCl ER (XR) / QuilliChew ER / Quillivant XR / Relexxii / Ritalin / Ritalin LA | Methylphenidate HCl | 47,349 | -2.68% | 8 | 89% | Both | Yes | 11/27/1998 | No |
| 23 | CORTICOSTEROIDS | predniSONE / predniSONE Intensol / Rayos | Prednisone | 45,529 | -1.20% | 6 | 67% | Both | Yes | 4/22/1982 | No |
| 24 | ANTIEMETICS | Ondansetron / Zuplenz | Ondansetron | 43,530 | -3.46% | 5 | 56% | Both | Yes | 12/26/2006 | No |
| 25 | BETA BLOCKERS | Kapspargo Sprinkle / Metoprolol Succinate ER / Toprol XL | Metoprolol Succinate | 42,765 | -1.36% | 8 | 89% | Both | Yes | 1/10/1992 | No |