Oregon Prescription Drug Affordability Board

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Agenda

Date: **March 15, 2023** | *Time*: **9:30 a.m.**
This agenda is subject to change.

Meeting name	**Prescription Drug Affordability Board**
Meeting location	Virtual
Zoom link	Click here to register for the meeting

Board Members: Chair Akil Patterson; Vice Chair Shelley Bailey; Dr. Daniel Hartung; Dr. Richard Bruno; Amy Burns, Robert Judge (A); Dr. Rebecca Spain (A), John Murray (A)

*(A) denotes Alternate Member

Staff: Ralph Magrish, executive director; Cortnee Whitlock, policy analyst; Stephen Kooyman, project manager; Melissa Stiles, administrative specialist; Jacob Gill, counsel; Pramela Reddi, counsel

	Subject	Presenter	Time Allotted
☐	Call to order, roll call, and approval of minutes	Akil Patterson	5 minutes
☐	Executive director's program update	Ralph Magrish	5 minutes
☐	Presentation by: Oregon Primary Care Association Questions from board members	Marty Carty, governmental affairs director	25 minutes
☐	Executive session for legal advice pursuant to ORS 192.660(2)(f). Not open to the public, with the exception of staff and media	Pramela Reddi, Jake Gill, counsel	10 minutes
☐	Return to open session, roll call	Akil Patterson	5 minutes
☐	Board discussion: Fee structure rule development	Cortnee Whitlock	10 minutes
☐	Board review: Quarterly drug list from Drug Price Transparency	Ralph Magrish, Cortnee Whitlock	25 minutes
☐	Board discussion: Affordability review rule development	Cortnee Whitlock	25 minutes
☐	Public comment	Akil Patterson	10 minutes
☐	Adjournment	Chair Patterson	2 minutes

Next meeting

April 19, 2023, at 9:30 a.m.

Accessibility

Anyone needing assistance due to a disability can contact Melissa Stiles at least 48 hours ahead of the meeting at pdab@dcbs.oregon.gov or 971-374-3724. advance.

How to submit public comment

Oral testimony

For oral comments, please submit the PDAB Public Comment Form no later than 24 hours before the PDAB meeting. The form is located on the Oregon Prescription Drug Affordability Board website here: https://dfr.oregon.gov/pdab/Pages/public-comment.aspx

Written testimony

For written comments, please submit the PDAB Public Comment Form no later than 72 hours before the PDAB meeting. The form is located on the Oregon Prescription Drug Affordability Board website here: https://dfr.oregon.gov/pdab/Pages/public-comment.aspx Written comments will be posted to the PDAB website.

Open and closed sessions

All board meetings except executive sessions are open to the public. Pursuant to ORS 192.660, executive sessions are closed, with the exception of news media and staff. No final actions will be taken in the executive session. When action is necessary, the board will return to an open session.

Oregon Prescription Drug Affordability Board

Oregon Prescription Drug Affordability Board Meeting
Wednesday, February 15, 2023
Draft Minutes

Chair Akil Patterson called the meeting to order at 9:33 am and asked for the roll call.

Board Members present: Chair Akil Patterson, Vice Chair Shelley Bailey, Dr. Richard Bruno, Dr. Amy Burns, Dr. Daniel Hartung, John Murray (alternate), Robert Judge (alternate)
Board members absent: Rebecca Spain (alternate)

Approval of the minutes: Chair Akil Patterson asked if board members had any changes to the Jan. 18, 2023, minutes on Pages 3-6 in the agenda packet: https://dfr.oregon.gov/pdab/Documents/20230215-PDAB-document-package.pdf and there were none. **Vice Chair Shelley Bailey** moved to approve the minutes and **Richard Bruno** provided a second.

MOTION by Shelley Bailey to approve the Jan. 18, 2023 minutes.
Board Vote:
Yea: Richard Bruno, Amy Burns, Daniel Hartung, Shelley Bailey, Akil Patterson
Nay: None.
Motion passed.

Ben Rome, MD, MPH, and Adam Raymakers, PhD, PORTAL BWH Harvard gave a presentation from Pages 7-40 in the agenda document. They walked through what the PDAB affordability review process would look like based on Senate Bill 844, PDAB's founding legislation. It begins with the board receiving a list of expensive drugs every quarter. PORTAL reorganized and consolidated the criteria from the statute into four buckets shown on Page 16. Drug prices (WAC) increased by 5.9 percent per year and net spending per patient and payers increased by 4.8 percent. To determine how to measure a drug's benefit compared to therapeutic alternatives, the board could consider asking how well does the drug works relative to other drugs treating similar conditions, what are the side effects, impact of the drug on health care resources, and utilization. A medicine for heart failure that reduces hospitalizations down the road can cost less money in the long run and improve a patient's well-being. Other questions: how easy is the drug to administer? An injectable might be less preferred than a drug that is orally administered at a patient's home. Drug trial information can be a good source of data. He recommended consulting with experts, clinicians and patients, because there may be factors about a drug therapeutic benefit over alternatives not captured in the data. If a drug offers some benefit over what is already out there, the board can ask how much are they willing to pay for that incremental benefit. Many drugs are used to treat many different conditions. When the board does these assessments, they should do them separately for each indication. When the board thinks about measuring how well a drug works, they could consider whether it makes patients live longer or live healthier, increasing longevity or improving quality of life, including reducing pain, improving mobility or cognitive function.

Adam Raymakers talked about cost-effectiveness analysis and how it can be used in decision making and in price negotiations. By Oregon statute, the board may not use quality of life years (QALYs), formulas that consider a patient's age or severity of illness or disability when determining a drug's cost effectiveness. The board must weigh the value of the quality of life equally for all patients. He discussed how QALYs are used in the

industry. He showed other ways to capture benefit, include life years gained, equal value life year gained, and natural units shown on Page 31. He explained efficiency frontiers on Pages 32-33, which compares price and effectiveness of a new drug relative to its therapeutic alternatives.

Ben Rome said high costs may limit access to medications as shown on Pages 36-39, which shows the relationship of copayments and health inequities. He cited a study that showed how eliminating medication copayments reduces disparities in cardiovascular care.

Questions from the board: Robert Judge thanked Portal for the informative presentation. He said getting data seems to be the easy side but the hard part is the qualitative assessment. Affordability is looking at the costs and funneling it through these criteria to determine qualitative value. If SB 844 legislation precludes the board from using quality of life factors, are there other options? Does the board need to focus its attention on competitive assessments versus qualitative assessments? **Ben Rom**e said there are many ways to measure benefits of the product and the board does not have to measure it using QALYs. The board could measure it in any unit of measure, such as dollars per life year, where there is more literature.

Ralph Magrish asked Portal to speak to some of the potential challenges of drugs for treatment of rare diseases and other indications. When the board is looking at a funnel of several hundred drugs, if each of those could be approved for three to ten other indications, how should the board compartmentalize that information and tie to data and claims in diagnosis? **Ben Rome** said the operational challenge is figuring out what is the purpose of excluding drugs that treat rare diseases. Another operational challenge is understanding if the drug is better than therapeutic alternatives. It is important to study a drug for a particular treatment. The board will have to analyze comparative costs and benefits at the indication level. The board may choose to only focus on FDA-approved indications. Many drugs will have more than one indication. It also poses a quantity of data challenge to sift through all of that and it is not easy to pull data, especially for pharmacy drugs. When a primary care doctor sends a prescription, there is no obligation to tell the pharmacy why the medicine is being prescribed. The board may not always have the data to know why medicine is used.

Robert Judge said another factor to consider is what happens when a drug is being investigated for a preferred drug list. The board could learn how Oregon establishes its criteria or evaluates drugs as they go through their preferred drug list (PDL) analysis.

Ben Rome said that is a good point and the board would not have to start from scratch There are a lot of folks doing this type of work for new products. When a new drug comes on the market, there is less information about it. But the board will also look at top-selling products that might have been on the market for ten or more years, with a wealth of information about the drugs benefits. There will also be more therapeutic alternatives which makes things more complicated.

Vice Chair Shelley Bailey asked about ways to link the cost of some of these high-cost medications with the offset to the medical community, whether it is a hospitalization or other offsets. She asked about other data sources to track this journey of a high-cost drug versus the medical offset, in addition to the All Payers All Claims database.

Ben Rome said these studies are done using a combination of real data and modeling. The clinical trials for new drugs are short, lasting six months or a year. The board might want to think about the costs and offsets over a five-year period, or even over a lifetime. Health economists model out what those are going to be. There are data sources of such models done both by industry and academics.

Dr. Daniel Hartung: In terms of gathering information about value and cost-effectiveness, are there high-performing institutions or organizations the board should look to first for best sources of data?

Adam Raymakers recommended Canadian Institute for Health Information (CIHI), an agency in Canada with publicly-available reports on the assessment of the clinical effectiveness and the relative comparators. National Institute for Health and Care Excellence (NICE) in the UK does a review of clinical and economic evidence. **Ben Rome** said ICER in the U.S. does this most comprehensively here. Even if ignoring their methods for cost effectiveness, they often do these meta analyses and consolidate a large amount of clinical data down to a drug rating system. The board should find out how the data collection is funded and who is doing the research.

Program update: Executive Director Ralph Magrish said Dr. Dan Hartung has pioneered research on copays as it relates to the Medicaid population. His work resulted in removal of copays as a barrier to medications. He wanted to recognize that work and how fortunate it is to have him on the PDAB board. There will be a hearing at the Capitol from 1 to 2:30 pm Monday. on legislative action to lower prescription drug prices. Presenters will include National Academy of State Health Policy (NASHP), Oregon Health Authority, Andy York of Maryland PDAB and a state legislator from Colorado. Ralph will speak on the board recommendations and John Mullen from the Coalition of Affordable Prescription Drugs will speak on next steps. Senate Bill 404-1-1 will be heard in committee next week. The amendment includes board recommendations and a proposal to expand the board to eight full voting members. This came from consultation with the board attorney who has never seen a state board model with alternate members. Ralph Magrish said board members appointed as alternates expend the same amount of time, energy, and effort in their volunteer roles and should have the right to vote. He reminded board members, when testifying before the legislature, they cannot advocate on behalf of the board without prior consent of the board and the governor's office. Board members should not leverage their position on the board to give additional weight to their testimony. PDAB staff has begun posting public comments on the website. Board members will soon receive iPads with keyboards and state email addresses to use for board business. Board staff will meet with guests from Health Care for All Maryland next week, after an invitation extended by the board. They were instrumental in the passage of Maryland's PDAB legislation and will be speaking on community listening sessions. John Mullen, the chair of the Working Coalition, will attend.

Board discussion on rulemaking – fee structure and affordability reviews: Cortnee Whitlock presented concepts for the draft fee structure, for collecting gross revenues from manufacturers, shown on Pages 32-42 of the agenda packet. She also discussed the draft affordability review criteria on Pages 37-38.

Robert Judge asked if the report should include the trend of branded generics, which are relabeled branded products after the patent has expired and sold at higher prices.

Dr. Daniel Hartung agreed it would be helpful to include in the report authorized generics, where branded companies contract to produce the same drug by a generic firm essentially to out compete other generics. **Cortnee Whitlock** said yes and she would reach out to board members for additional input for the report.

Vice Chair Shelley Bailey asked if one of the board's data sources to measure inflation and pricing in Oregon will be the Myers and Stauffer reports on average actual acquisition costs. Myers and Stauffer is the contractor hired by the state to survey pharmacies and publish results, which are publicly available. It would be a helpful piece of real-time pricing to show what is going on in the inflation market, she said. **Ralph Magrish** said staff can talk to colleagues at the Oregon Health Authority and thanked her for the recommendation.

Robert Judge asked where will the board capture therapeutic classes? **Ralph Magrish** said the team has discussed whether there is a gold standard or recognition of a therapeutic class definition. Staff will come back

to the board with this topic. **Robert Judge** asked if the affordability review includes prescriptions dispensed under both outpatient pharmacy as well as hospital inpatient. **Ralph Magrish** said the board will consider both drugs distributed through retail pharmacy as well as physician-administered drugs. Staff will bring prescription drug lists to the board in March for the first quarterly review as part of the board mandate to look at drugs that create affordability challenges for both the health care system and high, out-of-pocket costs for patients.

Chair Akil Patterson asked about including patent expiration dates as part of the criteria. **Amy Burns** said FDA approval and patent expiration date are unclear sometimes. There are multiple approvals depending on indications. A manufacturer can come back with additional requests for FDA approvals. Some drugs might be applicable for review but have multiple indications, including orphan drug indications. It would be helpful to have clear and relevant language. **Chair Akil Patterson** asked the board if they are better off keeping this language or striking it? **Dr. Richard Bruno** said it would be helpful to keep this information, including U.S. drug patents, expiration dates, multiple approval dates for multiple indications, to give an overall context of the drug and its place in the lexicon. **Robert Judge** said it makes the project more complex for the board, but something the board has to live with. As discussed earlier, when pharmacies are filling and dispensing medication, they might not know what the drug is being used for. **Amy Burns** said FDA approval records, number of approvals, and timelines for additional approvals is all publicly available on the FDA drug website. The board could change the wording to "dates of FDA approval." **Dr. Daniel Hartung** said it would be helpful to delineate indications the drug is approved for and when those were approved. He agreed with Amy Burns that the information is easy to gather for indication approval day, expedited status, orphan status. **Chair Akil Patterson** asked staff to adjust the language and bring back to the board. **Dr. Daniel Hartung** asked to change the language to therapeutic alternatives because therapeutic equivalence has a very specific definition. He asked what is manufacturing net cost and does that data come from manufacturers. **Ralph Magrish** said manufacturers could submit the information to the Drug Price Transparency program and it would be part of the reports provided the board. **Cortnee Whitlock** asked the board to look through the document and provide feedback by email to staff.

Announcements: Chair Akil Patterson said the next board meeting will be on March 15, 2023, 9:30am. Ralph Magrish said staff is hoping to hire a contractor to provide both clinical and technical assistance and will update the board in March.

Vice Chair Shelley Bailey asked to add to the 2023 list of board speakers someone from Pharmacy Benefit Managers Association (PBMA) and groups that work with PBMA. **Ralph Magrish** and **Chair Patterson** said the board priority is first inviting Oregon-based groups most impacted by these policies and regulations.

Public comment: The chair allocated three minutes for public comment. Dharia McGrew, state policy director, PhRMA, provided testimony to the board. Her written comments are posted online: https://dfr.oregon.gov/pdab/Documents/20230215-PDAB-public-comments.pdf

Adjournment: The meeting was adjourned at 11:30 a.m. by Vice Chair Shelley Bailey, with a motion by **Amy Burns** and a second by **Richard Bruno**.

FQHCs & 340B:

Introduction & Overview

Marty Carty | Oregon Primary Care Association | 15 March 2023

DISCLOSURES

Marty Carty has no relevant financial relationship(s) to disclose.

WHAT WE'LL COVER

- General Overview of FQHCs
- 340B and how it supports FQHCs
- Drug affordability solutions

OVERVIEW OF FQHCS

Federally Qualified Health Centers (FQHCs) are community-based health care providers that offer medical, dental, and behavioral health services.

By law, every FQHC:

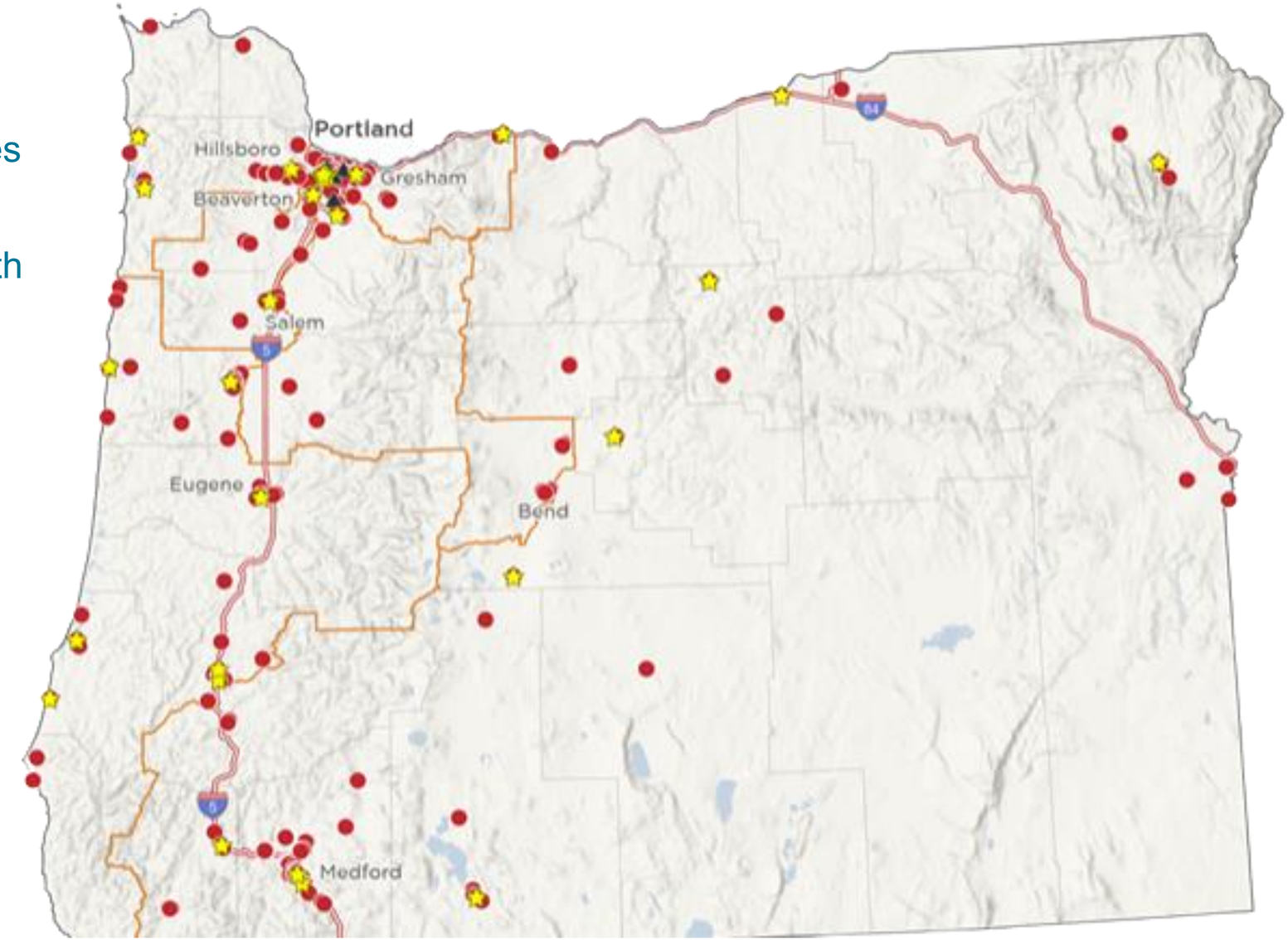
- 🎯 Primarily serves a medically-underserved area or population.
- 🎯 Turns no patient away, regardless of whether they have insurance or are unable to pay.
- 🎯 Charges all low-income patients using a sliding fee scale.
- 🎯 Is non-profit, community-based, and governed by its own patients.

OPCA

Oregon Primary Care Association

Oregon's FQHCs

- 34 Organizations - 270 care delivery sites
- Integrated primary, behavioral, oral health
- Over 430,000 patients annually
- 40% of patients identify as a racial or ethnic minority



WHAT IS 340B???

A Federal program – created in Section 340B(b) of the Public Health Service Act – that allows CEs to purchase pharmaceuticals directly from drug manufacturers at a discount.

340B helps CEs and their patients in two ways:

- Decreases losses on drugs provided under the sliding fee scale.
- For insured patients, CE can keep the difference between the 340B price and insurance reimbursement

340B KEY POINTS

1992

Program established through bipartisan legislation.

REQUIRES

Pharmaceutical companies to provide drugs at a discounted price to certain types of safety net hospitals and clinics.

COVERED ENTITIES

Hospitals and clinics use 340B savings to underwrite the cost of serving patients in their communities

SAVINGS

The 340B benefit is provided WITHOUT TAXPAYER FUNDING.

340B IS MORE THAN AFFORDABLE DRUGS

sbhc
SCHOOL BASED HEALTH CENTER

HOW 340B SUPPORTS FQHCs

Imagine a scenario where a drug's:

- Regular price is $100
- PBM typically reimburses $100
- 340B price is $70
- Price for a sliding fee patient is $20

Without 340B		
Sliding Fee Patient		
Drug Cost	$100	**CHC loses $80**
Sliding Fee	$20	
Net Cost to CHC	$80	
Insured Patient		
Drug Cost	$100	**CHC breaks even**
Insurance Pays	$100	
Net Cost	$0	

With 340B		
Sliding Fee Patient		
Drug Cost	$70	**CHC loses $50**
Sliding Fee	$20	
Net Cost to CHC	$50	
Insured Patient		
Drug Cost	$70	**CHC retains $30 savings**
Insurance Pays	$100	
Net Savings	$30	

COVERED ENTITIES

Disproportionate Share Hospitals

Federally Qualified Health Centers

Ryan White Clinics

Indian Health Clinics

Free-standing Cancer Hospitals

Critical Access Hospitals

Sole Community Hospitals

Rural Referral Centers

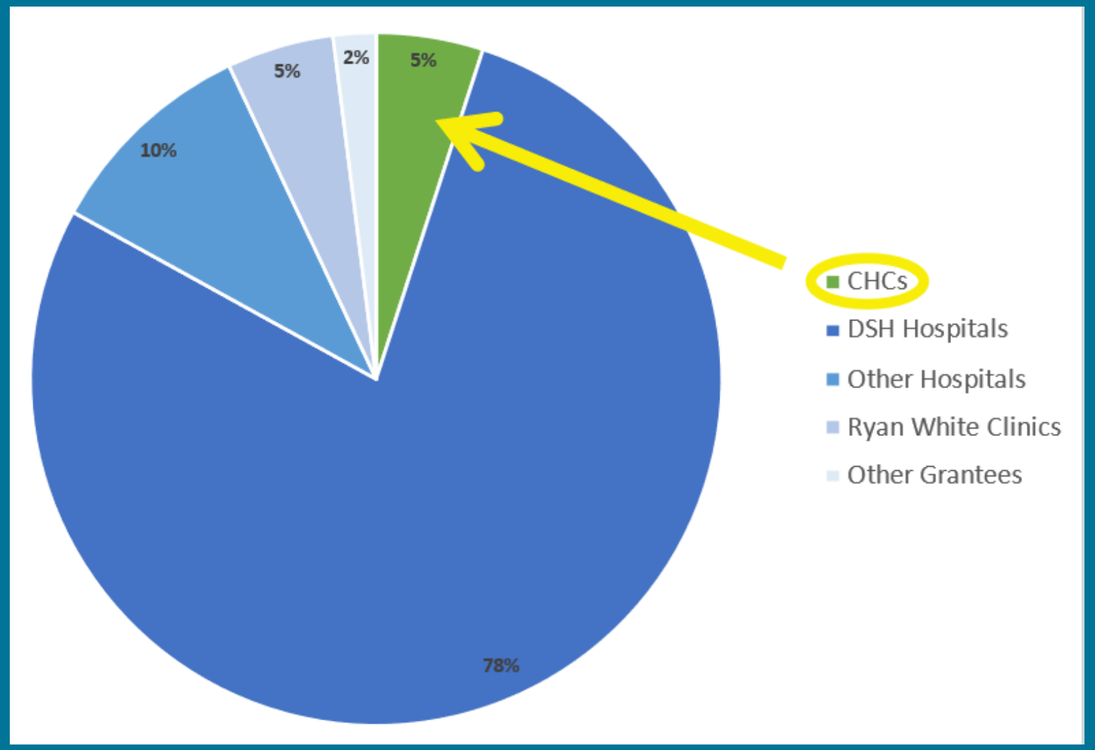
Free-standing Children's Hospitals

How FQHCs are different

Unlike other Covered Entities (CEs), FQHCs are required by law and regulation to:

- Focus services on underserved populations
- Invest all savings into activities that expand access for underserved populations

FQHCs are small fish in a big 340B pond



Critics claim that 340B is now the second-largest Federal drug program

- $44 billion in purchases in 2021
- 15.6% growth rate.

While 340B is a big part of many FQHCs' budgets, they represent only 5% of total 340B sales.

88% of 340B sales are to hospitals

- DSH hospitals represent 78%
- Unlike CHCs, other CEs are not required to invest 340B savings into services that expand access for underserved populations

Solutions


Access
FQHCs
Accountable
Innovation
Network
Integration

QUESTIONS OR COMMENTS?

Get in touch!

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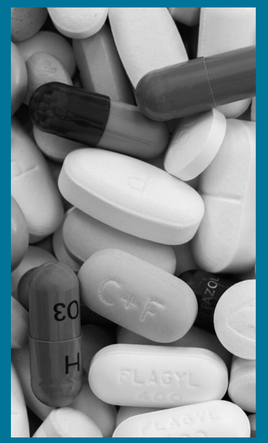

Draft Language for annual fees to be paid by manufacturers that sell prescription drugs in this state

(1) The Department of Consumer Business Services (department) shall assess and collect annual fees from manufacturers of prescription drugs sold in this state.

  (a) The fees shall be established in amounts necessary to meet the costs of the department and the board in administering ORS 646A.693 to 646A.695; and

  (b) The fees shall be imposed based on a manufacturer's share of gross revenue from sales of prescription drugs in this state.

(2) Once annually, each manufacturer assessed a fee under subsection (1) shall pay the fee to the department.

  (a) A manufacturer shall pay the fee imposed under this rule no later than October 1 of each year.

  (b) A manufacturer shall pay interest at nine percent per annum on any fee that is not paid when due.

(3) For the purpose of subsection (1), the department may use any prescription drug price information it deems appropriate to assess a fee based on a manufacturer's share of gross revenue from sales of prescription drugs in this state. The fee shall consider paid pharmacy claims and medical claims for physician administered drugs documented in the Oregon All Payers All Claims Reporting Program (APAC) pursuant to ORS 442.373.

Definitions:

(1) As used in this section:

(a) "Manufacturer" means an entity:

  (i) Required to be registered with the Oregon Board of Pharmacy as a drug manufacturer;

  (ii) That engages in the manufacture of prescription drugs that are sold in this state; and

  (iii) That sets or changes the wholesale acquisition cost, as defined in in 42 U.S.C. 1395w-3a(c)(6)(B), of the drugs it manufacturers.

(b) "Manufacture" means:

  (i) The production, preparation, propagation, compounding, conversion or processing of a drug, either directly or indirectly by extraction from substances of natural origin or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis; and

  (ii) The packaging or repackaging of a drug or labeling or relabeling of a drug container.

(c) "Prescription drug"" means a drug which is:

  (i) Required by federal law, prior to being dispensed or delivered, to be labeled with "Caution: Federal law prohibits dispensing without prescription"; or

  (ii) Required by any applicable federal or state law or regulation to be dispensed by prescription only or is restricted to use by health care practitioners only.

Oregon Prescription Drug Price Transparency Reporting Requirements

2022 Q4 for ORS 646A.689

Manufacturer with NDC	Trade Name	WAC ON JAN1	WAC ON DEC31	NET INCREASE PERCENTAGE
AMNEAL PHARMACEUTICALS				
64896069801	oxyMORphone HCl ER	$ 674.52	$ 808.75	20%
64896069901	oxyMORphone HCl ER	$ 862.70	$ 1,034.38	20%
64896069913	oxyMORphone HCl ER	$ 517.62	$ 620.63	20%
64896070001	oxyMORphone HCl ER	$ 1,241.72	$ 1,488.82	20%
64896070013	oxyMORphone HCl ER	$ 745.04	$ 893.30	20%
64896070101	oxyMORphone HCl ER	$ 1,620.75	$ 1,943.28	20%
64896070113	oxyMORphone HCl ER	$ 972.45	$ 1,165.97	20%
EPIC PHARMA LLC				
42806005030	Meperidine HCl	$ 1,017.90	$ 1,118.67	10%
42806008101	Benzphetamine HCl	$ 210.00	$ 950.00	352%
42806008130	Benzphetamine HCl	$ 75.00	$ 390.00	420%
42806026301	Isradipine	$ 96.90	$ 976.37	908%
42806026401	Isradipine	$ 141.71	$ 987.53	597%
HIKMA PHARMACEUTICALS				
54363063	Naproxen	$ 34.13	$ 896.44	2527%
INGENUS PHARMACEUTICALS, LLC				
50742051530	Nitro-Dur	$ 942.06	$ 1,177.58	25%
50742051830	Nitro-Dur	$ 1,021.70	$ 1,277.13	25%
MAYNE PHARMA				
51862048601	Trimethoprim	$ 31.05	$ 186.30	500%
68308011501	Methamphetamine HCl	$ 1,213.77	$ 1,615.52	33%
68308025010	Erythromycin Base	$ 482.66	$ 735.85	52%
NAPO PHARMACEUTICALS, INC.				
70564080260	Mytesi	$ 668.52	$ 2,272.30	240%
PTC THERAPEUTICS INC				
52856050101	Emflaza	$ 6,019.65	$ 6,597.06	10%
52856050203	Emflaza	$ 5,417.82	$ 5,937.50	10%
52856050303	Emflaza	$ 9,030.16	$ 9,896.33	10%
52856050403	Emflaza	$ 10,062.65	$ 11,456.13	14%
52856050522	Emflaza	$ 3,965.71	$ 4,346.10	10%
PUMA BIOTECHNOLOGY, INC				
70437024018	Nerlynx	$ 16,695.00	$ 18,375.00	10%
RECORDATI RARE DISEASES, INC				
55292032020	Isturisa	$ 2,200.00	$ 2,517.90	14%
55292032060	Isturisa	$ 6,600.00	$ 7,553.70	14%
SECURA BIO, INC				
71779011502	Copiktra	$ 13,616.61	$ 16,446.15	21%
71779012502	Copiktra	$ 13,616.61	$ 16,446.15	21%

Manufacturer with NDC	Trade Name	WAC ON JAN1	WAC ON DEC31	NET INCREASE PERCENTAGE
TERSERA THERAPEUTICS LLC				
70720072010	Prialt	$ 883.95	$ 993.21	12%
UNITED THERAPEUTICS CORPORATION				
66302001401	Unituxin	$ 11,880.76	$ 13,056.96	10%
VANDA PHARMACEUTICALS INC.				
43068010102	Fanapt	$ 1,385.68	$ 1,616.25	17%
43068010202	Fanapt	$ 1,385.68	$ 1,616.25	17%
43068010402	Fanapt	$ 1,385.68	$ 1,616.25	17%
43068010602	Fanapt	$ 1,704.99	$ 1,988.70	17%
43068010802	Fanapt	$ 1,704.99	$ 1,988.70	17%
43068011002	Fanapt	$ 2,730.46	$ 3,184.81	17%
43068011202	Fanapt	$ 2,730.46	$ 3,184.81	17%
43068022001	Hetlioz	$ 18,640.64	$ 21,943.76	18%
ZYLA LIFE SCIENCES				
69344010233	Indocin	$ 5,604.90	$ 10,350.00	85%

Oregon Prescription Drug Price Transparency Reporting Requirements

2022 Q4 Specialty Drugs by Drug Name

Drug Name	Drug Name Type	Drug Generic Name	Drug Labeler	Drug Class	Mean Drug Price
Ambrisentan	Generic	Ambrisentan	APOTEX	Pulmonary Hypertension Endothelin Receptor Antagonists	$ 5,533.61
Aminocaproic Acid	Generic	Aminocaproic Acid	BIOCON PHARMA	Hemostatics Systemic	$ 1,054.06
Amoxicill-Clarithro-Lansopraz	Generic	Amoxicillin-Clarithromycin w/ Lansoprazole	RISING PHARMACEUTICALS	Ulcer Therapy Combinations	$ 887.49
Aquasol A	Trademarked	Vitamin A	CASPER PHARMA	Oil Soluble Vitamins	$ 575.00
Asenapine Maleate	Generic	Asenapine Maleate	ALEMBIC PHARMACEUTICALS	Dibenzapines	$ 720.49
Calquence	Trademarked	Acalabrutinib Maleate	ASTRAZENECA	Antineoplastic Enzyme Inhibitors	$ 14,485.92
Cetrorelix Acetate	Generic	Cetrorelix Acetate	AKORN	GnRHLHRH Antagonists	$ 187.15
Cimerli	Trademarked	Ranibizumab-eqrn	COHERUS BIOSCIENCES	Ophthalmic Angiogenesis Inhibitors	$ 1,088.00
Deferasirox Granules	Generic	Deferasirox	ASCEND LABORATORIES	Antidotes Chelating Agents	$ 4,307.12
Desmopressin Acetate	Generic	Desmopressin Acetate	DR.REDDY'S LABORATORIES, INC.	Posterior Pituitary Hormones	$ 525.00
Diclofenac Sodium	Generic	Diclofenac Sodium (Topical)	AMNEAL PHARMACEUTICALS	Antiinflammatory Agents Topical	$ 1,616.82
Diclofenac Sodium	Generic	Diclofenac Sodium (Topical)	PADAGIS	Antiinflammatory Agents Topical	$ 1,616.82
Elahere	Trademarked	Mirvetuximab Soravtansine-gynx	IMMUNOGEN	Antineoplastic Antibodies	$ 6,220.00
Etravirine	Generic	Etravirine	AVKARE	Antiretrovirals	$ 929.36
Everolimus	Generic	Everolimus	PAR PHARMACEUTICAL	Antineoplastic Enzyme Inhibitors	$ 1,272.17
Everolimus	Generic	Everolimus (Immunosuppressant)	ASCEND LABORATORIES	Immunosuppressive Agents	$ 1,398.75
Fingolimod HCl	Generic	Fingolimod HCl	GLENMARK PHARMACEUTICALS	Multiple Sclerosis Agents	$ 1,000.00
Fingolimod HCl	Generic	Fingolimod HCl	SUN PHARMACEUTICALS	Multiple Sclerosis Agents	$ 2,220.97
Fingolimod HCl	Generic	Fingolimod HCl	ZYDUS PHARMACEUTICALS (USA)	Multiple Sclerosis Agents	$ 2,220.97
Fingolimod HCl	Generic	Fingolimod HCl	DR.REDDY'S LABORATORIES, INC.	Multiple Sclerosis Agents	$ 4,140.00
Fingolimod HCl	Generic	Fingolimod HCl	ACCORD HEALTHCARE	Multiple Sclerosis Agents	$ 4,870.56
Fingolimod HCl	Generic	Fingolimod HCl	APOTEX	Multiple Sclerosis Agents	$ 4,870.56
Fingolimod HCl	Generic	Fingolimod HCl	ASCEND LABORATORIES	Multiple Sclerosis Agents	$ 8,279.94
Fingolimod HCl	Generic	Fingolimod HCl	MYLAN	Multiple Sclerosis Agents	$ 8,883.89
Fragmin	Trademarked	Dalteparin Sodium	PFIZER U.S.	Heparins And HeparinoidLike Agents	$ 279.60
Fylnetra	Trademarked	Pegfilgrastim-pbbk	AMNEAL BIOSCIENCES	Hematopoietic Growth Factors	$ 2,500.00
Gadoterate Meglumine	Generic	Gadoterate Meglumine	FRESENIUS KABI USA	Miscellaneous Contrast Media	$ 1,084.98
Hyftor	Trademarked	Sirolimus (Topical)	NOBELPHARMA AMERICA	Immunosuppressive Agents Topical	$ 1,750.00
Imbruvica	Trademarked	Ibrutinib	PHARMACYCLICS	Antineoplastic Enzyme Inhibitors	$ 9,614.63
Imjudo	Trademarked	Tremelimumab-actl	ASTRAZENECA	Antineoplastic Antibodies	$ 21,125.00
Jatenzo	Trademarked	Testosterone Undecanoate	TOLMAR PHARMACEUTICALS	Androgens	$ 1,283.51
Javygtor	Trademarked	Sapropterin Dihydrochloride	CYCLE PHARMACEUTICALS	Metabolic Modifiers	$ 3,150.00
Lenalidomide	Generic	Lenalidomide	DR.REDDY'S LABORATORIES, INC.	Immunomodulators	$ 17,637.70

2022 Q4 Specialty Drugs by Drug Name

Drug Name	Drug Name Type	Drug Generic Name	Drug Labeler	Drug Class	Mean Drug Price
Lenalidomide	Generic	Lenalidomide	MYLAN	Immunomodulators	$ 44,814.16
Leukeran	Trademarked	Chlorambucil	WOODWARD PHARMA SERVICES	Alkylating Agents	$ 6,009.15
Leuprolide Acetate	Generic	Leuprolide Acetate (3 Month)	CIPLA USA	Antineoplastic Hormonal and Related Agents	$ 1,355.07
Levothyroxine Sodium	Generic	Levothyroxine Sodium	HIKMA PHARMACEUTICALS USA	Thyroid Hormones	$ 74.93
Lopinavir-Ritonavir	Generic	Lopinavir-Ritonavir	LAURUS LABS PRIVATE LIMITED	Antiretrovirals	$ 547.98
Micafungin Sodium	Generic	Micafungin Sodium	SAGENT PHARMACEUTICAL	Antifungal Glucan Synthesis Inhibitors	$ 1,402.50
Myleran	Trademarked	Busulfan	WOODWARD PHARMA SERVICES	Alkylating Agents	$ 3,125.00
Nitazoxanide	Generic	Nitazoxanide	RISING PHARMACEUTICALS	Antiprotozoal Agents	$ 2,593.46
Nitrofurantoin	Generic	Nitrofurantoin	RISING PHARMACEUTICALS	Urinary Antiinfectives	$ 2,198.00
Noxafil	Trademarked	Posaconazole	MERCK SHARP & DOHME	ImidazoleRelated Antifungals	$ 1,644.72
Pedmark	Trademarked	Sodium Thiosulfate (Otoprotective)	FENNEC PHARMACEUTICALS	ChemotherapyRescueAntidoteProte	$ 11,417.09
PEMEtrexed Disodium	Generic	Pemetrexed Disodium	DR.REDDY'S LABORATORIES, INC.	Antimetabolites	$ 1,586.00
Penciclovir	Generic	Penciclovir	MYLAN	Antivirals Topical	$ 700.78
Relyvrio	Trademarked	Sodium Phenylbutyrate-Taurursodiol	AMYLYX PHARMACEUTICALS	ALS Agents	$ 7,033.64
Rolvedon	Trademarked	Eflapegrastim-xnst	SPECTRUM PHARMACEUTICALS	Hematopoietic Growth Factors	$ 4,500.00
Sodium Phenylbutyrate	Generic	Sodium Phenylbutyrate	GLENMARK PHARMACEUTICALS	Metabolic Modifiers	$ 3,000.00
SORAfenib Tosylate	Generic	Sorafenib Tosylate	TWI PHARMACEUTICALS	Antineoplastic Enzyme Inhibitors	$ 15,000.00
Sotyktu	Trademarked	Deucravacitinib	B-M SQUIBB U.S. (PRIMARY CARE)	Antipsoriatics	$ 6,164.38
Tabloid	Trademarked	Thioguanine	WOODWARD PHARMA SERVICES	Antimetabolites	$ 5,624.50
Tadliq	Trademarked	Tadalafil (Pulmonary Hypertension)	CMP PHARMA	Pulmonary Hypertension Phosphodi	$ 1,895.00
Tecvayli	Trademarked	Teclistamab-cqyv	JANSSEN BIOTECH	Antineoplastic Antibodies	$ 5,398.50
Terlivaz	Trademarked	Terlipressin Acetate	MALLINCKRODT HOSPITAL PRODUCTS	Posterior Pituitary Hormones	$ 950.00
Thiotepa	Generic	Thiotepa	DR.REDDY'S LABORATORIES, INC.	Alkylating Agents	$ 2,995.00
Tolvaptan	Generic	Tolvaptan	ASCEND LABORATORIES	Vasopressin Receptor Antagonists	$ 4,630.10
Trientine HCl	Generic	Trientine HCl	RISING PHARMACEUTICALS	Chelating Agents	$ 998.00
Tzield	Trademarked	Teplizumab-mzwv	PROVENTION BIO	AntidiabeticAntibodies	$ 115,416.67
Vigabatrin	Generic	Vigabatrin	EDENBRIDGE PHARMACEUTICALS	GABA Modulators	$ 10,511.89
Xenpozyme	Trademarked	Olipudase Alfa-rpcp	GENZYME	Metabolic Modifiers	$ 7,142.00
Zileuton ER	Generic	Zileuton	RISING PHARMACEUTICALS	Leukotriene Modulators	$ 1,500.00
Zimhi	Trademarked	Naloxone HCl	USWM	Opioid Antagonists	$ 125.00

Oregon Prescription Drug Price Transparency Reporting Requirements

2022 Q4 Specialty Drugs by Drug Class

Drug Name	Drug Name Type	Drug Generic Name	Drug Labeler	Drug Class	Mean Drug Price
Leukeran	Trademarked	Chlorambucil	WOODWARD PHARMA SERVICES	Alkylating Agents	$ 6,009.15
Myleran	Trademarked	Busulfan	WOODWARD PHARMA SERVICES	Alkylating Agents	$ 3,125.00
Thiotepa	Generic	Thiotepa	DR.REDDY'S LABORATORIES, INC.	Alkylating Agents	$ 2,995.00
Relyvrio	Trademarked	Sodium Phenylbutyrate-Taurursodiol	AMYLYX PHARMACEUTICALS	ALS Agents	$ 7,033.64
Jatenzo	Trademarked	Testosterone Undecanoate	TOLMAR PHARMACEUTICALS	Androgens	$ 1,283.51
Tzield	Trademarked	Teplizumab-mzwv	PROVENTION BIO	AntidiabeticAntibodies	$ 115,416.67
Deferasirox Granules	Generic	Deferasirox	ASCEND LABORATORIES	Antidotes Chelating Agents	$ 4,307.12
Micafungin Sodium	Generic	Micafungin Sodium	SAGENT PHARMACEUTICAL	Antifungal Glucan Synthesis Inhibitors	$ 1,402.50
Diclofenac Sodium	Generic	Diclofenac Sodium (Topical)	AMNEAL PHARMACEUTICALS	Antiinflammatory Agents Topical	$ 1,616.82
Diclofenac Sodium	Generic	Diclofenac Sodium (Topical)	PADAGIS	Antiinflammatory Agents Topical	$ 1,616.82
PEMEtrexed Disodium	Generic	Pemetrexed Disodium	DR.REDDY'S LABORATORIES, INC.	Antimetabolites	$ 1,586.00
Tabloid	Trademarked	Thioguanine	WOODWARD PHARMA SERVICES	Antimetabolites	$ 5,624.50
Elahere	Trademarked	Mirvetuximab Soravtansine-gynx	IMMUNOGEN	Antineoplastic Antibodies	$ 6,220.00
Imjudo	Trademarked	Tremelimumab-actl	ASTRAZENECA	Antineoplastic Antibodies	$ 21,125.00
Tecvayli	Trademarked	Teclistamab-cqyv	JANSSEN BIOTECH	Antineoplastic Antibodies	$ 5,398.50
Leuprolide Acetate	Generic	Leuprolide Acetate (3 Month)	CIPLA USA	Antineoplastic Hormonal and Related Agents	$ 1,355.07
Calquence	Trademarked	Acalabrutinib Maleate	ASTRAZENECA	Antineoplastic Enzyme Inhibitors	$ 14,485.92
Everolimus	Generic	Everolimus	PAR PHARMACEUTICAL	Antineoplastic Enzyme Inhibitors	$ 1,272.17
Imbruvica	Trademarked	Ibrutinib	PHARMACYCLICS	Antineoplastic Enzyme Inhibitors	$ 9,614.63
SORAfenib Tosylate	Generic	Sorafenib Tosylate	TWI PHARMACEUTICALS	Antineoplastic Enzyme Inhibitors	$ 15,000.00
Nitazoxanide	Generic	Nitazoxanide	RISING PHARMACEUTICALS	Antiprotozoal Agents	$ 2,593.46
Sotyktu	Trademarked	Deucravacitinib	B-M SQUIBB U.S. (PRIMARY CARE)	Antipsoriatics	$ 6,164.38
Etravirine	Generic	Etravirine	AVKARE	Antiretrovirals	$ 929.36
Lopinavir-Ritonavir	Generic	Lopinavir-Ritonavir	LAURUS LABS PRIVATE LIMITED	Antiretrovirals	$ 547.98
Penciclovir	Generic	Penciclovir	MYLAN	Antivirals Topical	$ 700.78
Trientine HCl	Generic	Trientine HCl	RISING PHARMACEUTICALS	Chelating Agents	$ 998.00
Pedmark	Trademarked	Sodium Thiosulfate (Otoprotective)	FENNEC PHARMACEUTICALS	ChemotherapyRescueAntidoteProte	$ 11,417.09
Asenapine Maleate	Generic	Asenapine Maleate	ALEMBIC PHARMACEUTICALS	Dibenzapines	$ 720.49
Vigabatrin	Generic	Vigabatrin	EDENBRIDGE PHARMACEUTICALS	GABA Modulators	$ 10,511.89
Cetrorelix Acetate	Generic	Cetrorelix Acetate	AKORN	GnRHLHRH Antagonists	$ 187.15
Fylnetra	Trademarked	Pegfilgrastim-pbbk	AMNEAL BIOSCIENCES	Hematopoietic Growth Factors	$ 2,500.00
Rolvedon	Trademarked	Eflapegrastim-xnst	SPECTRUM PHARMACEUTICALS	Hematopoietic Growth Factors	$ 4,500.00
Aminocaproic Acid	Generic	Aminocaproic Acid	BIOCON PHARMA	Hemostatics Systemic	$ 1,054.06

2022 Q4 Specialty Drugs by Drug Class

Drug Name	Drug Name Type	Drug Generic Name	Drug Labeler	Drug Class	Mean Drug Price
Fragmin	Trademarked	Dalteparin Sodium	PFIZER U.S.	Heparins And HeparinoidLike Agents	$ 279.60
Noxafil	Trademarked	Posaconazole	MERCK SHARP & DOHME	ImidazoleRelated Antifungals	$ 1,644.72
Lenalidomide	Generic	Lenalidomide	DR.REDDY'S LABORATORIES, INC.	Immunomodulators	$ 17,637.70
Lenalidomide	Generic	Lenalidomide	MYLAN	Immunomodulators	$ 44,814.16
Everolimus	Generic	Everolimus (Immunosuppressant)	ASCEND LABORATORIES	Immunosuppressive Agents	$ 1,398.75
Hyftor	Trademarked	Sirolimus (Topical)	NOBELPHARMA AMERICA	Immunosuppressive Agents Topical	$ 1,750.00
Zileuton ER	Generic	Zileuton	RISING PHARMACEUTICALS	Leukotriene Modulators	$ 1,500.00
Javygtor	Trademarked	Sapropterin Dihydrochloride	CYCLE PHARMACEUTICALS	Metabolic Modifiers	$ 3,150.00
Sodium Phenylbutyrate	Generic	Sodium Phenylbutyrate	GLENMARK PHARMACEUTICALS	Metabolic Modifiers	$ 3,000.00
Xenpozyme	Trademarked	Olipudase Alfa-rpcp	GENZYME	Metabolic Modifiers	$ 7,142.00
Gadoterate Meglumine	Generic	Gadoterate Meglumine	FRESENIUS KABI USA	Miscellaneous Contrast Media	$ 1,084.98
Fingolimod HCl	Generic	Fingolimod HCl	GLENMARK PHARMACEUTICALS	Multiple Sclerosis Agents	$ 1,000.00
Fingolimod HCl	Generic	Fingolimod HCl	SUN PHARMACEUTICALS	Multiple Sclerosis Agents	$ 2,220.97
Fingolimod HCl	Generic	Fingolimod HCl	ZYDUS PHARMACEUTICALS (USA)	Multiple Sclerosis Agents	$ 2,220.97
Fingolimod HCl	Generic	Fingolimod HCl	DR.REDDY'S LABORATORIES, INC.	Multiple Sclerosis Agents	$ 4,140.00
Fingolimod HCl	Generic	Fingolimod HCl	ACCORD HEALTHCARE	Multiple Sclerosis Agents	$ 4,870.56
Fingolimod HCl	Generic	Fingolimod HCl	APOTEX	Multiple Sclerosis Agents	$ 4,870.56
Fingolimod HCl	Generic	Fingolimod HCl	ASCEND LABORATORIES	Multiple Sclerosis Agents	$ 8,279.94
Fingolimod HCl	Generic	Fingolimod HCl	MYLAN	Multiple Sclerosis Agents	$ 8,883.89
Aquasol A	Trademarked	Vitamin A	CASPER PHARMA	Oil Soluble Vitamins	$ 575.00
Cimerli	Trademarked	Ranibizumab-eqrn	COHERUS BIOSCIENCES	Ophthalmic Angiogenesis Inhibitors	$ 1,088.00
Zimhi	Trademarked	Naloxone HCl	USWM	Opioid Antagonists	$ 125.00
Desmopressin Acetate	Generic	Desmopressin Acetate	DR.REDDY'S LABORATORIES, INC.	Posterior Pituitary Hormones	$ 525.00
Terlivaz	Trademarked	Terlipressin Acetate	MALLINCKRODT HOSPITAL PRODUCTS	Posterior Pituitary Hormones	$ 950.00
Ambrisentan	Generic	Ambrisentan	APOTEX	Pulmonary Hypertension Endothelin Receptor Antagonists	$ 5,533.61
Tadliq	Trademarked	Tadalafil (Pulmonary Hypertension)	CMP PHARMA	Pulmonary Hypertension Phosphodie	$ 1,895.00
Levothyroxine Sodium	Generic	Levothyroxine Sodium	HIKMA PHARMACEUTICALS USA	Thyroid Hormones	$ 74.93
Amoxicill-Clarithro-Lansopraz	Generic	Amoxicillin-Clarithromycin w/ Lansoprazole	RISING PHARMACEUTICALS	Ulcer Therapy Combinations	$ 887.49
Nitrofurantoin	Generic	Nitrofurantoin	RISING PHARMACEUTICALS	Urinary Antiinfectives	$ 2,198.00
Tolvaptan	Generic	Tolvaptan	ASCEND LABORATORIES	Vasopressin Receptor Antagonists	$ 4,630.10

2022 Top 25 Greatest Price Increase Prescription Drugs Reported by Oregon Carriers

#	Brand Name	Drug	Class	YoY Increase
1	COVID-19 VACCINE: MODERNA /PFIZER-BIONTECH / PFIZER	COVID-19 (SARS-CoV-2) mRNA Virus Vaccine	Vaccines	$17,866,474.72
2	STELARA	Ustekinumab	Dermatologicals	$7,623,454.20
3	TRIKAFTA	Elexacaftor-Tezacaftor-Ivacaftor	Respiratory Agents	$4,906,301.60
4	OZEMPIC / RYBELSUS / WEGOVY	Semaglutide	Antidiabetics	$3,092,975.62
5	SKYRIZI / SKYRIZI PEN	Risankizumab-rzaa	Dermatologicals	$3,088,359.64
6	KEYTRUDA	Pembrolizumab	Antineoplastics and Adjunctive Therapies	$3,072,225.66
7	OCREVUS	Ocrelizumab	Psychotherapeutic and Neurological Agents	$3,046,577.22
8	EMTRICITABINE-TENOFOVIR DF / TRUVADA	Emtricitabine-Tenofovir Disoproxil Fumarate	Antivirals	$2,848,129.56
9	PERJETA	Pertuzumab	Antineoplastics and Adjunctive Therapies	$2,771,538.51
10	REVLIMID	Lenalidomide	Miscellaneous Therapeutic Classes	$2,628,811.03
11	DUPIXENT	Dupilumab	Dermatologicals	$2,613,482.16
12	TEPEZZA	Teprotumumab-trbw	Endocrine and Metabolic Agents	$2,565,632.44
13	HEMLIBRA	Emicizumab-kxwh	Hematological Agents	$2,401,732.51
14	COSENTYX / COSENTYX SENSOREADY / COSENTYX SENSOREADY PEN	Secukinumab	Dermatologicals	$2,213,509.53
15	BIKTARVY	Bictegravir-Emtricitabine-Tenofovir Alafenamide Fumarate	Antivirals	$2,133,576.19
16	SPINRAZA	Nusinersen	Neuromuscular Agents	$2,102,128.75
17	TRULICITY	Dulaglutide	Antidiabetics	$2,064,679.68
18	ENTYVIO	Vedolizumab	Gastrointestinal Agents	$2,029,779.95
19	TYSABRI	Natalizumab	Psychotherapeutic and Neurological Agents	$1,929,105.19
20	KADCYLA / ADO-TRASTUZUMAB	Ado-Trastuzumab Emtansine	Antineoplastics and Adjunctive Therapies	$1,869,618.16
21	XELJANZ / XELJANZ XR	Tofacitinib Citrate	Analgesics - Anti-Inflammatory	$1,669,796.68
22	DARZALEX FASPRO	Daratumumab-Hyaluronidase-fihj	Antineoplastics and Adjunctive Therapies	$1,565,094.50
23	JARDIANCE	Empagliflozin	Antidiabetics	$1,551,498.29
24	ULTOMIRIS	Ravulizumab-cwvz	Hematological Agents	$1,546,775.52
25	ADVAIR DISKUS / ADVAIR HFA / FLUTICASONE-SALMETEROL / WIXELA INHUB	Fluticasone-Salmeterol	Antiasthmatic and Bronchodilator Agents	$1,524,056.31

2022 Top 25 Most Costly Prescription Drugs Reported by Oregon Carriers

#	Brand Name	Drug	Class	Total Allowed
1	HUMIRA / HUMIRA PEN	Adalimumab	Analgesics - Anti-Inflammatory	$76,966,469.96
2	STELARA	Ustekinumab	Dermatologicals	$35,999,195.17
3	ENBREL / ENBREL SURECLICK	Etanercept	Analgesics - Anti-Inflammatory	$28,675,009.70
4	BIKTARVY	Bictegravir-Emtricitabine-Tenofovir Alafenamide Fumarate	Antivirals	$23,245,660.22
5	COVID-19 VACCINE MODERNA /PFIZER-BIONTECH	COVID-19 (SARS-CoV-2) mRNA Virus Vaccine	Vaccines	$20,679,117.41
6	TRIKAFTA	Elexacaftor-Tezacaftor-Ivacaftor	Respiratory Agents	$17,964,545.39
7	COSENTYX / COSENTYX SENSOREADY / COSENTYX SENSOREADY PEN	Secukinumab	Dermatologicals	$17,770,873.48
8	KEYTRUDA / PEMBROLIZUMAB	Pembrolizumab	Antineoplastics and Adjunctive Therapies	$16,463,258.73
9	ENTYVIO	Vedolizumab	Gastrointestinal Agents	$14,872,464.33
10	OCREVUS	Ocrelizumab	Psychotherapeutic and Neurological Agents	$11,115,069.68
11	REVLIMID	Lenalidomide	Miscellaneous Therapeutic Classes	$11,089,138.35
12	DUPIXENT	Dupilumab	Dermatologicals	$10,317,969.48
13	TRULICITY	Dulaglutide	Antidiabetics	$9,838,029.02
14	OPDIVO	Nivolumab	Antineoplastics and Adjunctive Therapies	$9,688,622.96
15	OZEMPIC / RYBELSUS / WEGOVY	Semaglutide	Antidiabetics	$9,524,143.64
16	XELJANZ / XELJANZ XR	Tofacitinib Citrate	Analgesics - Anti-Inflammatory	$9,414,652.80
17	SKYRIZI / SKYRIZI PEN	Risankizumab-rzaa	Dermatologicals	$8,808,057.11
18	ELIQUIS	Apixaban	Anticoagulants	$8,457,412.72
19	PERJETA / PERTUZUMAB	Pertuzumab	Antineoplastics and Adjunctive Therapies	$8,207,868.04
20	JARDIANCE	Empagliflozin	Antidiabetics	$8,131,923.27
21	HEMLIBRA	Emicizumab-kxwh	Hematological Agents	$7,943,644.90
22	REMICADE	Infliximab	Gastrointestinal Agents	$7,792,508.21
23	INFLECTRA	Infliximab-dyyb	Gastrointestinal Agents	$7,470,689.54
24	BASAGLAR KWIKPEN / LANTUS / LANTUS SOLOSTAR / SEMGLEE / TOUJEO MAX SOLOSTAR / TOUJEO SOLOSTAR	Insulin Glargine	Antidiabetics	$7,037,554.64
25	VYVANSE	Lisdexamfetamine Dimesylate	ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiants	$7,036,833.64

Oregon Prescription Drug Price Transparency Reporting Requirements

2022 Top 25 Most Prescribed Prescription Drugs Reported by Oregon Carriers

#	Brand Name	Drug	Class	Prescriptions
1	COVID-19 VACCINE: MODERNA /PFIZER-BIONTECH / PFIZER	COVID-19 (SARS-CoV-2) mRNA Virus Vaccine	Vaccines	537,155
2	AFLURIA QUADRIVALENT / FLUARIX QUADRIVALENT / FLULAVAL QUADRIVALENT / FLUZONE HIGH-DOSE / FLUZONE QUADRIVALENT / FLUCELVAX QUADRIVALENT / FLUBLOK QUADRIVALENT / FLUZONE HIGH-DOSE QUADRIVALENT / FLUAD QUADRIVALENT	Influenza Virus Vaccine	Vaccines	231,714
3	ATORVASTATIN CALCIUM / LIPITOR	Atorvastatin Calcium	Antihyperlipidemics	194,032
4	EUTHYROX / LEVOTHYROXINE SODIUM / LEVOXYL / SYNTHROID / THYQUIDITY / TIROSINT / TIROSINT-SOL / UNITHROID	Levothyroxine Sodium	Thyroid Agents	191,047
5	LISINOPRIL	Lisinopril	Antihypertensives	172,584
6	BUPROPION HCL / BUPROPION HCL ER (SMOKING DET) / BUPROPION HCL ER (SR) / BUPROPION HCL ER (XL) / WELLBUTRIN SR / WELLBUTRIN XL	Bupropion HCl	Antidepressants	144,690
7	METFORMIN HCL / METFORMIN HCL ER / METFORMIN HCL ER (MOD) / METFORMIN HCL ER (OSM)	Metformin HCl	Antidiabetics	140,073
8	ADDERALL / ADDERALL XR / AMPHETAMINE-DEXTROAMPHET ER / AMPHETAMINE-DEXTROAMPHETAMINE / MYDAYIS	Amphetamine-Dextroamphetamine	ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiants	130,632
9	ESCITALOPRAM OXALATE / LEXAPRO	Escitalopram Oxalate	Antidepressants	117,177
10	LOSARTAN POTASSIUM	Losartan Potassium	Antihypertensives	112,056
11	SERTRALINE HCL / ZOLOFT	Sertraline HCl	Antidepressants	111,255
12	ALBUTEROL SULFATE / ALBUTEROL SULFATE HFA / PROAIR DIGIHALER / PROAIR HFA / PROAIR RESPICLICK / PROVENTIL HFA / VENTOLIN HFA	Albuterol Sulfate	Antiasthmatic and Bronchodilator Agents	103,527
13	AMLODIPINE BESYLATE	Amlodipine Besylate	Calcium Channel Blockers	98,248
14	HYDROCODONE-ACETAMINOPHEN / LORCET / NORCO	Hydrocodone-Acetaminophen	Analgesics - Opioid	97,228
15	FLUOXETINE HCL	Fluoxetine HCl	Antidepressants	94,456
16	GABAPENTIN / GRALISE / NEURONTIN	Gabapentin	Anticonvulsants	92,897
17	TRAZODONE HCL	Trazodone HCl	Antidepressants	82,877
18	FIRST-OMEPRAZOLE / OMEPRAZOLE	Omeprazole	Ulcer Drugs/Antispasmodics/Anticholinergics	80,746
19	ALORA / CLIMARA / DIVIGEL / DOTTI / ELESTRIN / ESTRACE / ESTRADIOL / ESTRADIOL-NORETHINDRONE ACET / ESTRADIOL MICRONIZED / ESTRADIOL VALERATE / ESTRING / ESTROGEL / EVAMIST / IMVEXXY MAINTENANCE PACK / IMVEXXY STARTER PACK / LYLLANA / VIVELLE-DOT / YUVAFEM	Estradiol	Estrogens	71,600
20	KAPSPARGO SPRINKLE / METOPROLOL SUCCINATE ER / METOPROLOL TARTRATE / TOPROL XL	Metoprolol Succinate	Beta Blockers	61,027
21	HYDROCHLOROTHIAZIDE	Hydrochlorothiazide	Diuretics	57,717
22	DULOXETINE HCL	Duloxetine HCl	Antidepressants	55,728
23	OXYCODONE HCL / OXYCODONE HCL ER / OXYCONTIN	Oxycodone HCl	Analgesics - Opioid	49,053
24	MONTELUKAST SODIUM	Montelukast Sodium	Antiasthmatic and Bronchodilator Agents	47,528
25	CITALOPRAM HYDROBROMIDE	Citalopram Hydrobromide	Antidepressants	43,915

Oregon Prescription Drug Price Transparency Reporting Requirements

2022 Most Expensive Prescription Drugs Reported by Oregon Carriers

#	Drug	Class	Cost Per Prescription	Prescriptions	Total Allowed
1	Ocrelizumab	Psychotherapeutic and Neurological Agents	$31,222.11	356	$11,115,069.68
2	Lenalidomide	Miscellaneous Therapeutic Classes	$16,094.54	689	$11,089,138.35
3	Pembrolizumab	Antineoplastics and Adjunctive Therapies	$15,921.91	1034	$16,463,258.73
4	Ustekinumab	Dermatologicals	$13,019.60	2765	$35,999,195.17
5	Risankizumab-rzaa	Dermatologicals	$12,547.09	702	$8,808,057.11
6	Nivolumab	Antineoplastics and Adjunctive Therapies	$10,813.20	896	$9,688,622.96
7	Pertuzumab	Antineoplastics and Adjunctive Therapies	$9,119.85	900	$8,207,868.04
8	Vedolizumab	Gastrointestinal Agents	$7,965.97	1867	$14,872,464.33
9	Pegfilgrastim-cbqv	Hematopoietic Agents	$6,314.05	496	$3,131,766.48
10	Rituximab-abbs	Antineoplastics and Adjunctive Therapies	$5,477.51	863	$4,727,088.75
11	Adalimumab	Analgesics - Anti-Inflammatory	$5,005.95	15375	$76,966,469.96
12	Emtricitabine-Rilpivirine-Tenofovir Alafenamide Fumarate	Antivirals	$4,888.91	1022	$4,996,469.22
13	Etanercept	Analgesics - Anti-Inflammatory	$4,611.61	6218	$28,675,009.70
14	Bictegravir-Emtricitabine-Tenofovir Alafenamide Fumarate	Antivirals	$4,518.11	5145	$23,245,660.22
15	Elvitegravir-Cobicistat-Emtricitabine-Tenofovir Alafenamide	Antivirals	$4,250.74	1150	$4,888,349.67
16	Secukinumab	Dermatologicals	$4,228.14	4203	$17,770,873.48
17	Pegfilgrastim-bmez	Hematopoietic Agents	$4,122.25	381	$1,570,576.23
18	Abacavir-Dolutegravir-Lamivudine	Antivirals	$3,872.82	1205	$4,666,742.12
19	Tofacitinib Citrate	Analgesics - Anti-Inflammatory	$3,592.01	2621	$9,414,652.80
20	Infliximab-dyyb	Gastrointestinal Agents	$3,177.66	2351	$7,470,689.54
21	Aflibercept	Ophthalmic Agents	$2,877.21	2136	$6,145,723.38
22	Dupilumab	Dermatologicals	$2,869.29	3596	$10,317,969.48
23	Omalizumab	Antiasthmatic and Bronchodilator Agents	$2,670.86	1146	$3,060,800.76
24	Dolutegravir Sodium	Antivirals	$2,643.23	956	$2,526,924.06
25	Apremilast	Analgesics - Anti-Inflammatory	$2,616.79	1154	$3,019,774.94

Insulin marketed in Oregon in 2022

Drug_Class	Drug_Generic_Name	Drug_Name_Type	Drug_Name	Claims	Claimants	Total Expected Paid by Claimants	Total Paid by Payers
Insulin	Insulin Aspart	Generic	Insulin Aspart	3209	824	$57,034.39	$1,395,015.03
Insulin	Insulin Aspart	Generic	Insulin Aspart FlexPen	3817	1355	$40,929.66	$1,438,975.77
Insulin	Insulin Aspart	Generic	Insulin Aspart PenFill	776	186	$4,288.00	$272,367.00
Insulin	Insulin Aspart Protamine & Aspart (Human)	Generic	Insulin Asp Prot & Asp FlexPen	311	87	$678.00	$139,374.01
Insulin	Insulin Aspart Protamine & Aspart (Human)	Generic	Insulin Aspart Prot & Aspart	60	15	$225.00	$17,638.57
Insulin	Insulin Lispro	Generic	Insulin Lispro	2718	734	$70,280.67	$570,672.39
Insulin	Insulin Lispro	Generic	Insulin Lispro (1 Unit Dial)	2645	914	$58,718.05	$482,925.19
Insulin	Insulin Lispro	Generic	Insulin Lispro Junior KwikPen	329	95	$7,654.58	$48,065.14
Insulin	Insulin Lispro Protamine & Lispro	Generic	Insulin Lispro Prot & Lispro	51	16	$1,509.00	$9,528.80
Insulin	Insulin Aspart	Trademarked	NovoLOG	3667	815	$249,927.92	$3,715,466.64
Insulin	Insulin Aspart	Trademarked	NovoLOG FlexPen	3714	1003	$186,872.18	$2,987,415.24
Insulin	Insulin Aspart	Trademarked	NovoLOG FlexPen ReliOn	242	104	$6,105.94	$23,158.81
Insulin	Insulin Aspart	Trademarked	NovoLOG PenFill	537	120	$28,193.00	$440,486.55
Insulin	Insulin Aspart	Trademarked	NovoLOG ReliOn	168	44	$7,004.40	$30,008.57
Insulin	Insulin Aspart (with Niacinamide)	Trademarked	Fiasp	489	99	$25,765.99	$382,418.85
Insulin	Insulin Aspart (with Niacinamide)	Trademarked	Fiasp FlexTouch	560	145	$34,288.26	$506,250.61
Insulin	Insulin Aspart (with Niacinamide)	Trademarked	Fiasp PenFill	74	20	$4,115.00	$65,348.71
Insulin	Insulin Aspart Protamine & Aspart (Human)	Trademarked	NovoLOG 70/30 FlexPen ReliOn	35	12	$1,086.00	$5,355.00
Insulin	Insulin Aspart Protamine & Aspart (Human)	Trademarked	NovoLOG Mix 70/30	65	20	$2,089.00	$46,282.30
Insulin	Insulin Aspart Protamine & Aspart (Human)	Trademarked	NovoLOG Mix 70/30 FlexPen	208	54	$8,387.82	$203,677.91

Insulin marketed in Oregon in 2022

Drug_Class	Drug_Generic_Name	Drug_Name_Type	Drug_Name	Claims	Claimants	Total Expected Paid by Claimants	Total Paid by Payers
Insulin	Insulin Aspart Protamine & Aspart (Human)	Trademarked	NovoLOG Mix 70/30 ReliOn	7	4	$10.00	$1,520.48
Insulin	Insulin Degludec	Trademarked	Tresiba	313	67	$7,849.79	$153,394.71
Insulin	Insulin Degludec	Trademarked	Tresiba FlexTouch	9112	2088	$292,134.93	$6,559,126.57
Insulin	Insulin Detemir	Trademarked	Levemir	358	109	$18,469.11	$244,439.35
Insulin	Insulin Detemir	Trademarked	Levemir FlexTouch	2190	621	$107,744.75	$1,377,598.11
Insulin	Insulin Glargine	Trademarked	Basaglar KwikPen	16660	4465	$145,929.83	$6,190,705.75
Insulin	Insulin Glargine	Trademarked	Lantus	5813	1783	$244,918.52	$2,593,817.86
Insulin	Insulin Glargine	Trademarked	Lantus SoloStar	15413	4419	$809,170.87	$8,039,490.44
Insulin	Insulin Glargine	Trademarked	Semglee	64	51	$2,194.14	$6,243.62
Insulin	Insulin Glargine	Trademarked	Toujeo Max SoloStar	1758	479	$114,744.55	$1,903,291.31
Insulin	Insulin Glargine	Trademarked	Toujeo SoloStar	3195	781	$209,675.97	$2,025,280.09
Insulin	Insulin Glulisine	Trademarked	Apidra	57	9	$2,630.00	$25,222.64
Insulin	Insulin Glulisine	Trademarked	Apidra SoloStar	77	17	$1,524.00	$78,494.20
Insulin	Insulin Lispro	Trademarked	Admelog	1880	382	$4,106.98	$424,573.22
Insulin	Insulin Lispro	Trademarked	Admelog SoloStar	3953	988	$5,153.59	$901,471.61
Insulin	Insulin Lispro	Trademarked	HumaLOG	9296	2742	$386,756.46	$8,042,888.50
Insulin	Insulin Lispro	Trademarked	HumaLOG Junior KwikPen	851	263	$38,513.37	$454,738.49
Insulin	Insulin Lispro	Trademarked	HumaLOG KwikPen	7388	2441	$341,655.06	$5,928,174.54
Insulin	Insulin Lispro-aabc	Trademarked	Lyumjev	220	66	$19,028.75	$278,137.52
Insulin	Insulin Lispro-aabc	Trademarked	Lyumjev KwikPen	242	77	$21,155.30	$210,003.57
Insulin	Insulin Lispro Protamine & Lispro	Trademarked	HumaLOG Mix 50/50	6	2	$0.00	$2,012.95
Insulin	Insulin Lispro Protamine & Lispro	Trademarked	HumaLOG Mix 50/50 KwikPen	19	6	$490.00	$21,910.66
Insulin	Insulin Lispro Protamine & Lispro	Trademarked	HumaLOG Mix 75/25	50	10	$1,900.00	$67,855.51
Insulin	Insulin Lispro Protamine & Lispro	Trademarked	HumaLOG Mix 75/25 KwikPen	189	49	$10,769.88	$239,160.18
Insulin	Insulin NPH (Human) (Isophane)	Trademarked	HumuLIN N	9461	3421	$201,286.31	$1,791,585.90
Insulin	Insulin NPH (Human) (Isophane)	Trademarked	HumuLIN N KwikPen	1107	423	$37,474.46	$448,949.45
Insulin	Insulin NPH (Human) (Isophane)	Trademarked	NovoLIN N	928	280	$23,299.21	$225,735.73

Insulin marketed in Oregon in 2022

Drug_Class	Drug_Generic_Name	Drug_Name_Type	Drug_Name	Claims	Claimants	Total Expected Paid by Claimants	Total Paid by Payers
Insulin	Insulin NPH (Human) (Isophane)	Trademarked	NovoLIN N FlexPen	407	151	$10,102.95	$86,894.13
Insulin	Insulin NPH (Human) (Isophane)	Trademarked	NovoLIN N FlexPen ReliOn	63	28	$388.88	$2,977.19
Insulin	Insulin NPH (Human) (Isophane)	Trademarked	NovoLIN N ReliOn	203	64	$2,240.42	$9,239.22
Insulin	Insulin NPH Isophane & Reg (Human)	Trademarked	HumuLIN 70/30	926	282	$20,317.08	$247,262.84
Insulin	Insulin NPH Isophane & Reg (Human)	Trademarked	HumuLIN 70/30 KwikPen	305	77	$16,347.92	$208,427.70
Insulin	Insulin NPH Isophane & Reg (Human)	Trademarked	NovoLIN 70/30	341	79	$5,341.88	$105,189.52
Insulin	Insulin NPH Isophane & Reg (Human)	Trademarked	NovoLIN 70/30 FlexPen	270	74	$3,708.12	$111,085.29
Insulin	Insulin NPH Isophane & Reg (Human)	Trademarked	NovoLIN 70/30 FlexPen Relion	13	8	$138.64	$787.57
Insulin	Insulin NPH Isophane & Reg (Human)	Trademarked	NovoLIN 70/30 ReliOn	100	28	$842.46	$7,591.85
Insulin	Insulin Regular (Human)	Trademarked	Afrezza	60	6	$4,115.83	$66,508.06
Insulin	Insulin Regular (Human)	Trademarked	HumuLIN R	3943	1515	$77,206.09	$690,829.55
Insulin	Insulin Regular (Human)	Trademarked	HumuLIN R U-500 (CONCENTRATED)	372	109	$12,375.35	$959,337.65
Insulin	Insulin Regular (Human)	Trademarked	HumuLIN R U-500 KwikPen	753	153	$21,226.84	$1,452,150.97
Insulin	Insulin Regular (Human)	Trademarked	NovoLIN R	453	111	$10,368.67	$126,767.90
Insulin	Insulin Regular (Human)	Trademarked	NovoLIN R FlexPen	70	34	$1,086.41	$23,777.31
Insulin	Insulin Regular (Human)	Trademarked	NovoLIN R FlexPen ReliOn	4	2	$0.00	$154.37
Insulin	Insulin Regular (Human)	Trademarked	NovoLIN R ReliOn	70	28	$1,146.32	$2,968.61

DRAFT OUTLINE

Affordability Reviews for Eligible Prescription Drugs

(1) The purpose of this rule is to establish the methodology and process for the Prescription Drug Affordability Board (PDAB) to annually conduct an affordability review that identify nine prescription drugs and at least one insulin product that may create affordability challenges for health care systems or high out-of-pocket costs for patients in Oregon.

(2) **Eligible Prescription Drugs for Affordability Reviews**

Each calendar quarter PDAB will be provided from the Department of Consumer and Business Services a list of prescription drugs included in reports submitted to the department under ORS 646A.689 (2) and (6), a list of drugs included in reports submitted to the department under ORS 743.025, and a list of insulin drugs marketed in this state during the previous calendar year. From these lists, annually PDAB will identify nine drugs and at least one insulin product through an affordability review.

(3) **Selecting Prescription Drugs for Affordability Reviews**

PDAB will select from the eligible prescription drugs in subsection (2) a subset of drugs to prioritize for an affordability review under subsection (4) of this rule, by considering the following:

(a) Class of the Prescription Drug and Therapeutic Equivalents:

(A) Determine the date of FDA approval of the eligible prescription drug and whether the prescription drug was approved through an expedited pathway.

(B) For brand-name drugs and biological products, determine the class and whether there are any approved and marketed generic drugs or biosimilar drugs for the specific brand-name drug or biological product.

(C) Where there are therapeutic equivalents, PDAB may consider for each equivalent the cost and availability by considering utilization data and spending data.

(b) Aggregated Data:

(A) Health equity impact, including whether the prescription drug is utilized to treat a condition disproportionately experienced by priority populations;

(B) Historical and current pricing data, including wholesale acquisition cost and average sales price of the prescription drug;

(C) Expenditures associated with the prescription drug, including expenditures identified in APAC data;

(D) Utilization associated with the prescription drug, including utilization identified in APAC data; and

(E) Information regarding the estimated manufacturer net-cost and net-sales amounts for eligible prescription drugs.

(c) Average Patient Out-Of-Pocket Cost: Consideration of the average patient out-of-pocket cost for the prescription drug, which may include copayment amounts, cost-sharing amounts, coinsurance amounts, and other information relevant to out-of-pocket costs.

(4) **Conducting an Affordability Review**

PDAB will conduct an affordability review on the prioritized subset of prescription drugs selected under subsection (3) to identify nine prescription drugs and at least one insulin product that may create affordability challenges for health care systems or high out-of-pocket costs for patients in Oregon.

(a) PDAB will conduct an affordability review by considering, to the extent practicable, the following criteria set forth in ORS 646A.694:

(A) Whether the prescription drug has led to health inequities in communities of color;

(B) The number of residents in this state prescribed the prescription drug;

(C) The price for the prescription drug sold in this state;

(D) The estimated average monetary price concession, discount or rebate the manufacturer provides to health insurance plans in this state or is expected to provide to health insurance plans in this state, expressed as a percentage of the price for the prescription drug under review;

(E) The estimated total amount of the price concession, discount or rebate the manufacturer provides to each pharmacy benefit manager registered in this state for the prescription drug under review, expressed as a percentage of the prices;

(F) The estimated price for therapeutic alternatives to the drug that are sold in this state;

(G) The estimated average price concession, discount or rebate the manufacturer provides or is expected to provide to health insurance plans and pharmacy benefit managers in this state for therapeutic alternatives;

(H) The estimated costs to health insurance plans based on patient use of the drug consistent with the labeling approved by the United States Food and Drug Administration and recognized standard medical practice;

(I) The impact on patient access to the drug considering standard prescription drug benefit designs in health insurance plans offered in this state;

(J) The relative financial impacts to health, medical or social services costs as can be quantified and compared to the costs of existing therapeutic alternatives;

(K) The estimated average patient copayment or other cost-sharing for the prescription drug in this state; and

(L) Any information a manufacturer chooses to provide.

(b) PDAB conducts an affordability review by considering, to the extent practicable, the additional following criteria:

(A) In addition to the criteria in subparagraph (a)(A): Health Equity Factors: Whether the pricing of the prescription drug results in or has contributed to health inequities in under resourced communities and pharmacy deserts.

(B) In addition to the criteria in subparagraph (a)(B): Include off label use of prescription drugs used to treat other conditions.

(C) Current wholesale acquisition cost of the prescription drug and changes in the prescription drug's wholesale acquisition cost over time.

(D) In addition to the criteria in subparagraph (a)(C): Cost and availability of therapeutic alternatives to the prescription drug in the state, including any relevant data regarding costs, expenditures, availability, and utilization related to the prescription drug and its therapeutic alternatives.

(E) Price Effect on Oregon Consumer Access: Effect of price on consumers' access to the prescription drug by reviewing changes in pricing, expenditure, and utilization over time.

(F) In addition to the criteria in subparagraph (a)(J): Relative Financial Effects of the Prescription Drug on Health, Medical, or Social Services Costs:

i. To the extent such information can be quantified, the relative financial

effects of the prescription drug on broader health, medical, or social services costs, compared with therapeutic alternatives or no treatment.

ii. Identify if the sources it relies on use a quality-adjusted life-year analysis or a similar formula that takes into account a patient's age or severity of illness or disability, to identify subpopulations for which a prescription drug would be less cost-effective. PDAB may not use quality-adjusted life year analysis or a similar formula to evaluate relative financial effects.

(G) In addition to the criteria in subparagraph (a)(K): Patient copayment or other cost sharing data, across different health benefit plan designs, to the degree such information is available in the APAC, including:

i. Copayment;

ii. Coinsurance;

iii. Deductible; and/or

iv. Any other copayment and cost sharing data.

(H) Impact on Safety Net Providers: When the prescription drug is available through section 340B of the federal Public Health Service Act (42 U.S.C. 256b):

i. Information regarding safety net providers participating in the 340B, including information to assist with gathering input to assess the impact to safety net providers for a prescription drug under review that is available through Section 340B of the Federal "Public Health Service Act", Pub.L. 78-410;

ii. The utilization of the prescription drug by the safety net provider's patients;

iii. Whether the safety net provider receives a 340B discount for the prescription drug;

iv. Where the safety net provider does not receive a discount, whether access to the prescription drug is impeded; and

v. Any other topics identified by safety net provider stakeholders for discussion.

(I) Input from Specified Stakeholders:

i. Patients and Caregivers

1. Seek input from patients and caregivers affected by a condition or disease that is treated by the prescription drug under review by gathering information related to:

a) The impact of the disease,

b) Patient treatment preferences,

c) Patient perspective on the benefits and disadvantages of using the prescription drug,

d) Caregiver perspective on the benefits and disadvantages of using the prescription drug, and/or

e) Available patient assistance in purchasing the prescription drug.

2. In seeking additional information, attempt to gather a diversity of experience among patients from different socioeconomic backgrounds.

ii. Individuals with Scientific or Medical Training: Seek input from individuals who possess scientific or medical training with respect to a condition or disease treated by the prescription drug that is under review by PDAB, including:

1. The impact of the disease,

2. Perspectives on benefits and disadvantages of the prescription drug, including comparisons with therapeutic alternatives if any exist, and/or

3. Input regarding the prescription drug utilization in standard medical practice, as well as input regarding off label usage.

(J) Rebates, Discounts, and Price Concessions:

i. To the extent practicable, estimated manufacturer net-sales or estimated net-cost amounts (including rebates, discounts, and price concessions) for the prescription drug and therapeutic alternatives; and

ii. Manufacturer financial assistance the manufacturer provides to pharmacies, providers, consumers, and other entities.

(K) Information from the Oregon Health Authority (OHA), Health Evidence Review Commission (HERC), and Pharmacy and Therapeutics Committee (P&T):

i. Additional analyses conducted that is relevant to the prescription drug or therapeutic alternative under review.

(L) Non-adherence and Utilization Management Information: Information regarding non-adherence to the prescription drug, as well as information related to utilization management restrictions placed on the prescription drug.

(M) PDAB may consider any document and research related to the introductory price or price increase of a prescription drug, including life cycle management, net average price in this state, market competition and context, projected revenue and the estimated value or cost-effectiveness of the prescription drug.

(c) After consideration of the criteria in subparagraphs (a) and (b), PDAB shall identify nine prescription drugs and at least one insulin product that may create affordability challenges for health care systems or high out-of-pocket costs for patients in Oregon.

(d) Report of Affordability Review: No later than December 31 of each year, PDAB shall include in its report to the Health Care Cost Growth Target program established in ORS 442.386 and to the interim committees of the Legislative Assembly related to health the prescription drugs that were reviewed under this rule with the following information:

(A) Price trends for the list of prescription drugs provided to the board by the Department of Consumer and Business Services under ORS 646A.694 (1);

(B) The prescription drugs that were reviewed under ORS 646A.694 (1); and

(C) Recommendations, if any, for legislative changes necessary to make prescription drug products more affordable in this state.

(e) Confidentiality:

(A) To the extent the information submitted to PDAB contains confidential, trade secret or proprietary information, PDAB will meet in executive session to discuss the information pursuant to ORS 192.660.

(B) PDAB will not disclose confidential, trade secret or proprietary information in an open meeting, its public meeting materials, or any reports.

(C) A manufacturer, carrier, pharmacy benefit manager, or other entity that voluntarily submits information for PDAB's consideration shall clearly designate the specific information it deems to be confidential, pursuant to ORS 192.355(4).