Oregon Prescription Drug Affordability Board

350 Winter Street NE, Salem, OR 97309-0405 | 971-374-3724 | pdab@dcbs.oregon.gov | dfr.oregon.gov/pdab

Agenda

Date: **September 20, 2023** | *Time*: **9:30 a.m.**
This is a draft agenda and subject to change.

Meeting name	**Prescription Drug Affordability Board**
Meeting location	Virtual
Zoom link	Register for the meeting

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

Staff: Ralph Magrish, executive director; Cortnee Whitlock, policy analyst; Stephen Kooyman, project manager; Amanda Claycomb, data analyst, Brekke Berg, data analyst, Melissa Stiles, administrative specialist; Jake Gill, counsel; Pramela Reddi, counsel

	Subject	Presenter	Time Allotted
☐	Call to order, roll call, and approval of minutes	Chair Patterson	5 minutes
☐	Executive session for legal advice pursuant to ORS 192.660(2)(f). Not open to the public, with the exception of media and staff.	Pramela Reddi and Jake Gill, counsel	20 minutes
☐	Return to open session: roll call	Chair Patterson	2 minutes
☐	Executive director's program update	Ralph Magrish	5 minutes
☐	SB 192 implementation	Ralph Magrish	5 minutes
☐	Board approval of policies: * Policies and Procedures * Delegation * Conflict of Interest * Public Comment	Cortnee Whitlock	15 minutes
☐	Board review and discussion of reports from Drug Price Transparency (DPT) program * 2022 data * Drugs for affordability review	Staff	55 minutes
☐	Announcements	Staff	5 minutes
☐	Public comment	Chair Patterson	10 minutes
☐	Adjournment	Chair Patterson	2 minutes

Next meeting

Oct. 18, 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 (PDAB) Meeting
Wednesday, August 23, 2023
Draft Minutes

Chair Akil Patterson called the meeting to order at 9:32 am and asked for the roll call.
Board members present: Chair Akil Patterson, Vice Chair Shelley Bailey, Dr. Richard Bruno, Dr. Daniel Hartung, Robert Judge (alternate), John Murray (alternate)
Board members absent: Dr. Amy Burns and Dr. Rebecca Spain, excused
Vice Chair Bailey appointed John Murray and Robert Judge to vote in today's meeting due to board member absences.

Chair Patterson asked if board members had any changes to the July 19, 2023, minutes on Pages 3-5 in the agenda packet: https://dfr.oregon.gov/pdab/Documents/20230823-PDAB-document-package.pdf and there were none. **John Murray** moved to approve and **Robert Judge** provided a second.
MOTION by John Murray to approve the July 19, 2023 minutes.
Board Vote:
Yea: Richard Bruno, Daniel Hartung, Robert Judge, John Murray, Vice Chair Shelley Bailey, Chair Akil Patterson
Nay: None.
Motion passed.

Program update: Executive Director Ralph Magrish said Senate Bill 192 was signed into law by the governor, incorporating many of the board's inaugural recommendations. It takes effect in late September. Alternate members will pivot directly to full appointees and all will vote at the October meeting. Staff will keep the board apprised of their work on a stakeholder engagement plan and analytics needed to implement Sec (3) of the bill on developing a plan to implement Upper Payment Limits (UPLs). The board will deliver a plan for establishing UPLs for drugs subject to affordability reviews to the Legislature in September 2024.

Ralph attended the National Academy of State Health Policy (NASHP) conference in Boston on August 15 and 16 and spent time with people involved in drug affordability work. Staff will send board members a request for policy recommendation ideas and ask that forms be returned by September 15. The Oregon Secretary of State released its audit report, Oregon Health Authority Pharmacy Benefit Managers-Poor Accountability and Transparency Harm Medicaid Patients and Independent Pharmacies, with these highlights: Oregon's regulation of PBMs is limited and fragmented; pharmacy reimbursements vary significantly depending on the drugs, pharmacy type, and PBM; Oregon Health Authority does not ensure sufficient transparency and compliance from PBMs. He encouraged members to read the audit and see if the board may want to make recommendations to the Legislature. He disclosed upcoming stakeholder meetings with the American Diabetes Association, PhRMA, Oregon Primary Care Association (OPCA), and Oregon Public Interest Research Group or (OSPIRG). He said DCBS will issue the carrier data call request on August 28 to get additional information to inform drug selection and affordability reviews. That information will be due back to DCBS on Sept. 29. He spoke at Senator Ron Wyden's press conference August 22 about how the board and Drug Price Transparency (DPT) program's work aligns with provisions of the Inflation Reduction Act. He shared a prerecorded message to the board from Sen. Wyden, chair of the Senate Finance Committee.

Policy Updates: **Cortnee Whitlock**, policy analyst, reviewed the amended policies on Pages 6-27 of the agenda packet. The board will vote on the policies at the September meeting. **Shelley Bailey** asked about adding a ninth member to the board to resolve the issue of a tie vote resulting in a failed motion. Ralph Magrish said it would

need to be introduced into a bill to change the board's enabling legislation but could possibly be one of the board recommendations to the Legislature. **Robert Judge** asked if the recordings could be downloaded and staff said yes, with a YouTube subscription. **John Murray** asked about potential conflict of interest in Section 13, whether a pharmacist could be excluded from having to declare a potential conflict of interest. **Chair Akil Patterson** said it would be good to get guidance from Oregon Department of Justice. **Daniel Hartung** asked about the place on the PDAB website where declared conflict of interests are posted and staff said it will be added to the website soon.

Board review of DPT quarterly reports and drugs for affordability review rule: **Ralph Magrish** said the board will review the data and narrow the list of potential drugs to prioritize for the affordability review. **Cortnee Whitlock** reviewed the data on Pages 28-80, which is also located on the PDAB website. **Dan Hartung** said on the DPT carrier data – top drugs to review, the most highly-prescribed drugs include many low-cost drugs. How does that interplay with drugs that have a year-to-year price increase and does one trump the other to make it to this top-end list? **Amanda Claycomb,** research analyst**,** said if the drug was on the most costly list, it has been listed with the top 25, even if it did not show on another list. For the other classifications, if it appeared on two or more lists, it was also included. **Robert Judge** said he appreciates the way the data is presented, especially having the number of people being prescribed these drugs related to prescription volume. He wondered if Column I "List type" would be useful. **Cortnee Whitlock** said DPT carrier data - top drugs to review provides a quick snapshot, a summary list from the other sheets. **John Murray** said reviewing 80 pages of data and extensive tables for today's meeting was a little overwhelming. He understands the four criteria the board is looking at: the greatest increase; most costly; most expensive; and most prescribed. To regain his focus and not get lost in the numbers, he reviewed the purpose of the Prescription Drug Affordability Board and realized the key criteria is "most costly drug." His perspective is from the people who walk in the door of the pharmacy and get prescriptions. How do board decisions affect those people? **Ralph Magrish** said DCBS soliciting information from the carriers about rebates will illuminate the impact on members' out of pocket expense at the pharmacy counter. **Shelley Bailey** recommended filtering by the number of enrollees and prescriptions, then by total annual spend and year-over-year increase. She said seeking additional information such as the PBM percentage of the spend of these drugs would help the board get a better idea of how plan design is driving affordability. **Richard Bruno** agreed and also appreciates the DPT carrier data - top drugs to review. He sees a lot of medications on the list that are very difficult for his patients in primary care to access, many requiring prior authorizations due to high cost. He spends a lot of time trying to get his patients access to these medications. He said some drugs on this list are very much standouts and pain points for folks in primary care. **Akil Patterson** said the board needs to think about the following: data availability and integrity, whether the information is useable; how drug prices are determined within the data sets; how they are negotiated with the carriers and the pharmaceutical companies; drug price impact on different regions of the state; how the carrier data represents different socioeconomic statuses and demographics; impact on patients and trends in out-of-pocket expenses related to prescription drugs; drug price effect on choice of medications, adherence to treatments, and selection of insurance plans in relation to drug care, coverage, and costs; reaching out to health care providers, including on the board, to offer guidance about relationship between pharmacies, providers, and insurers on overall drug prices; impact on Medicare and Medicare costs; and long-term effects on quality of care from the medications the board will be reviewing. **Dan Hartung** asked if the DPT carrier data reflects net costs, net spending, including rebates and discounts and staff said yes. He said gross changes from year to year are a combination of price increase and increased utilization. The board could ask if the increases are due to drug acquisition costs or increased utilization. He said it is hard to compare these products because some are administered once every six months, some once every month. For example, Ocrevus on Page 31 is $31,000 per prescription but administered only twice a year. Perhaps a cost per enrollee might be a more appropriate and comparable metric. **Ralph Magrish** said staff would add dosing patterns to the spreadsheet for the next board meeting.

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Dr. Ben Rome, a health policy research with PORTAL and Harvard primary care doctor who is on contract with PDAB, said the board has many drugs to pick from and to get down to nine is challenging. It would be great to have every data point on every drug, but that would be overwhelming. There are many ways to go about this – pick a few drugs from each list or lean on one list this year to focus on. He agrees with Dan Hartung's comment about cost per prescription in DPT carrier data – top drugs to review. The board could take Column E and divide it by Column D for the total spend per enrollee of a prescription. He agreed with board members that out-of-pocket cost data is important. He said the manufacturer data has a lot of missing information. The carrier data is a lot easier for the board to manipulate and make those judgments. The New Specialty Drug Filings for 2022 is a more diverse list with many generic products that are coming to market in the future. The board may want staff to separate out new generic specialty drugs from new branded products to make it more manageable. There are challenges in looking at that list, partly because products are new and the board would not have data. The board would have to review primary literature, including how the FDA made a decision on the approval, what the market expectations are, and how many patients are likely to take it.

Robert Judge said the board has a concise, clean-looking workbook in the DPT carrier data. He asked if Ben Rome recommended the board focus on the carrier data, followed by the manufacturer data to help fulfill the board mission of ultimately selecting nine drugs. **Ben Rome** said the board should consider resource constraint. The list that will take the most resources to clean is the manufacturer price increase list, followed by new specialty drugs, followed by the carrier list, which is cleaner and ready to go. The board could decide to look at the carrier data this year and make decisions around how to sort it and select nine drugs from there. **Ralph Magrish** said there is no statutory requirement that the board select from both of the DPT lists. **Robert Judge** said for recommendations presented to the Legislature in December, he suggested porting over data elements from the manufacturer list into the carrier view, including biosimilars and therapeutic equivalents. **Akil Patterson** asked if the data is complete and **Ralph Magrish** said information from the carrier data request would be added.

Shelley Bailey suggested showing the cost per enrollee (total annual spend divided by the number of enrollees). **Ben Rome** agreed and said he likes total spend because it incorporates both use and price. **Shelley Bailey** asked if the board would remove drugs with orphan designation and Ralph Magrish said yes. **Dan Hartung** asked if the board would get insight into patient out-of-pocket costs. **Ralph Magrish** said it will come from the carrier data request. **Robert Judge** said most people think Humira should be on the list because it is the biggest driver of cost. But it also has a biosimilar coming to market that is going to attenuate that cost over time. It might not be worthwhile to look in depth at it. How would the board get that type of information to provide insight into this carrier list, for a drug that has a biosimilar option available or a therapeutic equivalent. **Shelley Bailey** said she would like to ask the carriers for the bin, PCN and group number for their PBM partner. If the information showed 40 percent of the drugs are through one PBM and 30 percent another, for example, it would help the board see plan design challenges that are impacting affordability. Group number may be associated with the group or employer and may be too granular, she said.

Robert Judge said to the extent that the PBM element would be helpful, it would make sense. But it is probably secondary, because the board is looking at WAC and whether the WAC increases, cost per person, per prescription, which are driven at the top. **Ralph Magrish** said the information from carriers must be aggregated and de-identifiable. He suggested talking with counsel to see if bin, PCN, group number would produce anything meaningful if the information is aggregated. **Shelley Bailey** said she believes PBMs are an important part of plan design related to affordability, especially in light of the Secretary of State's recent report.
Shelley Bailey asked the board if they would like to focus on the DPT carrier data. **Robert Judge** said he would not know where to begin with the manufacturer data. The carrier data workbook is not the best, but gives the board a really good starting place. **Chair Akil Patterson** said the board should focus on the carrier data. They

could come back to the manufacturing data if it gets cleaned up. **Shelley Bailey** asked if the board was open to two motions, one for excluding Humira due to market forces and one for focusing on the carrier data. **Robert Judge** said he cautions against excluding any drugs yet until the board gets to the point of starting the culling process. **Akil Patterson** recommended having two motions and two votes. **Shelley Bailey** said based on the information from Mr. Judge, she only has one motion to make.

Vice Chair Shelley Bailey made a motion for the board to focus analysis on the carrier data for the affordability reviews but rely on the other data to the extent that the board determines it helpful. **Ralph Magrish** asked if she could add that staff use the information for the DCBS carrier data call. The **Vice Chair Bailey** amended the motion accordingly. **John Murray** provided a second.

MOTION by Shelley Bailey for the board and staff to focus on the carrier data as primary data for analysis but rely on the other data if helpful.
Board Vote:
Yea: Akil Patterson, Shelley Bailey, Robert Judge, John Murray, Daniel Hartung
Nay: Richard Bruno.
Motion passed 5-1.

Insulin Data Review: **Cortnee Whitlock** reviewed the insulin data received from the All Payers All Claims (APAC) data page on Pages 73-80 and also located on the website. **Robert Judge** asked if the data is prior to rebates and staff said yes. He noted the board is looking at the data in a rearview mirror because it is from 2022. He recommended identifying and removing drugs that manufacturers have announced price reductions for in the future. **John Murray** recommended the same for drugs affected by the future federal cap on insulin costs. **Dan Hartung** said, while this data shows out of pocket cost per patient, it lacks aggregated spending overall similar to the other data files. He said some of the drugs on this list have low utilization. If the board has to pick one, they want to make sure they are not missing something used by the most Oregonians. **Ralph Magrish** said staff could request that information from APAC. He said people may be wondering why this list does not include diabetes drugs also approved for weight loss. He said it is not certain those would be categorized as insulin products at this time. **Dan Hartung** agreed. **Shelley Bailey** asked about indicating insulin types by color code or another method so board members can see which insulins are which types. **Ralph Magrish** said it is a great recommendation and staff will do that for next month's review. **John Murray** said the GPL-1 drugs are on other lists and will be part of the board's other prescription drug discussions. Citing Admelog Solo Star and HumaLOG on the insulin list, he asked how does the board choose one of these products when there are exactly the same therapeutic drugs? **Ralph Magrish** said it is a great question and staff will ask PORTAL about it. **Shelley Bailey** asked what is the definition for total claimants. **Cortnee Whitlock** said it is the total number patients. **Akil Patterson** thanked the board for the robust exercise. He said as they dig down, they will need the support of the clinicians on the board who deal with these medications on a daily basis.

Public comment: No one signed up to speak to the board. Dharia McGrew, state policy director, PhRMA, provided written testimony to the board. It is posted on the PDAB website.

Adjournment: The meeting was adjourned at 11:25 a.m. by **Chair Akil Patterson,** with a motion by **John Murray** and a second by **Robert Judge**.

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Board Member	Data suggestions
Shelley Bailey	• Filter by the number of enrollees and prescriptions, then by total annual spend and year-over-year increase. • Show the cost per enrollee (total annual spend divided by the number of enrollees). • Remove orphan designations • Ask carriers for bin, PCN and group number for their PBM partner • Insulin: color code types of insulin so it is easier for viewing
Richard Bruno	• Focus on the medications that require prior authorization and are difficult for patients to get
Daniel Hartung	• Research if increases are due to acquisition costs or increased utilization • Add dosing information to the carrier data list • Insulin: add aggregated spending overall, similar to other data files • Insulin: be sure to pick a drug used by most Oregonians
Robert Judge	• Column I "List Type" may not be helpful • Later in the process, remove Humira because a biosimilar is coming to market. Find out similar market information for other drugs. • Insulin: remove drugs manufacturers have announced price reductions for in the future • Recommendation for Legislature: port over data elements such as biosimilars and therapeutic equivalents from the manufacturer list into the carrier list
John Murray	• Most costly drugs should be a priority • Insulin: remove drugs affected by a future federal cap • Insulin: when choosing one, be aware different products are the same therapeutic drug
Akil Patterson	• Data availability and integrity, whether the information is useable • How drug prices are determined within the data sets; how they are negotiated with the carriers and the pharmaceutical companies. • Drug price impact on different regions of the state; how the carrier data represents different socioeconomic statuses and demographics • Impact on patients and trends in out-of-pocket expenses related to prescription drugs • Drug price effect on choice of medications, adherence to treatments, and selection of insurance plans in relation to drug care, coverage, and costs • Reaching out to health care providers, including on the board, to offer guidance about relationship between pharmacies, providers, and insurers on overall drug prices • Impact on Medicare and Medicare costs • Long-term effects on quality of care from the medications the board will be reviewing.

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Senator Ron Wyden's Message to the Prescription Drug Affordability Board, August 23, 2023

Good morning, and thank you all for inviting me. Each day, seniors and families in Oregon go to fill a prescription at the pharmacy counter, and so often they feel like they're getting hit with a wrecking ball. Since I became chairman of the Senate Finance Committee, I've made it a top priority to take on big pharma and deliver lower cost to families that are getting clobbered by the cost of medicine. So I am pleased to see this affordability board up and running. I know you're going to work for positive change in our state now. I'd like to use my time this morning to update Oregonians on what's been accomplished at the federal level, specifically, what we've done with respect to prescription drug pricing and what's still on the way. One year ago, President Biden signed the Inflation Reduction Act into law. The key provisions came from the Senate Finance Committee and this landmark law includes the most comprehensive reform in the way the federal government pays for prescription drugs since the creation of Medicare Part D in 2003. Each piece of this part of the bill is focused on one idea – seniors and taxpayers must pay less for prescription drugs.

Here's how that's going to work. First, The Inflation Reduction Act, because of our advocacy, has created a price-gouging penalty for the first time. What that means is big pharma can't hike prices faster than inflation without consequences for Medicare Part D. For drugs which are administered in the doctor's office, the penalty is already in effect. The price-gouging penalty goes right back to lowering coinsurance for seniors for each dose of their prescription. So that's going to make a big difference for drugs like Humira, the big arthritis drug that so many seniors use.

The law also made most common vaccines free for seniors. Some vaccines, like shingles, cost nearly $250 a dose, and the seniors used to be on the hook for nearly a third of the cost today. That's completely free to seniors. Next week Medicare is going to begin to negotiate lower prices by selecting 10 drugs for negotiation that costs seniors and Medicare the most. They are going to start with the high-cost drugs beginning in January. There will be an out-of-pocket cap that will deliver significant financial savings to seniors who are getting clobbered by especially expensive medications. 186,000 seniors in Oregon with Medicare Part D will see an average savings of $231 in 2024. In 2025, seniors, will see average savings of $388.

Now there is a lot more to do. Just last month the Finance Committee passed a bipartisan package of proposals that are going to take on another side of big pharma. There are drug middlemen who are known as pharmacy benefit managers and they have been paying out profits instead of fighting for lower prices like they're supposed to. The Finance Committee proposal focuses on identifying the incentives that cause these PBMs to favor higher prices. Can we eliminate them from Medicare? This effort is going to be moving ahead full steam when Congress returns to session this fall. That's because the Senate Finance Committee passed my bill overwhelmingly before the summer break. Thank you all again for your incredibly hard work. Look forward to working with you closely in the days ahead.

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Oregon Prescription Drug
Affordability Board

Senate Bill 192

Ralph Magrish, executive director
Oregon Prescription Drug Affordability Board
& Drug Price Transparency Program

Pharmacy Benefit Manager (PBM) Report

❑ Anticipated Structure

- No later than June 1, registered PBMs shall file a report containing the aggregated dollar amount of rebates, fees, price protection payments and any other payments received from manufacturers relating to managing the pharmacy benefits for carriers.

❑ Anticipated Process

- Rulemaking: October 2023 – March 2024
- Start communication: October 2023
- Rulemaking advisory committee (RAC): October or December 2023
- Develop template for aggregated data reporting: January – March 2024
- Rule implemented April 1, 2024
- PBM reporting to be received by June 1, 2024

* Rules will live in DCBS

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Carriers (health benefit plans)

- ❑ Anticipated Structure
  - Expand drug cost reporting from individual and small group to all carriers
  - Review current rule and edit to begin rule making process
- ❑ Anticipated Process
  - Rulemaking: October 2023 – March 2024
  - Start communication: October 2023
  - Rulemaking advisory committee (RAC): October or December 2023
  - Rule implemented: April 1, 2024
  - Reporting due May 2024

* Rules will live in DCBS

UPL Operational/Implementation Plan

- ❑ Structure-Submit plan to Legislature by Sept 15, 2024 including:
  - Methodology
  - Analysis of resources, enforcement options, impact on PEBB/OEBB; other state administered health benefits, health benefit plans/
  - Must include a detailed explanation of the plan and savings/cost analysis for
    - ✓ State
    - ✓ Insurers
    - ✓ Hospitals
    - ✓ Pharmacies
    - ✓ Consumers
    - ✓ 340B Covered Entities (not statutorily called out)

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UPL Operational/Implementation Plan

- Anticipated Process
  - Vendor procurement for stakeholder engagement and analytics (October-December)
  - Communications and outreach (January)
  - Stakeholder meetings (February-April)
  - Analytics and report/plan writing (May-June)
  - Board review and acceptance of report (July-August)
  - Submission to Legislature (September)

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Oregon Prescription Drug Affordability Board

Summary of 2023 policy updates

Title: Policies and Procedures **Policy Number:** 01

Annual Approval Date: July 20, 2022

- Updated all ORS references with links to online statute
- Section 4: Updated term lengths and language under Senate Bill 192
- Section 8: Updated language to clarify public comments
- Section 9: Updated language for posting PDAB meeting recordings to website
- Section 10: Updated number of board members for quorum and split vote decisions
- Section 15: Section was added for board issued iPads
- Some sections had minor edits
- Added footnotes

Title: Board Delegation Policy **Policy Number:** 02

Annual Approval Date: July 20, 2022

- Updated all ORS references with links to online statute
- Section 4: Updated language for posting PDAB meeting recordings to website

Title: Conflict of Interest **Policy Number:** 03

Annual Approval Date: August 3, 2022

- Updated all ORS references with links to online statute
- Removed references to alternate members
- Some sections had minor edits

Title: Public Comment **Policy Number:** 04

Annual Approval Date: January 18, 2023

- Updated all ORS references with links to online statute
- Section 2: Updated language for submission of written and oral comments

Oregon Prescription Drug Affordability Board

Title: Policies and Procedures **Policy Number:** 01

Annual Approval Date: July 20, 2022

Date Issued: June 23, 2022
Dates Reviewed: June 23, 2022; August 23, 2023
Amendment Date Approved: July 20, 2022

1. **Statutory authority.**

The Prescription Drug Affordability Board is convened under ORS 646A.693 through ORS 646A.697. Nothing in this document is intended to be contrary to these, or any, rules, statutes, constitutional provisions, or relevant judicial decisions. To the extent there is any inconsistency, the rules, statutes, Constitution, and judicial decisions govern.

2. **Purpose.**

The Prescription Drug Affordability Board (PDAB) is established by statute to protect residents of Oregon, state and local governments, commercial health plans, health care providers, pharmacies licensed in this state, and other stakeholders within the health care system in this state from the high costs of prescription drugs.

The board is directed to collect and evaluate information concerning the cost of prescription drugs in Oregon; perform affordability reviews of those prescription drugs; study the entire prescription drug distribution and payment system in this state and polices adopted by other states and countries that are designed to lower the list price of prescription drugs; and make recommendations to the legislative assembly to make prescription drugs more affordable in the state.

The board is required to provide reports to the Legislative Assembly on the following schedules:

No later than June 1 of each calendar year, the board shall submit a report to the legislative assembly on the generic drug marketplace.

No later than December 31 of each calendar year, the board shall submit a report to both the Legislative Assembly and the Health Care Cost Growth Target program at the Oregon Health Authority that includes:

(1) Price trends for the list of drugs provided by Department of Consumer and Business Services (DCBS) to the board;
(2) The prescription drugs reviewed for affordability reviews; and

(3) Any recommendations for legislative changes necessary to make prescription drugs more affordable in Oregon.

The board has rulemaking authority to adopt criteria for drug affordability reviews and to provide consultation to DCBS in the adoption of annual fees to be paid by manufacturers to meet the cost of program and board administration costs.

3. Board member selection process

Individuals interested in serving on the board may apply through the Oregon Boards and Commissions website.[1] Applicants must be residents of Oregon with expertise in health care economics and clinical medicine. Openings will be communicated to the public through a notice or other consumer alert. The board application process is open to the public at all times.

4. Term length and vacancies

The board consists of eight members appointed by the Governor under Senate Bill 192 (2023), and who are subject to Senate confirmation. The term duration for each member of the board is four years after the first appointed terms. Terms for the first appointed board are as follows:

(1) Two board members shall serve for a term ending December 31, 2024.
(2) Three board members shall serve for a term ending December 31, 2025.
(3) Three board members, including the chairperson shall serve for a term ending December 31, 2026.

5. Conflict of interest

The board's conflict of interest policy is set forth in the Prescription Drug Affordability Board Policy No. 03.

6. Responsibilities of the chair and vice chair

The members of the board will elect one member to serve as chair and one member to serve as vice chair for the duration of their appointment to the inaugural board. The chair provides leadership for the board, presides over all board meetings, and provides strategic planning to help the board comply with its statutory duties and responsibilities. The vice chair presides over a board meeting in their absence. The chair works with board staff to develop board meeting agendas as set forth in Section 8. The chair also ensures member compliance with the Conflict of Interest Policy No. 03.

7. Open records and meetings

[1] Boards & Commissions, Office of Oregon Governor Tina Kotek. https://www.oregon.gov/gov/Pages/board-list.aspx

The board activities are subject to the Oregon Public Meetings Law, ORS Chapter 192 Consistent with those laws, board activities generally will be conducted in public pursuant to public notice requirements, unless public meetings laws permit particular matters to be discussed in executive session to receive legal advice from the Oregon Department of Justice, to consider trade secret, confidential, or proprietary data that is not otherwise available to the public or other grounds found in ORS 192.660.

The board records are generally subject to the Oregon's Public Records Laws, subject to any exclusions from disclosure contained in ORS 192.340 through ORS 192.390.

8. Meetings

The board will hold meetings at least every six weeks. The chair of the board may decide to cancel or postpone a meeting when there are no prescription drugs to review whether as a result of incomplete data or the need for further analysis and no other board business to conduct. The meetings may be referred to as meetings or hearings depending on what types of business the board plans to conduct. The board has discretion to set the time for its meetings. The board may decide to adjourn a meeting or hearing to the next available day because a meeting or hearing is running long or for any other reason. A member can participate in person, by phone, or virtually. Board meetings are broadcast live over the internet, other than executive sessions.

The board will provide the opportunity for public comment at each meeting. Public comment can be submitted in writing or alternatively, given orally during the designated time. Persons giving oral comments should introduce themselves with their name and affiliation, if any. The board is not obligated to respond to comments. The amount of time allocated for public comment will be determined by the chair of the board in consultation with board staff.

Unless otherwise invited to speak or present by the board, persons or organizations wanting to offer public oral comment shall identify themselves no later than 24 hours before the PDAB meeting through a sign-up process administered by board staff. The board's public comment policy is set forth in the Prescription Drug Affordability Board Policy No. 04.

9. Meeting agendas, materials, and recordings

Board staff will post notices of upcoming meetings, meeting agendas, packets, minutes, and recordings on the Prescription Drug Affordability Board website. The meeting agenda will be designed to ensure the board meets its statutory obligations. The board chair in collaboration with the staff will prepare a draft agenda and provide it to the members prior to the board meeting or hearing.

10. Quorum, decisions, and voting

A majority of the eight (8) person board constitutes a quorum. Five members must be present to have a quorum. Voting will be conducted by a member roll call. Motions to conduct board business should flexibly follow the processes set forth in Robert's Rules of

Order (e.g. motion, second, discussion, vote). ORS 174.130 requires a majority of board members to concur for the motion to pass. If a vote ends in a tie, the motion fails.[2]

11. Executive session

The board may, at any time, retire into executive session to consult with the assigned assistant attorney(s) general at the Oregon Department of Justice or as permitted by ORS 192.660. The board will meet in executive session to discuss trade secret information. The board will not deliberate concerning whether to subject a prescription drug to an affordability review, or otherwise make any final decision of the board in executive session.

Upon reconvening the open meeting at the conclusion of the executive session, all members will maintain the confidentiality of the information discussed and/or legal advice provided in executive session.[3] The board will ensure that electronic recordings of executive sessions are securely stored and will only be disclosed if required under the Oregon Public Records Law, ORS Chapter 192.

12. Meeting attendance, absences, and participation

Board members are expected to make every effort to attend board meetings. Members may participate in a meeting in person, by telephone, or any other means of electronic communication by which all persons participating in the meeting can hear each other at the same time. If a member is unable to attend a meeting, the member must notify the chair and executive director prior to the meeting. Under ORS 182.010 through ORS 182.020, any member of a state board or commission appointed by the governor who fails to attend two consecutive meetings of the board or commission, whether regular, adjourned or special, shall forfeit office unless the member is prevented from attending by the serious illness of a member or the family of the member or for any other cause that in the judgment of the governor constitutes a valid reason for failing to attend. The governor shall immediately appoint a successor.

13. Board members are public representatives

Members of the board are public representatives, appointed by the governor to protect residents of this state, state and local governments, commercial health plans, health care providers, pharmacies licensed in this state and other stakeholders within the health care system in this state from the high costs of prescription drugs. Members accept appointment to the board with the understanding that they will represent the public interest in their actions and decisions on the board.

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[2] Attorney General's Public Records and Meetings Manual 2019, Appendix K – Parliamentary Procedure, Quorums and Voting. Oregon Department of Justice. https://www.doj.state.or.us/oregon-department-of-justice/public-records/public-records-and-meetings-law/

[3] Attorney General's Public Records and Meetings Manual 2019, II. Public Meetings, E. Executive (Closed Sessions). Oregon Department of Justice. https://www.doj.state.or.us/oregon-department-of-justice/public-records/attorney-generals-public-records-and-meetings-manual/ii-public-meetings/#_Toc11743475

14. Use of state email accounts

State email accounts should be used only to send or receive information to or from the board staff. When sending or replying to board staff, members should not reply all so as to avoid a situation of appearance of board business being discussed in a setting that should otherwise be public. If board members receive communications from the public about board business, board member should forward those communications to the PDAB Executive Director Ralph Magrish at Ralph.M.Magrish@dcbs.oregon.gov.

15. Board Issued iPads

Board members are provided iPads and should be used only to conduct board business. Board members are to log into their iPads regularly and comply with security procedures and instructions to update systems when notified through email. If a member has an any login issues, the iPad is damaged, or stolen they are to contact DFR Techs or PDAB staff as soon as possible.

Members are to return their iPads to DFR Techs or PDAB staff once their service term ends.

16. Coordinating with other entities

The board may, from time to time, coordinate with other boards, commissions, industry, educational institutions, and state agencies where the responsibilities and interests overlap in creating transparency for the cost of prescription drugs and determining the affordability of prescription drugs for Oregon consumers.

17. Interaction with the media and lobbyists

Unless otherwise delegated to them by a majority vote of the board, individual board members do not have the authority to speak on behalf of the board. The board operates as a single entity when communicating with external parties. If board members receive media requests related to their board work and participation, they should notify the PDAB Executive Director Ralph Magrish at Ralph.M.Magrish@dcbs.oregon.gov.

18. Department of Consumer and Business Services staff

Board staff shall provide support to the board including serving as the recording secretary for the board; coordinating board meeting times, location (virtual or otherwise), materials, and other logistics; compiling information necessary for the board to conduct affordability reviews, administrative rule development, drafting and filing, policy issue brief development, data analysis, and additional tasks as delegated by the board.

The staff may also provide support to the board in preparing policy recommendations to the Legislative Assembly and preparation of annual reports to the Legislative Assembly (pursuant to ORS 646A.693 through ORS 646A.697).

The DCBS on behalf of the board, may enter into contracts with qualified, independent third parties for services necessary to carry out the powers and duties of the board. All

contractors are required to enter into a nondisclosure agreement to protect trade secret, confidential, or proprietary information.

The board may also delegate particular tasks to DCBS on a case-by-case basis to perform its duties.

19. Annual review

The board will review this policy and the conflict of interest policy at least annually.

Oregon Prescription Drug Affordability Board

Title: Board Delegation Policy **Policy Number:** 02

Annual Approval Date: July 20, 2022

Date Issued: June 23, 2022
Dates Reviewed: June 23, 2022; July 20, 2022; August 23, 2023

1. Statutory authority

The Prescription Drug Affordability Board is convened under ORS 646A.693 through 646A.697. Nothing in this document is intended to be contrary to these, or any, statutes, constitutional provisions, or relevant judicial decisions. To the extent there is any inconsistency, the statutes, constitution, and judicial decisions govern.

2. Purpose

a. To clarify when staff within the Department of Consumer and Business Services (DCBS) may perform work on behalf of the Prescription Drug Affordability Board.
b. To provide guidance to the board regarding their duties and responsibilities with respect to staff.

3. Board support

Staff from the Department of Consumer and Business Services shall provide support to the board including serving as the recording secretary for the board; coordinating board meeting times, location (virtual or otherwise), materials, and other logistics; compiling information necessary for the board to conduct affordability reviews, administrative rule development and drafting, policy issue brief development, data analysis, and additional tasks as delegated by the board.

Staff may also provide support to the board in preparing policy recommendations to the Legislative Assembly and preparation of annual reports to the Legislative Assembly pursuant to ORS 646A.696 through 646A.697.

DCBS, with the approval from the board, may enter into contracts with qualified, independent third parties for services necessary to carry out the powers and duties of the board. All third-party contractors are required to agree to contractual provisions that address confidentiality and non-disclosure to protect trade-secret, confidential, or proprietary information. Third party contractors are to disclose any conflict of interests prior to entering into contract agreement and if any conflicts occur under the time of the contract.

The board may also delegate particular tasks to DCBS on a case-by-case basis to perform its duties.

4. Policy statement

The board delegates its authority to Staff to perform the following functions on the Board's behalf. The board may also delegate its authority to staff in other specific policies and procedures, or during meetings through oral direction or by written resolution. The board may elect to perform any of these duties at its discretion, including delegation of any of these duties to an individual board member.

Board meetings pursuant to Oregon Public Meetings Law, ORS Chapter 192

a. Facilitate public meetings and board executive sessions, including scheduling meetings, arranging meeting platforms and/or locations, and sending calendar invitations and board-related notices.
b. Provide public notice of board meetings and agenda items on the board website and Oregon Transparency website.
c. Develop agendas for board meetings in coordination with the board chair.
d. Serve as the recording secretary for the board and prepare meeting minutes for consideration by the board.
e. Prepare board materials.
f. Distribute agenda and materials in support of the board agenda to each board member.
g. Review meeting materials and agenda items with legal counsel prior to the board meeting.
h. Record all meetings.
i. Provide minutes and recordings of board meetings on the board website.
j. Record and securely store recordings of all executive sessions entered into by the board at board meetings.

Contracts

a. Pursuant to and in compliance with state law and procurement policies, facilitate contracts for work deemed necessary by the board to carry out its powers and duties and ensure contract deliverables requested by the board, if any, are prepared and presented to the board.

b. The board determines that to necessarily carry out its powers and duties, DCBS is authorized to contract on its behalf for work related to the following:

    i. Data identification, collection, and analysis related to pharmaceutical markets and supply chains, prescription drug pricing, and other state and federal programs related to prescription drug pricing;
    ii. Data, research, analysis, and supporting materials to inform the process for and

conducting of affordability reviews;

iii. Equity and cultural responsiveness related to the Board's activities; and

iv. Data, research, analysis, and supporting materials for board consideration in identifying potential policy recommendations to the Legislative Assembly and compiling board recommendations.

Administration

a. Serve as the custodian of record for the board in accordance with Oregon Public Records law (ORS Chapter 192).

b. Maintain records for the board in accordance with board retention policies and all applicable laws and regulations, including but not limited to securely storing information, documents, and records received by the board and executing the board's destruction policy.

c. Establish and maintain an electronic mail account for the board for submission of public comment, public inquiries, or submissions of information for board consideration.

d. Receive and respond to requests related to the board in accordance with any applicable board policies and all applicable laws and regulations and seek assistance of legal counsel in connection with any such request, if necessary.

e. The executive director or any other staff for the board may accept service on behalf of the board.

f. Draft and issue correspondence on behalf of the board, including with stakeholders, to communicate board positions and determinations, provide notice of board activities, respond to administrative or ministerial requests made to the board, and/or seek additional information on behalf of the board.

g. Receive and maintain documents and correspondence addressed or submitted to the board and ensure the board's review of such materials, if necessary.

h. Draft reports and memoranda pertaining to work completed by or on behalf of the board.

i. Maintain the board's public webpage and ensure the webpage contains the following:

   i. Conflicts of interest disclosed to the board pursuant to ORS 646A.693.

   ii. Reports prepared for the Health Care Cost Growth Target program pursuant to ORS 646A.696.

   iii. Reports prepared for the Legislative Assembly pursuant to ORS 646.697.

   iv. Notice of board meetings and hearings.

   v. All agendas, non-confidential and non-privileged meeting materials, and board-approved meeting minutes.

   vi. List of board members.

vii. Instructions for submitting materials for the board's consideration.
viii. Contact information for submitting requests pursuant to Oregon Public Meetings Law, ORS Chapter 192.
ix. Policies and procedures adopted by the board.
x. Resolutions, orders, and any other memorialized decisions by the board.
xi. Findings, reports, and studies conducted by the board, redacted for confidential information as necessary.
xii. Notices of proposed rulemaking and rulemaking hearing information.
xiii. Regulations and guidance adopted by the board.
xiv. List of all prescription drugs the board determines to be unaffordable.
xv. Any material specifically requested by the board.

Support for performance of board duties

a. Facilitate rulemaking conducted by the board, including but not limited to:
   i. Draft rules for consideration by the board.
   ii. Effectuate publication and/or filing of notices of draft proposed regulations approved by the board, and adopted rules in the Oregon Bulletin, on the Oregon Secretary of State's website.
   iii. Submit requests for advice from Oregon Department of Justice.
   iv. Compile the official rulemaking record for all rulemaking conducted by the board, including receipt and inclusion of any public comments.
b. Collect and provide conflicts of interest to the board by distribute conflict of interest forms and coordinate completion of disclosures when required by law.
c. Draft reports required by ORS 646A.696 and ORS 646A.697, and present drafts to the board for review, amendment, and approval.
d. Coordinate with legislative staff regarding any legislative hearings or presentations.
e. Coordinate the secure collection of and access to data and information on behalf of the board pursuant ORS 646A.694, ORS 646A.696, and ORS 646A.697, including by working with other state agencies, stakeholders, and presenting material received to the board, and entering into memoranda of understanding or data use agreements as needed and approved by the board.
f. Request notification and copies of any notices of membership withdrawal received by the board pursuant to ORS 646A.693.
g. Assist in the collection and presentation of data, information, or analysis necessary for the board to perform its duties related to affordability reviews and as may be further specifically addressed in other board policies.

Oregon Prescription Drug Affordability Board

Title: Conflict of Interest **Policy Number:** 03

Annual Approval Date: August 3, 2022

Date Issued: Aug. 3, 2022
Dates Reviewed: Aug. 3, 2022; August 23, 2023
Amendment Date Approved: Aug. 3, 2022

1. Purpose

To ensure that the Oregon Prescription Drug Affordability Board conducts business for the benefit of the public and in the absence of personal, financial, or otherwise improper interests. The purpose of this policy is to describe the statutory requirements regarding conflicts of interest.

2. ORS Chapter 244

Board members will adhere to the requirements of ORS Chapter 244, the Government Ethics Act, and the Oregon Administrative Rules, Chapter 199, of the Oregon Government Ethics Commission (OGEC), which can be found here: https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=143

Guidance regarding these laws can be found on the OGEC website: https://www.oregon.gov/ogec/Pages/default.aspx

Board members will disclose, in accordance with subsection 4 of this policy, any potential or actual conflicts of interest as defined in ORS 244.020(1) and (13):

(1) "Actual conflict of interest" means any action or any decision or recommendation by a person acting in a capacity as a public official, the effect of which would be to the private pecuniary benefit or detriment of the person or the person's relative or any business with which the person or a relative of the person is associated unless the pecuniary benefit or detriment arises out of circumstances described in subsection (13) of this section."

(13) "Potential conflict of interest" means any action or any decision or recommendation by a person acting in a capacity as a public official, the effect of which could be to the private pecuniary benefit or detriment of the person or the person's relative, or a business with which the person or the person's relative is associated, unless the pecuniary benefit or detriment arises out of the following:

(a) An interest or membership in a particular business, industry, occupation or

other class required by law as a prerequisite to the holding by the person of the office or position.

(b) Any action in the person's official capacity which would affect to the same degree a class consisting of all inhabitants of the state, or a smaller class consisting of an industry, occupation or other group including one of which or in which the person, or the person's relative or business with which the person or the person's relative is associated, is a member or is engaged.

(c) Membership in or membership on the board of directors of a nonprofit corporation that is tax-exempt under section 501(c) of the Internal Revenue Code."

Board members, under ORS 244.120 (2), will also:

(a) When met with a potential conflict of interest, announce publicly the nature of the potential conflict prior to taking any action as a board member; or

(b) When met with an actual conflict of interest, announce publicly the nature of the actual conflict and:

(A) Except as provided in subparagraph (B) of this paragraph, refrain from participating as a board member in any discussion or debate on the issue out of which the actual conflict arises or from voting on the issue.
(B) If the board member's vote is necessary to meet a requirement of a minimum number of votes to take official action, be eligible to vote, but not to participate as a public official in any discussion or debate on the issue out of which the actual conflict arises.

Please note that if the requirements of recusal under ORS 646A.693 apply, the board member must recuse themselves from the decision, even if the board member would otherwise be allowed to vote under ORS 244.120(2)(b)(B).

3. ORS 646A.693

Board members will adhere to the requirements of ORS 646A.693 as follows:

Recusal

(a) A member of the board shall recuse themselves from decisions related to a prescription drug if the member, or an immediate family member of the member, has received or could receive any of the following:

(A) A direct financial benefit of any amount deriving from the result or finding of a study, review or determination by or for the board; or
(B) A financial benefit from any person that owns, manufactures, or provides prescription drugs, services or items to be reviewed by the board that in the aggregate exceeds $5,000 per year.

(b) For the purposes of paragraph (a) of this subsection, a financial benefit includes honoraria, fees, stock, the value of the member's or immediate family member's stock holdings and any direct financial benefit deriving from the result or finding of a study, review or determination by or for the Board.

Disclosure of conflicts of interest

(a) A conflict of interest shall be disclosed:

(A) By the board when hiring board staff;
(B) By the governor when appointing members to the board; and
(C) By the board, when a member of the board is recused in any final decision resulting from a review of a prescription drug.

(b) A conflict of interest shall be disclosed at the earlier of:

(A) Prior to the first board meeting after the conflict is identified; or
(B) Within five days after the conflict is identified.

(c) A conflict of interest disclosed under this section shall be posted on the website of the board unless the chair of the board recuses the member from any final decision resulting from a review of a prescription drug.

(d) A posting under paragraph (e) of this subsection shall include the type, nature and magnitude of the conflict of interest of the member involved.

Gifts

Members of the board, staff, and third parties that contract with the board may not accept any gift or donation of services or property that creates a potential conflict of interest or has the appearance of biasing the work of the board.

4. Procedures for identifying and managing conflicts of interest

Prior to each board meeting, board members will review the draft agenda and identify any potential or actual conflicts of interest under ORS 244.120 or ORS 646A.693 (conflict of interest).

When a board member determines they have a conflict of interest, the board member must inform the board chair and vice-chair, recuse themselves and fill out and submit the conflict of interest form to pdab@dcbs.oregon.gov.

The board member will also notify the board staff to help ensure that the member does not have access to information on matters for which the member must recuse themselves and to ensure the conflict of interest is appropriately posted.

Potential contractors will disclose any prior or current work in the pharmaceutical business sector that could give rise to a potential or actual conflict of interest as defined in ORS 244.020.

Contractors will ensure that qualified personnel selected to perform work for the board have no professional, familial or financial conflict of interest relating to the pharmaceutical business sector. In connection with any particular project or work to be performed, the board reserves the right to reject any proposed personnel. In the event the board rejects the proposed personnel, the contractor will be required to provide other personnel who are acceptable to the board.

5. Annual review

The board will review this policy at least annually.

Oregon Prescription Drug Affordability Board

Title: Conflict of Interest Form **Policy Number:** 03

Annual Approval Date: August 3, 2022

Date Issued: Aug. 3, 2022
Dates Reviewed: Aug. 3, 2022; August 23, 2023

CONFLICT OF INTEREST FORM

The Prescription Drug Affordability Board (PDAB) asks that you complete this conflict of interest disclosure required by ORS Chapter 244.

This form is due annually or when a conflict is disclosed by a board member under ORS 646A.693 or when a conflict is disclosed by a contractor under ORS 244.020. You may wish to retain a copy of this form.

Instructions: Please fill in the appropriate box. If a conflict of interest is indicated, fill out questions 1 and 2 and include activities occurring currently or during the past year. Return by email to: pdab@dcbs.oregon.gov

Declaration (check one):

☐ I confirm that neither I nor any immediate family member nor any business with which I am associated have any personal or business interest in or potential for personal gain from any of the organizations or projects linked to PDAB. I also confirm that the disclosed information is correct and that no other situation of real, potential or apparent conflict of interest is known to me. I undertake to inform the board chair of any conflict or potential conflict of which I become aware immediately following any announcement by the board or the PDAB staff which may concern me. I also undertake to inform the board chair of any change in these circumstances, including – if an issue arises – during the course of my association with PDAB as a board member, board staff, contractors, and assigned assistant attorneys general.

☐ I confirm that I or my immediate family member have a financial or other interest in the subject/matter of the work in which I will be involved, which may be considered as constituting a real, potential or apparent conflict of interest.
If this section is checked please answer the following questions.

1. Financial benefit

If you or an immediate family member (see definition below) have a direct or indirect ownership or investment, or can benefit from any person that owns, manufactures, or provides prescription drugs, please note the name of the source, ownership percentage and any income generated from the ownership or investment interest. Financial benefit includes honoraria, fees, stock, the value of the member's or immediate family member's stock holdings and any direct financial benefit deriving from the result or finding of a study, review or determination by or for the board.

Name & address of source	Financial benefit	Received by

Immediate family member - Means any person living in the same household as a board member, a staff member, and/or a contractor working on behalf of the board.

Does an income source listed above do business, or could it reasonably be expected to do business, with the public body you wish to serve or over which you may have authority? **Yes** ☐ **No** ☐

Does an income source listed above have a legislative or administrative interest in the public body you wish to serve or over which you may have authority? **Yes** ☐ **No** ☐

2. Shared business with lobbyist

If you or a member of your household shared a partnership, joint venture, or similar substantial economic relationship with a paid lobbyist during the immediately preceding calendar year, or were employed by or employed a paid lobbyist during that time, please list the following: Note: owning stock in a publicly-traded company in which the lobbyist also owns stock is not a relationship which requires disclosure.

Name of Lobbyist	Business Name	Business Type

_____ _____

Name **Date**

_____

Signature

Please return by email to: pdab@dcbs.oregon.gov

From the Oregon Government Ethics Commission, A Guide for Public Officials can be reviewed at: https://www.oregon.gov/ogec/Documents/2021%20PO%20Guide%20Final%20Adopted.pdf.

Oregon Prescription Drug Affordability Board

Title: Public Comment **Policy Number:** 04

Annual Approval Date: January 18, 2023

Date Issued: Aug. 3, 2022
Dates Reviewed: Aug. 3, 2022; Aug. 17, 2022; Jan. 18, 2023; August 23, 2023
Amendment Date Approved: Jan. 18, 2023

1. Purpose

The opportunity for public comment will be provided at each Prescription Drug Affordability Board (PDAB) meeting according to ORS 646A.693(13).

2. Policy Statement

The Prescription Drug Affordability Board welcomes public comment during board meetings. Board members generally will not respond to public comments during a meeting. Public comments may be submitted in writing or given orally during the designated time by completing the PDAB public comment form provided on the PDAB website.

The PDAB public comment form's purpose is to:

1) Sign up to provide comments;

2) Assist board staff with time allotments for meeting agenda items; and

3) Disclose interest or affiliation.

Having an interest or affiliation does not prevent written or oral comments from being provided, but is included on the form for transparency purposes. Prior to the public comment, the board chair will state whether the form has been completed and any interest or affiliation of the speaker.

Written comments
For written comments, the PDAB public comment form is to be submitted no later than 72 hours before the PDAB meeting. The form is located on the Oregon Prescription Drug Affordability Board website. Written comments will be posted to the PDAB website.

Oral comments
For oral comments, the PDAB public comment form is to be submitted no later than 24 hours before the PDAB meeting. The form is located on the Oregon Prescription Drug Affordability Board website. Individuals who did not sign up before the deadline will have

the opportunity to speak at the next meeting. Speakers will be called to speak in the order in which they sign up. The board chair will ask the speakers to introduce themselves with their name and affiliation, if any.

The amount of time allocated for oral public comment will be determined by the board chair in consultation with board staff. When there are multiple requests to comment on a particular topic, the board chair may limit or expand the total time for comment or reduce the time allotted for each speaker. Any changes will be announced at the beginning of the public comment agenda item.

Oregon Prescription Drug Affordability Board

Title: Public Comment Form **Policy Number:** 04

Annual Approval Date: July 20, 2022

Date Issued: June 23, 2022
Dates Reviewed: June 23, 2022; July 19, 2022; August 23, 2023
Amendment Date Approved: July 20, 2022

Public Comment Form

Use this form to provide public comment orally or in writing and to disclose an interest or affiliation. Failure to complete this form does not disqualify a speaker from commenting. However, persons who opt not to complete the form should be advised it will be publicly stated prior to their oral testimony. Public comment will be posted to the PDAB website.

Instructions: Please read all information and fill in areas with an asterisk (*). Please submit the form no later than 24 hours before the PDAB meeting for oral comments and no later than 72 hours before the PDAB meeting for written comments. If you need assistance, please call the PDAB office at 971-374-3724 or send an email to pdab@dcbs.oregon.gov.

COMMENTER INFORMATION	
*Name:	*Date:
*Organization, if applicable:	*Topic/Drug:
Email Address:	Phone Number:
Are written comments submitted with this form? **Yes** ☐ **No** ☐	
Do you plan to offer oral comment in addition to the written submission? **Yes** ☐ **No** ☐	
*Are you an employee, or volunteer of, or a lobbyist for, a pharmaceutical manufacturer, trade association, the health care industry, prescription drug supply chain, advocacy group, or other? **Yes** ☐ **No** ☐ *If **yes**, please identify the entity / organization:	
*Do you or your organization receive funding from a pharmaceutical manufacturer, trade association, the health care industry, prescription drug supply chain, advocacy group, or other? **Yes** ☐ **No** ☐ *Have you been asked to provide comments? **Yes** ☐ **No** ☐ *If **yes**, please identify the entity / organization:	
*If you are a researcher or clinician, do you currently receive grants or other funding from any pharmaceutical entity, advocacy group, or other? **Yes** ☐ **No** ☐ *If **yes**, please identify the entity: *Are you involved in or have you been involved in any research funded directly or indirectly from any pharmaceutical entity, advocacy group, or other? **Yes** ☐ **No** ☐ *If **yes**, please describe the type of compensation:	
Is there any other information about yourself that the board should know?	

Oregon Prescription Drug
Affordability Board

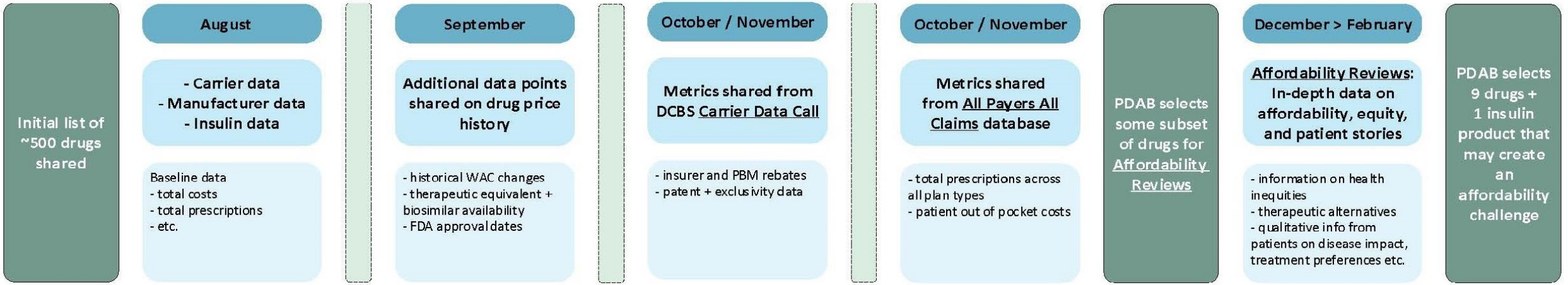
PDAB Affordability Review Proposed Timeline and Data

Brekke Berg, data analyst

Cortnee Whitlock, policy analyst

Oregon Prescription Drug Affordability Board

PDAB Affordability Review Proposed Timeline



Narrowing the focus enables a thorough analysis on a shorter list of drugs

Oregon Prescription Drug Affordability Board

2

Oregon Prescription Drug
Affordability Board

The information on Pages 38-39 of the agenda packet is provided by the Drug Price Transparency program. The information on Pages 40-43 is provided by the Oregon Health Authority's All Payer All Claims data base. PDF documents are included in this agenda packet. Click on the prescription drug data web page to access spreadsheets in Excel format:

*** DPT carrier data 2022**

*** 2023 CCO Top Costs Claims**

*** DPT manufacturer data annual price increase report 2022**

*** DPT manufacturer data new specialty drugs report 2022**

*** Insulin data analysis 2021 through 2022**

DPT carrier data - top drugs to review

Therapy class	Proprietary name(s)	Non-proprietary name	Number of presciptions	Number of enrollees	Total annual spend	Year over year increase	Total annual spend per enrollee	Avg YoY price change (over past 5 years)	Average cost per prescription	Has orphan designation(s) per FDA	Brand or generic	Drug has a therapeutic equivalent or biosimilar	First FDA approval date	Drug part of IRA CMS negotiation list	Number of carriers	Percent of carriers	Drug also on the CCO list
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Keytruda	Pembrolizumab	1,611	269	$28,248,898	$11,840,653	$105,014.49	1.83%	$17,535	Both Orphan and Non-Orphan	Brand	None listed	9/4/2014	No	9	100%	Top Costs / Top Cost Change
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Opdivo	Nivolumab	887	109	$10,884,240	$2,274,979	$99,855.41	1.78%	$12,271	Both Orphan and Non-Orphan	Brand	None listed	12/22/2014	No	8	89%	Top Costs / Top Cost Change
PASSIVE IMMUNIZING AND TREATMENT AGENTS	Gammagard / Gammaked / Gamunex-C	Immune Globulin (Human) IV or Subcutaneous	2,339	129	$10,747,945	$4,312,556	$83,317.41	3.63%	$4,595	Both Orphan and Non-Orphan	Brand	None listed	8/27/2003	No	7	78%	Top Cost Change
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Ocrevus	Ocrelizumab	352	164	$10,932,003	$1,784,101	$66,658.56	2.48%	$31,057	No	Brand	None listed	3/28/2017	No	8	89%	Top Costs
GASTROINTESTINAL AGENTS - MISC.	Entyvio	Vedolizumab	2,038	354	$17,655,131	$2,801,800	$49,873.25	4.60%	$8,663	No	Brand	None listed	5/20/2014	No	7	78%	Top Costs / Top Cost Change
DERMATOLOGICALS	Stelara	Ustekinumab	2,717	615	$28,957,943	$3,077,394	$47,086.09	5.20%	$10,658	No	Brand	None listed	9/25/2009	Yes	8	89%	Top Costs / Top Cost Change
DERMATOLOGICALS	Skyrizi / Skyrizi Pen	Risankizumab-rzaa	1,199	372	$15,517,811	$8,385,287	$41,714.54	7.65%	$12,942	No	Brand	None listed	4/23/2019	No	8	89%	Top Cost Change
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	14,283	1,842	$75,241,110	$3,682,844	$40,847.51	6.95%	$5,268	Both Orphan and Non-Orphan	Brand	Yes	12/31/2002	No	8	89%	Top Costs / Top Cost Change
ANALGESICS - ANTI-INFLAMMATORY	Enbrel / Enbrel SureClick	Etanercept	4,805	644	$22,017,823	$89,696	$34,189.17	6.14%	$4,582	Both Orphan and Non-Orphan	Brand	Yes	11/2/1998	Yes	9	100%	Top Costs
DERMATOLOGICALS	Cosentyx / Cosentyx Sensoready Pen / Cosentyx Sensoready	Secukinumab	4,401	590	$18,723,855	$2,560,019	$31,735.35	6.81%	$4,254	No	Brand	None listed	1/21/2015	No	8	89%	Top Costs / Top Cost Change
DERMATOLOGICALS	Tremfya	Guselkumab	708	144	$4,336,168	$1,575,599	$30,112.28	5.21%	$6,125	No	Brand	None listed	7/13/2017	No	5	56%	Top Cost Change
DERMATOLOGICALS	Dupixent	Dupilumab	4,406	577	$12,665,407	$3,333,668	$21,950.44	4.07%	$2,875	Both Orphan and Non-Orphan	Brand	None listed	3/28/2017	No	9	100%	Top Costs / Top Cost Change
OPHTHALMIC AGENTS	Eylea	Aflibercept	2,626	471	$8,222,980	$1,059,030	$17,458.56	0.00%	$3,131	Both Orphan and Non-Orphan	Brand	None listed	11/18/2011	No	7	78%	Top Costs / Top Cost Change
GASTROINTESTINAL AGENTS - MISC.	Inflectra	Infliximab-dyyb	6,209	1,075	$16,516,923	$5,489,239	$15,364.58	0.00%	$2,660	No	Brand	Yes	4/5/2016	No	8	89%	Top Costs / Top Cost Change

DPT carrier data - top drugs to review

Therapy class	Proprietary name(s)	Non-proprietary name	Number of presciptions	Number of enrollees	Total annual spend	Year over year increase	Total annual spend per enrollee	Avg YoY price change (over past 5 years)	Average cost per prescription	Has orphan designation(s) per FDA	Brand or generic	Drug has a therapeutic equivalent or biosimilar	First FDA approval date	Drug part of IRA CMS negotiation list	Number of carriers	Percent of carriers	Drug also on the CCO list
NEUROMUSCULAR AGENTS	Botox	OnabotulinumtoxinA	5,940	1,873	$6,673,692	$710,048	$3,563.10	1.08%	$1,123.52	Both Orphan and Non-Orphan	Brand	None listed	12/9/1991	No	9	100%	Top Costs
ANTIDIABETICS	Trulicity	Dulaglutide	13,176	2,702	$8,970,087	$907,047	$3,319.80	5.14%	$680.79	No	Brand	None listed	9/18/2014	No	8	89%	Top Costs / Top Cost Change
ANTIDIABETICS	Rybelsus / Ozempic	Semaglutide	16,774	3,657	$10,581,528	$3,238,534	$2,893.50	4.55%	$631	No	Brand	None listed	12/5/2017	No	9	100%	Top Costs / Top Cost Change
ANTICOAGULANTS	Eliquis / Eliquis DVT/PE Starter Pack	Apixaban	15,396	3,574	$8,812,210	$1,296,820	$2,465.64	6.00%	$572.37	No	Brand	Yes	12/28/2012	Yes	9	100%	Top Costs / Top Cost Change
ANTIDIABETICS	Jardiance	Empagliflozin	17,174	4,160	$7,262,309	$1,632,440	$1,745.75	5.00%	$423	No	Brand	None listed	8/1/2014	Yes	9	100%	Top Costs / Top Cost Change
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Vyvanse	Lisdexamfetamine Dimesylate	21,520	4,663	$7,558,385	$1,104,457	$1,620.93	4.60%	$351.23	No	Brand	None listed	2/23/2007	No	9	100%	Top Costs

Detailed Data - Insulin Spend 2021 and 2022 by Insulin Type, Drug Base, and Proprietary Name

			2021					2022					Year Over Year Comparison	
Insulin type	Drug base name	Proprietary name	Sum of Claimants	Overall spend	Per patient spend	Total patient costs	Patient costs per person	Sum of Claimants	Overall spend	Per patient spend	Total patient costs	Patient costs per person	2021-2022 Overall Spend Change ($)	2021-2022 Overall Spend Change (%)
Intermediate and Rapid-Acting	Insulin Aspart Protamine & Aspart (Human)	Insulin Asp Prot & Asp FlexPen	88	$167,667	$1,905	$2,481	$28	102	$176,246	$1,728	$959	$9	$8,579.06	5%
Intermediate and Rapid-Acting	Insulin Aspart Protamine & Aspart (Human)	Insulin Aspart Prot & Aspart	15	$15,501	$1,033	$130	$9	17	$26,426	$1,554	$600	$35	$10,925.05	70%
Intermediate and Rapid-Acting	Insulin Aspart Protamine & Aspart (Human)	NovoLOG 70/30 FlexPen ReliOn	13	$2,405	$185	$124	$10	12	$8,743	$729	$1,438	$120	$6,337.94	264%
Intermediate and Rapid-Acting	Insulin Aspart Protamine & Aspart (Human)	NovoLOG Mix 70/30	28	$132,656	$4,738	$7,320	$261	17	$58,294	$3,429	$2,537	$149	-$74,361.88	-56%
Intermediate and Rapid-Acting	Insulin Aspart Protamine & Aspart (Human)	NovoLOG Mix 70/30 FlexPen	124	$641,942	$5,177	$26,440	$213	44	$246,159	$5,595	$9,217	$209	-$395,782.82	-62%
Intermediate and Rapid-Acting	Insulin Aspart Protamine & Aspart (Human)	NovoLOG Mix 70/30 ReliOn	0	$0	NULL	$0	NULL	5	$2,332	$466	$20	$4	$2,332.16	
Intermediate and Rapid-Acting	Insulin Lispro Protamine & Lispro	HumaLOG Mix 50/50	2	$853	$426	$10	$5	2	$2,013	$1,006	$0	$0	$1,160.06	136%
Intermediate and Rapid-Acting	Insulin Lispro Protamine & Lispro	HumaLOG Mix 50/50 KwikPen	13	$51,643	$3,973	$980	$75	7	$25,581	$3,654	$550	$79	-$26,061.65	-50%
Intermediate and Rapid-Acting	Insulin Lispro Protamine & Lispro	HumaLOG Mix 75/25	11	$83,891	$7,626	$3,587	$326	9	$66,953	$7,439	$2,155	$239	-$16,937.97	-20%
Intermediate and Rapid-Acting	Insulin Lispro Protamine & Lispro	HumaLOG Mix 75/25 KwikPen	59	$354,498	$6,008	$14,345	$243	49	$319,094	$6,512	$13,993	$286	-$35,403.78	-10%
Intermediate and Rapid-Acting	Insulin Lispro Protamine & Lispro	Insulin Lispro Prot & Lispro	20	$26,575	$1,329	$3,856	$193	16	$14,299	$894	$1,875	$117	-$12,276.73	-46%
Intermediate and Short-Acting	Insulin NPH Isophane & Reg (Human)	HumuLIN 70/30	348	$364,738	$1,048	$26,575	$76	315	$357,996	$1,136	$26,061	$83	-$6,742.16	-2%
Intermediate and Short-Acting	Insulin NPH Isophane & Reg (Human)	HumuLIN 70/30 KwikPen	82	$285,150	$3,477	$19,671	$240	89	$306,887	$3,448	$21,176	$238	$21,736.69	8%
Intermediate and Short-Acting	Insulin NPH Isophane & Reg (Human)	NovoLIN 70/30	100	$178,105	$1,781	$16,825	$168	72	$122,626	$1,703	$6,155	$85	-$55,478.71	-31%
Intermediate and Short-Acting	Insulin NPH Isophane & Reg (Human)	NovoLIN 70/30 FlexPen	60	$102,735	$1,712	$7,153	$119	79	$152,517	$1,931	$5,243	$66	$49,781.16	48%
Intermediate and Short-Acting	Insulin NPH Isophane & Reg (Human)	NovoLIN 70/30 FlexPen Relion	8	$943	$118	$20	$3	13	$1,655	$127	$277	$21	$711.81	75%
Intermediate and Short-Acting	Insulin NPH Isophane & Reg (Human)	NovoLIN 70/30 ReliOn	31	$11,672	$377	$1,744	$56	28	$11,694	$418	$1,043	$37	$21.77	0%
Intermediate-Acting	Insulin NPH (Human) (Isophane)	HumuLIN N	3,989	$2,808,105	$704	$290,306	$73	3,767	$2,648,334	$703	$257,946	$68	-$159,771.25	-6%
Intermediate-Acting	Insulin NPH (Human) (Isophane)	HumuLIN N KwikPen	391	$573,543	$1,467	$52,968	$135	498	$672,121	$1,350	$50,824	$102	$98,578.01	17%
Intermediate-Acting	Insulin NPH (Human) (Isophane)	NovoLIN N	347	$361,889	$1,043	$27,285	$79	280	$294,701	$1,053	$26,681	$95	-$67,187.75	-19%
Intermediate-Acting	Insulin NPH (Human) (Isophane)	NovoLIN N FlexPen	131	$101,247	$773	$6,556	$50	149	$109,905	$738	$11,850	$80	$8,658.09	9%
Intermediate-Acting	Insulin NPH (Human) (Isophane)	NovoLIN N FlexPen ReliOn	33	$3,723	$113	$658	$20	29	$4,061	$140	$417	$14	$337.43	9%

Detailed Data - Insulin Spend 2021 and 2022 by Insulin Type, Drug Base, and Proprietary Name

			2021					2022					Year Over Year Comparison	
Insulin type	Drug base name	Proprietary name	Sum of Claimants	Overall spend	Per patient spend	Total patient costs	Patient costs per person	Sum of Claimants	Overall spend	Per patient spend	Total patient costs	Patient costs per person	2021-2022 Overall Spend Change ($)	2021-2022 Overall Spend Change (%)
Intermediate-Acting	Insulin NPH (Human) (Isophane)	NovoLIN N ReliOn	76	$17,099	$225	$5,126	$67	83	$15,506	$187	$2,169	$26	-$1,592.59	-9%
Long-Acting	Insulin Degludec	Tresiba	77	$212,461	$2,759	$12,268	$159	76	$229,225	$3,016	$11,591	$153	$16,763.97	8%
Long-Acting	Insulin Degludec	Tresiba FlexTouch	2,210	$8,780,992	$3,973	$427,160	$193	2,279	$9,116,082	$4,000	$377,969	$166	$335,090.21	4%
Long-Acting	Insulin Detemir	Levemir	152	$496,635	$3,267	$47,429	$312	116	$325,282	$2,804	$21,763	$188	-$171,353.27	-35%
Long-Acting	Insulin Detemir	Levemir FlexTouch	700	$2,260,193	$3,229	$171,177	$245	692	$1,972,542	$2,850	$134,699	$195	-$287,650.75	-13%
Long-Acting	Insulin Glargine	Basaglar KwikPen	4,634	$8,583,641	$1,852	$291,729	$63	4,477	$7,887,080	$1,762	$166,387	$37	-$696,560.62	-8%
Long-Acting	Insulin Glargine	Lantus	2,446	$5,803,169	$2,373	$603,538	$247	1,782	$3,478,800	$1,952	$309,471	$174	-$2,324,368.51	-40%
Long-Acting	Insulin Glargine	Lantus SoloStar	6,085	$16,049,090	$2,637	$1,849,731	$304	4,336	$11,170,906	$2,576	$1,046,071	$241	-$4,878,184.44	-30%
Long-Acting	Insulin Glargine	Semglee	80	$21,784	$272	$1,723	$22	51	$8,535	$167	$2,291	$45	-$13,248.72	-61%
Long-Acting	Insulin Glargine	Toujeo Max SoloStar	408	$2,274,327	$5,574	$153,906	$377	483	$2,650,691	$5,488	$152,599	$316	$376,364.47	17%
Long-Acting	Insulin Glargine	Toujeo SoloStar	784	$3,157,107	$4,027	$381,493	$487	776	$2,845,849	$3,667	$269,302	$347	-$311,258.06	-10%
Long-Acting	Insulin-Incretin Mimetic Combination - Two Ingredient	Soliqua	44	$158,443	$3,601	$17,785	$404	39	$159,491	$4,090	$23,495	$602	$1,047.92	1%
Long-Acting	Insulin-Incretin Mimetic Combination - Two Ingredient	Xultophy	26	$192,929	$7,420	$7,250	$279	14	$120,522	$8,609	$4,192	$299	-$72,406.63	-38%
Rapid-Acting	Insulin Aspart	Fiasp	101	$473,256	$4,686	$39,698	$393	108	$532,853	$4,934	$31,839	$295	$59,597.53	13%
Rapid-Acting	Insulin Aspart	Fiasp FlexTouch	144	$466,184	$3,237	$28,627	$199	158	$688,589	$4,358	$41,568	$263	$222,404.74	48%
Rapid-Acting	Insulin Aspart	Fiasp PenFill	13	$34,347	$2,642	$3,739	$288	21	$100,442	$4,783	$5,207	$248	$66,094.60	192%
Rapid-Acting	Insulin Aspart	Insulin Aspart	970	$2,002,431	$2,064	$107,938	$111	847	$1,919,410	$2,266	$72,369	$85	-$83,021.00	-4%
Rapid-Acting	Insulin Aspart	Insulin Aspart FlexPen	1,418	$1,945,707	$1,372	$73,562	$52	1,401	$1,897,537	$1,354	$53,766	$38	-$48,169.31	-2%
Rapid-Acting	Insulin Aspart	Insulin Aspart PenFill	196	$376,078	$1,919	$9,538	$49	195	$385,597	$1,977	$6,674	$34	$9,519.55	3%
Rapid-Acting	Insulin Aspart	NovoLOG	856	$4,651,818	$5,434	$347,577	$406	863	$5,359,605	$6,210	$279,086	$323	$707,786.42	15%
Rapid-Acting	Insulin Aspart	NovoLOG FlexPen	1,180	$4,654,644	$3,945	$322,787	$274	960	$3,947,832	$4,112	$219,054	$228	-$706,812.37	-15%
Rapid-Acting	Insulin Aspart	NovoLOG FlexPen ReliOn	38	$6,673	$176	$1,179	$31	108	$40,927	$379	$8,215	$76	$34,254.23	513%
Rapid-Acting	Insulin Aspart	NovoLOG PenFill	133	$488,150	$3,670	$39,016	$293	125	$617,007	$4,936	$34,006	$272	$128,856.66	26%

Detailed Data - Insulin Spend 2021 and 2022 by Insulin Type, Drug Base, and Proprietary Name

			2021					2022					Year Over Year Comparison	
Insulin type	Drug base name	Proprietary name	Sum of Claimants	Overall spend	Per patient spend	Total patient costs	Patient costs per person	Sum of Claimants	Overall spend	Per patient spend	Total patient costs	Patient costs per person	2021-2022 Overall Spend Change ($)	2021-2022 Overall Spend Change (%)
Rapid-Acting	Insulin Aspart	NovoLOG ReliOn	26	$13,882	$534	$2,882	$111	46	$49,220	$1,070	$9,693	$211	$35,338.21	255%
Rapid-Acting	Insulin Glulisine	Apidra	10	$44,428	$4,443	$3,078	$308	9	$40,554	$4,506	$4,080	$453	-$3,874.56	-9%
Rapid-Acting	Insulin Glulisine	Apidra SoloStar	22	$129,596	$5,891	$22,950	$1,043	14	$94,414	$6,744	$2,205	$158	-$35,181.96	-27%
Rapid-Acting	Insulin Lispro	Admelog	488	$801,465	$1,642	$6,853	$14	443	$554,213	$1,251	$4,965	$11	-$247,251.77	-31%
Rapid-Acting	Insulin Lispro	Admelog SoloStar	1,181	$1,663,266	$1,408	$10,930	$9	1,102	$1,209,357	$1,097	$6,273	$6	-$453,908.91	-27%
Rapid-Acting	Insulin Lispro	HumaLOG	3,164	$11,521,231	$3,641	$581,072	$184	2,995	$11,261,929	$3,760	$506,966	$169	-$259,301.28	-2%
Rapid-Acting	Insulin Lispro	HumaLOG Junior KwikPen	296	$564,290	$1,906	$55,116	$186	301	$645,193	$2,143	$46,898	$156	$80,902.57	14%
Rapid-Acting	Insulin Lispro	HumaLOG KwikPen	2,648	$8,378,546	$3,164	$582,805	$220	2,703	$8,540,264	$3,160	$464,282	$172	$161,718.02	2%
Rapid-Acting	Insulin Lispro	Insulin Lispro	783	$1,205,726	$1,540	$106,707	$136	796	$876,082	$1,101	$92,146	$116	-$329,643.90	-27%
Rapid-Acting	Insulin Lispro	Insulin Lispro (1 Unit Dial)	928	$1,068,915	$1,152	$90,094	$97	969	$689,273	$711	$74,407	$77	-$379,642.20	-36%
Rapid-Acting	Insulin Lispro	Insulin Lispro Junior KwikPen	75	$67,024	$894	$7,896	$105	114	$79,009	$693	$10,486	$92	$11,984.76	18%
Rapid-Acting	Insulin Lispro	Lyumjev	60	$235,953	$3,933	$39,335	$656	76	$416,258	$5,477	$28,544	$376	$180,305.17	76%
Rapid-Acting	Insulin Lispro	Lyumjev KwikPen	71	$174,158	$2,453	$42,578	$600	89	$313,053	$3,517	$26,622	$299	$138,895.03	80%
Rapid-Acting	Insulin Regular (Human)	Afrezza	15	$150,195	$10,013	$18,870	$1,258	9	$103,324	$11,480	$9,850	$1,094	-$46,870.88	-31%
Short-Acting	Insulin Regular (Human)	HumuLIN R	1,697	$1,061,111	$625	$104,870	$62	1,686	$1,037,543	$615	$98,760	$59	-$23,567.53	-2%
Short-Acting	Insulin Regular (Human)	HumuLIN R U-500 (CONCENTRATED)	116	$1,462,149	$12,605	$27,813	$240	115	$1,229,894	$10,695	$15,080	$131	-$232,255.69	-16%
Short-Acting	Insulin Regular (Human)	HumuLIN R U-500 KwikPen	152	$1,882,707	$12,386	$47,982	$316	157	$1,894,053	$12,064	$26,993	$172	$11,345.66	1%
Short-Acting	Insulin Regular (Human)	NovoLIN R	125	$187,764	$1,502	$13,941	$112	100	$161,776	$1,618	$11,465	$115	-$25,988.37	-14%
Short-Acting	Insulin Regular (Human)	NovoLIN R FlexPen	34	$26,668	$784	$2,473	$73	34	$34,256	$1,008	$2,122	$62	$7,587.71	28%
Short-Acting	Insulin Regular (Human)	NovoLIN R FlexPen ReliOn	3	$557	$186	$184	$61	3	$240	$80	$0	$0	-$317.31	-57%
Short-Acting	Insulin Regular (Human)	NovoLIN R ReliOn	31	$7,072	$228	$2,033	$66	25	$4,899	$196	$1,053	$42	-$2,172.90	-31%
Grand Total			**40,589**	**$100,023,342**	**$2,464**	**$7,223,472**	**$178**	**37,375**	**$90,333,751**	**$2,417**	**$5,157,686**	**$138**	**-$9,689,591.57**	**-10%**

Detailed Data - Insulin Spend 2021 and 2022 by Insulin Type and Drug Base

		2021					2022					Year Over Year Comparison	
Insulin type	**Drug base name**	**Sum of Claimants**	**Overall spend**	**Per patient spend**	**Total patient costs**	**Patient costs per person**	**Sum of Claimants**	**Overall spend**	**Per patient spend**	**Total patient costs**	**Patient costs per person**	**2021-2022 Overall Spend Change ($)**	**2021-2022 Overall Spend Change (%)**
Intermediate and Rapid-Acting	Insulin Aspart Protamine & Aspart (Human)	268	$960,171	$3,583	$36,496	$136	197	$518,200	$2,630	$14,771	$75	-$441,970	-46%
Intermediate and Rapid-Acting	Insulin Lispro Protamine & Lispro	105	$517,460	$4,928	$22,778	$217	83	$427,940	$5,156	$18,573	$224	-$89,520	-17%
Intermediate and Short-Acting	Insulin NPH Isophane & Reg (Human)	629	$943,343	$1,500	$71,987	$114	596	$953,374	$1,600	$59,954	$101	$10,031	1%
Intermediate-Acting	Insulin NPH (Human) (Isophane)	4,967	$3,865,606	$778	$382,899	$77	4,806	$3,744,628	$779	$349,887	$73	-$120,978	-3%
Long-Acting	Insulin Degludec	2,287	$8,993,453	$3,932	$439,428	$192	2,355	$9,345,307	$3,968	$389,560	$165	$351,854	4%
Long-Acting	Insulin Detemir	852	$2,756,829	$3,236	$218,605	$257	808	$2,297,824	$2,844	$156,462	$194	-$459,004	-17%
Long-Acting	Insulin Glargine	14,437	$35,889,117	$2,486	$3,282,120	$227	11,905	$28,041,861	$2,355	$1,946,120	$163	-$7,847,256	-22%
Long-Acting	Insulin-Incretin Mimetic Combination - Two Ingredient	70	$351,372	$5,020	$25,035	$358	53	$280,013	$5,283	$27,687	$522	-$71,359	-20%
Rapid-Acting	Insulin Aspart	5,075	$15,113,170	$2,978	$976,543	$192	4,832	$15,539,019	$3,216	$761,475	$158	$425,849	3%
Rapid-Acting	Insulin Glulisine	32	$174,024	$5,438	$26,028	$813	23	$134,968	$5,868	$6,285	$273	-$39,057	-22%
Rapid-Acting	Insulin Lispro	9,694	$25,680,574	$2,649	$1,523,386	$157	9,588	$24,584,632	$2,564	$1,261,589	$132	-$1,095,943	-4%
Rapid-Acting	Insulin Regular (Human)	15	$150,195	$10,013	$18,870	$1,258	9	$103,324	$11,480	$9,850	$1,094	-$46,871	-31%
Short-Acting	Insulin Regular (Human)	2,158	$4,628,029	$2,145	$199,296	$92	2,120	$4,362,660	$2,058	$155,473	$73	-$265,368	-6%
Grand Total		**40,589**	**$100,023,342**	**$2,464**	**$7,223,472**	**$178**	**37,375**	**$90,333,751**	**$2,417**	**$5,157,686**	**$138**	**-$9,689,592**	**-10%**