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

This is a regular meeting. *Date*: **Feb. 19, 2025** | *Time*: **9 a.m.**

This agenda is subject to change.

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

Board Members: Chair Shelley Bailey; Vice Chair Amy Burns; Daniel Hartung; Robert Judge; Christopher Laman; John Murray; Dan Kennedy; Lauri Hoagland.

Staff: Ralph Magrish, executive director; Cortnee Whitlock, senior policy analyst; Stephen Kooyman, project manager, Heather Doyle, data analyst; Pei-Chen Choo, research analyst; Melissa Stiles, administrative specialist; Pramela Reddi, counsel

Purpose	Subject	Presenter	Estimated Time Allotted
Informational and vote	Call to order and roll call	Chair Shelley Bailey	2 minutes
Informational	Board declarations of conflict of interest and meetings with entities or individuals related to board activities	Chair Shelley Bailey	2 minutes
Discussion and vote	**Board approval of 1/15/2025 minutes**	Chair Shelley Bailey	2 minutes
Informational	Executive director's program update	Ralph Magrish	5 minutes
Informational	Legislative update	Jesse O'Brien	10 minutes
Informational	General public comment: *limited to 3 minutes.*	Chair Shelley Bailey	10 minutes
Discussion and vote	**Board review and vote on amended Conflict of Interest Policy 3 and PDAB Policy and Procedures 1**	Cortnee Whitlock	10 minutes
Discussion	**Board review of annual generic drug report outline**	Cortnee Whitlock	15 minutes
Discussion	**Board review of updated carrier data call template**	Cortnee Whitlock	15 minutes

Discussion	**Board discussion of affordability review request for information**	Cortnee Whitlock	15 minutes
Break	The board will take a break	Chair Shelley Bailey	5 minutes
Discussion and vote	**Board review of data sets and OAR 925-200-0010 criteria to select subset of drugs for affordability reviews**	Cortnee Whitlock	80 minutes
Informational	Announcements	Chair Shelley Bailey	2 minutes
Vote	Adjournment	Chair Shelley Bailey	2 minutes

Next meeting

March 19, 2025, at 9 a.m.

Accessibility

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

How to provide testimony to the board

The Prescription Drug Affordability Board invites people to provide testimony. **Oral:** To speak to the board during the public comment portion of the agenda, please submit the PDAB public comment form no later than 24 hours before the PDAB meeting. **Written:** to provide written comments to the board, please submit the PDAB public comment form with attachments no later than 48 hours before the PDAB meeting. The board reviews all written comments. All written comments are posted on the 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 to everyone but news media and staff. No action will be taken in the executive session.

Oregon Prescription Drug Affordability Board

Oregon Prescription Drug Affordability Board (PDAB) Regular Meeting
Wednesday, January 15, 2025
Draft Minutes

Web link to the meeting video: https://www.youtube.com/watch?v=ZsqyJL8e95o
Web link to the meeting materials: https://dfr.oregon.gov/pdab/Documents/20250115-PDAB-document-package.pdf

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Call to order and roll call: Chair Shelley Bailey called the meeting to order at 9 a.m. and roll was called.
Board members present: Chair Shelley Bailey, Vice Chair Amy Burns, Dan Hartung, Lauri Hoagland, Dan Kennedy, Chris Laman, John Murray
Absent: Robert Judge
Members leaving early due to schedule conflicts: Dan Hartung around 10:30 a.m. and Amy Burns around 11:30 a.m.

Declaration of conflict of interest: John Murray disclosed a potential conflict of interest. View at video minute **00:00:48**.

Approval of board minutes: Chair Bailey asked for a motion and second to approve the board minutes as shown on **Pages 3-4** of the agenda materials with amendments, if any. Dan Kennedy made a motion to approve the minutes and Lauri Hoagland provided a second. View at video minute **00:01:47**.

MOTION to approve the December 18, 2024, minutes
Board Vote:
Yes: Dan Hartung, Lauri Hoagland, Dan Kennedy, Chris Laman, John Murray, Vice Chair Amy Burns, Chair Shelley Bailey
No: None
Absent for the vote: Robert Judge
Motion passed 7-0

Executive director's program update: Ralph Magrish provided a program update. View the video at minute **00:02:57**.

Public comment: Chair Bailey called on the people who signed up in advance to speak to the board: Eric Lohnes, PhRMA; Ben Hughes, Health HIV; and Ranier Simons, CANN. The board received six written comments, which are posted on the **PDAB website**. View the speakers at video minute **00:05:40**.

Board discussion and vote on board policies: Cortnee Whitlock, senior policy analyst, led board members in a discussion about the annual review of board policies. The board voted to approve

policies 1, 2 and 4 with amendments. The board discussed and amended policy 3 and asked staff to have the Oregon Department of Justice and Oregon Government Ethics Commission review it before bringing it back to the board for a vote at the February meeting. View the draft board policies on **Pages 7-27** of the agenda materials. View the discussion and votes at video minute **00:14:12**.

Note: The updated board policies with board approved amendments will be posted to the policies and rulemaking page of the PDAB website: **https://dfr.oregon.gov/pdab/Pages/policies-rulemaking.aspx**.

MOTION to approve policy 1 as amended by the board today.
Motion made by Dan Kennedy with a second by John Murray.

Board vote:
Yes: Dan Hartung, Lauri Hoagland, Dan Kennedy, Chris Laman, John Murray, Vice Chair Amy Burns, Chair Shelley Bailey
No: None
Absent for the vote: Robert Judge
Motion passed 7-0

MOTION to approve policy 2 as presented with the changes.
Motion made by John Murray with a second by Lauri Hoagland.

Board vote:
Yes: Dan Hartung, Lauri Hoagland, Dan Kennedy, Chris Laman, John Murray, Vice Chair Amy Burns, Chair Shelley Bailey
No: None
Absent for the vote: Robert Judge
Motion passed 7-0

MOTION to approve policy 4 as amended today.
Motion made by Chris Laman with a second by John Murray.

Board vote:
Yes: Dan Hartung, Lauri Hoagland, Dan Kennedy, Chris Laman, John Murray, Vice Chair Amy Burns, Chair Shelley Bailey
No: None
Absent for the vote: Robert Judge
Motion passed 7-0

Board discussion about the carrier data call template: Cortnee Whitlock and Heather Doyle, board data analyst, led board members in a discussion about the carrier data call template.

View the draft template on **Pages 28-42** of the agenda materials. View the discussion at video minute **00:53:55**.

Board review of data sets and OAR 925-200-0010 criteria for upcoming affordability reviews: Cortnee Whitlock and Pei Choo, board research analyst, led board members in a discussion about the data sets and criteria in OAR 925-200-0010 for the upcoming affordability reviews. Find the slides about the affordability review on **Pages 43-77** of the agenda materials. Here are the links to the **data on the Excel spreadsheets**. View the discussion at video minute **01:08:54.**

Announcements: Chair Bailey announced the next meeting will be Feb. 19, 2025. Meetings will begin at 9 a.m. in 2025. View at video minute **02:41:55**.

Adjournment: Chair Bailey adjourned the meeting at 11:50 a.m. with all board members in agreement. View at minute **02:42:07**.

Prescription Drug Affordability Board - 2/19/25

Division of Financial Regulation Legislative Update

Bill Number	Relating To	Bill Summary	Status
HB 2011	Relating to insurance coverage of prescription drugs.	Prohibits health insurers and pharmacy benefit managers from restricting coverage of physician-administered prescription drugs that are obtained by nonparticipating pharmacies.	02/20/25 - Public Hearing scheduled.
HB 2057	Relating to prescription drugs; prescribing an effective date.	Prohibits insurers offering policies or certificates of health insurance and pharmacy benefit managers from requiring that a claim for reimbursement of a prescription drug include a modifier or other indicator that the drug is a 340B drug.	01/17/25 - Referred to Behavioral Health and Health Care.
HB 2149	Relating to pharmacy services administrative organization licensing.	Requires pharmacy services administrative organizations operating in this state to be licensed by the Department of Consumer and Business Services and creates rules for licensing requirements.	02/06/25 - Public Hearing held.
HB 2252	Relating to conditions that apply to registration as a pharmacy benefit manager.	Requires a person that intends to register to do business in this state as a pharmacy benefit manager to demonstrate to the satisfaction of the Director of the Department of Consumer and Business Services that the person is not owned or operated by an insurer or an affiliate of an insurer.	02/04/25 - Public Hearing held.

HB 2253	Relating to pharmacy benefit managers.	Requires pharmacy benefit managers to act as fiduciaries to enrollees when negotiating drug prices and tells the Department of Consumer and Business Services to adopt rules explaining the fiduciary duty requirements and to establish a complaint process for reporting breaches of fiduciary duty.	02/04/25 - Public Hearing held.
HB 2385	Relating to restrictions on 340B covered entities; prescribing an effective date.	Makes it an unlawful practice for drug manufacturers to interfere directly or indirectly with a pharmacy or drug outlet acquiring 340B drugs, delivering 340B drugs to certain health care providers or dispensing 340B drugs.	01/17/25 - Referred to Behavioral Health and Health Care.
HB 3082	Relating to reporting obligations for patient assistance programs for prescription drug purchases.	Requires prescription drug manufacturers to report to the Department of Consumer and Business Services the total number of consumers to which the manufacturer offered a patient assistance program who participated in the program, notwithstanding any increase in the price of the prescription drug for which the manufacturer offered the program.	02/25/25 - Public Hearing scheduled.
HB 3086	Relating to drug costs; prescribing an effective date.	Requires the Public Employees' Benefit Board to count payments made by or on behalf of an enrollee for the cost of certain prescription drugs when calculating the enrollee's contribution to an out-of-pocket maximum, deductible, copayment, coinsurance or other required cost-sharing for the drugs.	02/25/25 - Public Hearing scheduled.
HB 3092	Relating to drug costs; prescribing an effective date.	Requires the Oregon Educators' Benefit Board to count payments made by or on behalf of an enrollee for the cost of certain prescription drugs when calculating the enrollee's contribution to an out-of-pocket maximum, deductible, copayment, coinsurance or other required cost-sharing for the drugs.	02/25/25 - Public Hearing scheduled.

HB 3212	Relating to pharmacy benefits.	Creates additional rules and requirements for pharmacy benefit managers and a policy or certificate of health insurance or other contract providing for the reimbursement of the cost of a prescription drug.	02/04/25 - Public Hearing held.
HB 3226	Relating to organizations that provide services related to obtaining prescription drugs; prescribing an effective date.	Includes pharmacy services administrative organizations within the definition of pharmacies for the purpose of ensuring that pharmacy benefit managers are subject to laws regulating their activities even if their contracts are with pharmacy services administrative organizations.	02/06/25 - Public Hearing held.
HB 3613	Relating to pharmaceutical purchasing; prescribing an effective date.	Creates the Office of Pharmaceutical Purchasing within the Oregon Department of Administrative Services to support multiagency and multistate collaborative purchasing of pharmaceuticals, drive down the cost of prescription drugs for residents of this state and manage the Oregon Prescription Drug Program.	02/18/25 - First reading.
SB 447	Relating to patient assistance programs; prescribing an effective date.	Requires a pharmacy to notify a person to whom a prescription drug is dispensed that the drug manufacturer may offer a patient assistance program.	01/17/25 - Referred to Health Care.
SB 533	Relating to restrictions on 340B covered entities.	Creates a civil penalty for drug manufacturers that interfere directly or indirectly with certain entities acquiring 340B drugs, delivering 340B drugs to certain health care providers or dispensing 340B drugs.	02/25/25 - Public Hearing Scheduled.

Oregon Prescription Drug Affordability Board

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

Annual Approval Date: July 20, 2022; Jan. 15, 2025

Date Issued: June 23, 2022
Dates Reviewed: June 23, 2022; Aug. 23, 2023; Jan. 15, 2025
Amendment Date Approved: July 20, 2022; Aug. 23, 2023; Jan. 15, 2025

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 ORS 646A.693 to 646A.697, 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. 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.

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

7. Open records and meetings

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 given orally during the designated time. Persons giving oral comments should introduce themselves with their name and affiliation,. The board is not obligated to respond to comments. The amount of time allocated for public comment will be determined by the board chair 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]

When a board member abstains from voting on any matter or section under consideration, the declaration of abstention may include a brief explanation such as a potential conflict of interest or other relevant reason, to ensure transparency and maintain trust in the decision-making process.

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 decision 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]

12. Meeting attendance, absences, and participation

Board members are expected to make every effort to attend all board meetings. Members may participate in a meeting in person, by telephone, computer, 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.

[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

Members on average are expected to have approximately 10-15 hours of work participation per month including board meetings, meetings with board staff, and review of board materials.[4]

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.

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 state-issued iPads that should be used only to conduct board business. Board members are required to log into their iPads at least every 45 days, change passwords every 90 days and comply with security procedures and instructions to update systems when notified through email or text messages. If a member has login issues, or if 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.

Board members are not obliged to speak about board business outside of board meetings and may delegate the request to staff.

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

Board members are to disclose at the beginning of each board meeting any meetings or work conducted with entities or individuals related to board activities since the last board meeting. This includes serving on other boards or committees.

17. Interaction with the media and lobbyists

Unless otherwise delegated to them by the board chair and the executive director , 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 or lobbyist 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 reports to the Legislative Assembly (pursuant to ORS 646A.693 through ORS 646A.697).

On behalf of the board, DCBS 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: Conflict of Interest **Policy Number:** 03

Annual Approval Date: Aug. 3, 2022; Aug. 23, 2023; add date

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

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 board website in the board minutes. ~~of the board unless t~~The board chair ~~of the board~~ may recuse~~s~~ the member from any final decision resulting from a review of a prescription drug.

(d) A posting in the minutes 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: Aug. 3, 2022; Aug. 23, 2023; add date

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

CONFLICT OF INTEREST FORM

The Prescription Drug Affordability Board (PDAB) asks that ~~you~~ board members 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

Generic drug report topics

Cortnee Whitlock, senior policy analyst

Feb. 19, 2025

Generic Report Topics

- **Mergers in the generic market:** Review whether competition is robust enough to keep drug costs low and accessible. Ensure merged entities are not prioritizing profits over patient access and utilization.
- **Generic drug makers exiting the market:** The departure of generic drug makers reducing market competition, potentially resulting in higher costs and limited options for patient access to necessary treatments.
- **Tariffs impacting drug importation:** Higher tariffs may raise drug prices and limit access for low- and fixed-income individuals.
- **Price fixing:** Drug price fixing impacts market competition, artificially inflates prices, manipulates access to generic drug availability, and may create higher costs for patients and the healthcare system.

Generic Report Topics

- **Cost savings for biosimilars:** Biosimilars aim to provide more affordable alternatives to expensive branded drugs.
- **Shortages:** Drug shortages can disrupt access and necessary patient treatments.
- **PBM practices:** Review PBM practices regarding generic drug formulary placement.
- **International pricing:** Compare international prices of brand drugs to US generic drugs.

Department of Consumer and Business Services
Division of Financial Regulation

Data Call for Health Insurance Companies in Oregon

Instructions for completing this report. Due Date: TBD

This information is being collected by DCBS under the authorities granted in ORS 731.296 and ORS 646A.693 through ORS 646A.697 in support of the Oregon Prescription Drug Affordability Board.

The purpose of this Excel workbook is for health insurers to report required data for prescription drugs under both pharmacy and medical benefits for policies or certificates issued in Oregon during 2023. All information submitted for this purpose will be confidential and will not be disclosed except as provided in ORS 705.137.

Health insurers should fill out the information on each of the worksheets listed below: Company Information, Data Limitations and Notes, Pharmacy Claims and Cost, Medical Claims and Cost, Plan Design, and Price Concessions. Upon completion, please return the file using the following naming convention: "[Company Name]_2023_Data Call_[Market Type].xlsx". The file name indicates year that the carrier collected the information (2023) and is not reflective of the year of collection by the Prescription Drug Affordability Board (2024/2025).

(Example: "ABC_Company_2023_Data_Call_Large Group.xlsx" This file was completed by ABC Company for their 2023 data call for their Large Group market type.) All reports must be submitted by email to <DFR.DataTeam@dcbs.oregon.gov>.

NOTE: Please do NOT copy and paste into this workbook. Specific validation is utilized throughout to ensure that data is captured in a meaningful way. Copy and paste actions undo these validations and will result in errors that will need correction by the insurer and increase overall processing time and effort.

Fields highlighted in yellow are required. Some fields will conditionally highlight depending on the data entered.

Fields with data entered for a drug where "Excluded" was selected for coverage or formulary status will highlight pink. If the drug is excluded, no further entry is needed. The pink highlight will be removed when the associated data is removed or when the coverage or formulary status is changed to an option other than "Excluded".

Click the links just below to go to a specific section of the instructions or information

Company Information

Click here to go to the "Company Information" worksheet.
Click here to return to the beginning of the instructions.

Note: This worksheet contains intentionally hidden fields (Columns A-E) designed for Prescription Drug Affordability Board administrative use only. No data entry is required for these hidden columns.

Company Name and NAIC Code:

Select the company name from the drop-down list. *Format: alpha-numeric*
Enter the company NAIC code. *Format: numeric value*

Primary Contact: Enter the name, phone number, and email address of the company's primary contact for this data request. Optional notes may also be added. *Format: alpha-numeric*
Note: Ensure the primary contact is an individual. Please do not list a shared email box in place of a real person.

Secondary Contact: If there is an additional contact and email or phone number to include, list the information in the secondary contact fields. *Format: alpha-numeric*

Authorizing Authority: Enter the name, phone number, and email address of the supervisor or manager responsible for approving the data provided in this workbook. Optional notes may also be added. *Format: alpha-numeric*

Technical Contact: Enter the name, phone number, and email address of the person who helped pull the data provided for this request. Optional notes may also be added. *Format: alpha-numeric*

Market Type: Select the market from the drop-down list. *Format: alpha-numeric*

Note: If the market type of "other" is selected, a new required field ("**Market Type Notes**") will appear directly below the market type. Please enter a description of the "other" market type in this cell. *Format: alpha-numeric*

Note: If the company serves more than one market type, please fill out a separate version of this workbook for each market the company serves. Example: A company that has both small and large group markets will send two files, one for each market type. **File 1** - "Company Name 2023 Data Call - Small Group.xlsx" and **File 2** - "Company Name 2023 Data Call - Large Group.xlsx".

Data Limitations and Notes (Optional)

Click here to go to the "Data Limitations and Notes" worksheet.
Click here to return to the beginning of the instructions.

Note: This worksheet contains intentionally hidden fields (Columns A-E) designed for Prescription Drug Affordability Board administrative use only. No data entry is required for these hidden columns.

Use this tab to list any limitations or quality concerns regarding the data being supplied or the methodology used to obtain the information provided. This tab can be skipped if there are no data limitations or quality concerns.

Section: To list any data concerns, select the section name from the drop-down list in column A. Select "All" when noting data limitations and quality concerns that impact all worksheets or data. *Format: alpha-numeric*

Data Point: If the data limitation and concerns apply to a specific data point (example: number of prescriptions), select the impacted data point from the drop-down list in column B. Select "all" from this drop-down field for notes about the data or methodology that are not limited to a single data point. *Format: alpha-numeric*

Data Quality of Limitation Notes: Enter the note here. *Format: alpha-numeric*

List any additional data limitations, concerns, or notes in new rows as needed.

Pharmacy Claims and Cost

Click here to go to the "Pharmacy Claims and Cost" worksheet.
Click here to return to the beginning of the instructions.

Use this worksheet to list the **pharmacy** claim and cost information for each of the listed prescriptions drugs and NDCs.

Note: This worksheet contains intentionally hidden fields (Columns A-E) designed for Prescription Drug Affordability Board administrative use only. No data entry is required for these hidden columns.

Note: If there were no **pharmacy** claims for a listed NDC but the drug is covered on the formulary (not excluded), please enter 0 for all required fields on that NDC row.

Prescription Drug Name: No action is needed unless entering an additional NDC as instructed below. This field is pre-populated with the drug information based on the drugs identified by the Prescription Drug Affordability Board for review. *Format: alpha-numeric*
Note: If entering a new NDC not already represented in the pre-populated list, navigate to the blank row just below the last pre-populated row in the sheet. Select the prescription drug name from the drop down list. The therapy class and drug type will auto-

populate based on the selection. Next, enter the NDC (see National Drug Code(s) instructions) and fill in the remaining required data fields for that NDC.

Therapy Class: No action is needed for this field. This field is pre-populated with the drug information based on the drugs identified by the Prescription Drug Affordability Board for review. For any additional rows required for NDCs not represented in the pre-populated list, this field will auto-populate upon selection of the prescription drug name. *Format: alpha-numeric*

Drug Type: No action is needed for this field. This field is pre-populated with the drug information based on the drugs identified by the Prescription Drug Affordability Board for review. For any additional rows required for NDCs not represented in the pre-populated list, this field will auto-populate upon selection of the prescription drug name. *Format: alpha-numeric*

National Drug Code(s): For convenience, 11-digit NDCs associated with the drugs found in our records have been listed. If the company records show additional NDCs for any given drug that are not pre-populated in the table, navigate to the blank row just below the last pre-populated row in the sheet. Select the prescription drug name from the drop down list. The therapy class and drug type will auto-populate based on the selection. Enter the NDC using the 11-digit format, then fill in the remaining required information. Add as many as rows as necessary. Each NDC should only appear once on this worksheet. *Format: 11-digit numeric value, no dashes.*

Note: For guidance regarding NDC formats and correct entry for additional NDC entries, please visit the **NDC Information worksheet** linked at the beginning of the instructions.

Coverage: Select from the drop-down box whether the prescription drug was prescribed under the **pharmacy benefit or excluded** from coverage. If "excluded" is selected (indicating that the drug/NDC is excluded from the formulary) and no pharmacy claim and cost information exist for the drug/NDC, please leave the remaining required fields blank for that row. The remaining yellow highlighted fields for that row will be removed as they are not required for excluded drugs. Any cells with data entered for an excluded drug/NDC will highlight pink indicating an error in entry. *Format: alpha-numeric characters*

Number of Enrollees: Enter the number of enrollees who filed pharmacy claims for the prescription drug in the reporting year. *Format: numeric*

Number of Prescriptions: Enter the number of prescriptions received for the prescription drug for **pharmacy claims** in the reporting year. Use pharmacy claim data based on the date of service. *Format: numeric*

Note: for 30-day versus 90-day supplies, count 30-day supplies as one and 90-day supplies as three. If 30-day or 90-day supplies are not applicable to the drug, such as drugs with a course of treatment less than one month, use the "Data Limitations and Notes" tab to note the impacted drug and the unit of measurement used for the associated claims.

Total Number of Claims: Enter the total number of pharmacy claims for the listed drug in the reporting year. *Format: numeric*

Total Annual Plan Spending (Allowed Dollar Amount): Enter the total payments made under the policy to health care providers on behalf of covered members, including payments made by issuers and member cost sharing. *Format: currency*

Note: The total annual plan spending should reflect the total after all rebates and price concessions have been applied.

Total Annual Deductible Costs for Enrollees: Enter the total deductible costs for enrollees for the listed drug in the reporting year. *Format: currency*

Total Annual Copay Costs for Enrollees: Enter the total copay costs charged to enrollees for the listed drug in the reporting year. *Format: currency*

Total Annual Coinsurance Cost for Enrollees: Enter the total coinsurance cost charged to enrollees for the listed drug in the reporting year. *Format: currency*

Total Other Enrollee Costs: Use this field to enter the total dollar amount of any additional costs or fees charged to enrollees in the reporting year that were associated with the listed drug that do not fall under deductibles, co-pay, or coinsurance. If a value is added to this field, please add an explanation for these added costs to the "Notes" field. The "Notes" field will highlight yellow in this case until completed. If no additional fees applied for an included drug, enter "0". *Format: currency*

Total Annual Out of Pocket Costs for Enrollees: This field is automated and no action is required. This field represents the sum of the Total Annual Deductible Costs for Enrollees, Total Annual Copay Costs for Enrollees, Total Annual Coinsurance Costs for Enrollees, and Total Other Enrollee Costs. *Format: currency*

Notes: If "Total Other Enrollee Costs" were listed, please enter a brief description or explanation regarding the nature and type of the additional fees. The "Notes" field will highlight yellow in this case until completed. *Format: alpha-numeric*

Medical Claims and Cost

Click here to go to the "Medical Claims and Cost" worksheet.

Click here to return to the beginning of the instructions.

Use this worksheet to list the **medical** claim and cost information for each of the listed prescriptions drugs and NDCs.

Note: This worksheet contains intentionally hidden fields (Columns A-E) designed for Prescription Drug Affordability Board administrative use only. No data entry is required for these hidden columns.

Note: If there were no medical claims for a listed NDC but the drug is covered on the formulary (not excluded), please enter 0 for all required fields on that NDC row.

Prescription Drug Name: No action is needed unless entering an additional NDC as instructed below. This field is pre-populated with the drug information based on the drugs identified by the Prescription Drug Affordability Board for review. *Format: alpha-numeric*
Note: If entering a new NDC not already represented in the pre-populated list, navigate to the blank row just below the last pre-populated row in the sheet. Select the prescription drug name from the drop down list. The therapy class and drug type will auto-populate based on the selection. Next, enter the NDC (see National Drug Code(s) instructions) and fill in the remaining required data fields for that NDC.
Therapy Class: No action is needed for this field. This field is pre-populated with the drug information based on the drugs identified by the Prescription Drug Affordability Board for review. For any additional rows required for NDCs not represented in the pre-populated list, this field will auto-populate upon selection of the prescription drug name. *Format: alpha-numeric*

Drug Type: No action is needed for this field. This field is pre-populated with the drug information based on the drugs identified by the Prescription Drug Affordability Board for review. For any additional rows required for NDCs not represented in the pre-populated list, this field will auto-populate upon selection of the prescription drug name. *Format: alpha-numeric*

National Drug Code(s): For convenience, 11-digit NDCs associated with the drugs found in our records have been listed. If the company records show additional NDCs for any given drug that are not pre-populated in the table, navigate to the blank row just below the last pre-populated row in the sheet. Select the prescription drug name from the drop down list. The therapy class and drug type will auto-populate based on the selection. Enter the NDC using the 11-digit format, then fill in the remaining required information. Add as many as rows as necessary. Each NDC should only appear once on this worksheet. *Format: 11-digit numeric value, no dashes.*

Note: For guidance regarding NDC formats and correct entry for additional NDC entries, please visit the **NDC Information worksheet** linked at the beginning of the instructions.

Coverage: Select from the drop-down box whether the prescription drug was prescribed under the **medical benefit or excluded** from coverage. If "excluded" is selected (indicating that the drug/NDC is excluded from the formulary) and no medical claim and cost information exist for the drug/NDC, please leave the remaining required fields blank for that row. The remaining yellow highlighted fields for that row will be removed as they are not required for excluded drugs. Any cells with data entered for an excluded drug/NDC will highlight pink indicating an error in entry. *Format: alpha-numeric characters*

Number of Enrollees: Enter the number of enrollees who filed medical claims for the prescription drug in the reporting year. *Format: numeric*

Number of Prescriptions: Enter the number of prescription received for the prescription drug for **medical claims** in the reporting year. Use medical claim data based on the date of service. *Format: numeric*

Note: For 30-day versus 90-day supplies, count 30-day supplies as one and 90-day supplies as three. If 30-day or 90-day supplies are not applicable to the drug, such as drugs with a course of treatment less than one month, use the "Data Limitations and Notes" tab to note the impacted drug and the unit of measurement used for the associated claims.

Total Number of Claims: Enter the total number of claims for the listed drug in the reporting year. *Format: numeric*

Total Annual Plan Spending (Allowed Dollar Amount): Enter the total payments made under the policy to health care providers on behalf of covered members, including payments made by issuers and member cost sharing. *Format: currency*

Note: The total annual plan spending should reflect the total after all rebates and price concessions have been applied.

Total Annual Deductible Costs for Enrollees: Enter the total deductible costs for enrollees for the listed drug in the reporting year. *Format: currency*

Total Annual Copay Costs for Enrollees: Enter the total copay costs charged to enrollees for the listed drug in the reporting year. *Format: currency*

Total Annual Coinsurance Cost for Enrollees: Enter the total coinsurance cost charged to enrollees for the listed drug in the reporting year. *Format: currency*

Total Other Enrollee Costs: Use this field to enter the total dollar amount of any additional costs or fees charged to enrollees in the reporting year that were associated with the listed drug that do not fall under deductibles, co-pay, or coinsurance. If a value is added to this field, please add an explanation for these added costs to the "Notes" field. The "Notes" field will highlight yellow in this case until completed. If no additional fees applied, enter "0". *Format: currency*

Total Annual Out of Pocket Costs for Enrollees: This field is automated and no action is required. This field represents the sum of the Total Annual Deductible Costs for Enrollees, Total Annual Copay Costs for Enrollees, Total Annual Coinsurance Costs for Enrollees, and Total Other Enrollee Costs. *Format: currency*

Notes: If "Total Other Enrollee Costs" were listed, please enter a brief description or explanation regarding the nature and type of the additional fees. The "Notes" field will highlight yellow in this case until completed. *Format: alpha-numeric*

Plan Design

Click here to go to the "Plan Design" worksheet.
Click here to return to the beginning of the instructions.
Click here to go to "Plan Types Information".

Note: This worksheet contains intentionally hidden fields (Columns A-E) designed for Prescription Drug Affordability Board administrative use only. No data entry is required for these hidden columns.

Use this worksheet to provide formulary information for the selected market for each listed drug. Each drug of interest is listed once; however, additional rows should be added below the last row of data in the table to accommodate all formulary and plan types for each drug.
Examples:
1. A drug is represented across several plan types (e.g. C-HMO, C-PPO, C-POS).
2. Under Plan A for a drug, the formulary status is preferred, but under Plan B it in non-preferred.
3. Under Plan A for a drug, the copay formulary status is a fixed fee but under Plan B it is a percentage of the cost.
Each variation should be listed as an individual row of data to capture all relevant forms of coverage for the drug.

Prescription Drug Name and Therapy Class: No action is needed unless entering additional rows to accommodate additional plan types for a given drug. The table is pre-populated with one row for each drug representing the drugs of interest for the Prescription Drug Affordability Board review. To add a new row, navigate to the row directly below the last row of data in the table and select the Prescription Drug Name from the drop-down list. The Therapy Class and Drug Type will auto-populate based on the selected drug name. Next, enter data in the fields for each new row. *Format: alpha-numeric*

Plan Type: Select the plan type from the drop-down list provided. For more information about plan types go to the "Plan Types Information" worksheet. Only one plan type can be selected from the drop-down list for each row (e.g. C-HMO to indicate a commercial HMO). Additional types should be added after the last row of data in the table. If the plan type is not listed choose "Other" and provide information in the notes regarding the plan type. The "Notes" field will highlight yellow in this case until completed. *Format: alpha-numeric*

Average Patient Premium Cost: Enter the average dollar amount for the patient premium cost for the drug for the specified plan type for the reporting year. *Format: currency*

Minimum Patient Premium Cost: Enter the minimum dollar amount for patient premium cost for the drug for the specified plan type for the reporting year. *Format: currency*

Maximum Patient Premium Cost: Enter the maximum dollar amount for patient premium cost for the drug for the specified plan type for the reporting year. *Format: currency*

Therapeutic Alternatives: Select "Yes" or "No" from the drop-down list to indicate the presence or absence of therapeutic alternatives for a given drug. This includes the existence of any therapeutic alternatives and is not limited to only those on the company formulary. *Format: alpha-numeric*

Number of Therapeutic Alternatives: Enter a whole number representing the number of therapeutic alternatives for a given drug. If there are no therapeutic alternatives, enter zero. *Format: numeric*

Formulary Status: Select an option from the drop-down list to indicate whether the drug is preferred, non-preferred, or excluded on the formulary drug list. If "Excluded" is selected, the yellow highlighting on the remaining required fields for that row will be removed and no further entry is needed for that row. *Format: alpha-numeric*

Copay Formulary Status: Select an option from the drop-down list to indicate whether the drug has a co-payment formulary status that is fixed fee or percentage of cost. It should be one or the other and not both for each row. If the drug is excluded from the formulary, leave blank. *Format: alpha-numeric*
Note: When the Copay formulary status is selected, either the "Fixed Fee Copay" or "Percentage of Coinsurance" field will highlight yellow indicating that it is now a required field based on the selection. Only the highlighted field should be completed as required.

Fixed Fee Copay: This field is required and will be highlighted yellow if the selected copay formulary status is "Fixed Fee." Indicate the fixed fee amount of the drug. If the copay formulary status is not "Fixed Fee," this field should be left blank. If the drug is excluded from the formulary, leave blank. *Format: currency*

Percentage of Coinsurance: This field is required and will be highlighted yellow if the selected co-pay formulary status is "Percentage of Cost," specify the percentage of coinsurance for the prescription drug. If the copay formulary status is not "Percentage of Cost," this field should be left blank. If the drug is excluded from the formulary, leave blank. *Format: percentage*

Step Therapy Required: Indicate whether the drug requires step therapy in the prior authorization process by choosing "Yes" or "No" from the drop-down selection box. If the drug is excluded from the formulary, leave blank. *Format: alpha-numeric*

Prior Authorization Required: Select "Yes" from the drop-down list if prior authorization is required for the drug, or "No" if prior authorization is not required for the drug. If the drug is excluded from the formulary, leave blank. *Format: alpha-numeric*

Number of Approved Prior Authorizations: Enter the number of approved claims subject to prior authorization. *Format: numeric*

Number of Denied Prior Authorizations: Enter the number of denied claims subject to prior authorization. *Format: numeric*

Provider Administered: Indicate if this drug is provider administered by selecting "Yes" or "No" from the drop-down list. If the drug is excluded from the formulary, leave blank. *Format: alpha-numeric*

Third party payment allowed for the drug: If third-party payments are allowed, select "Yes" from the drop-down list. If third-party payments are not allowed, select "No." If the drug is excluded from the formulary, leave blank. *Format: alpha-numeric*

Third party payment for the drug is applied to member out-of-pocket: If third party payments are allowed and can be applied toward patient out-of-pocket costs (such as deductibles), select "Yes" from the drop-down list. If third party payments are allowed but cannot be applied toward patient out-of-pocket cost, select "No." If the drug is excluded from the formulary, leave blank. *Format: alpha-numeric*

Notes: Use this field to list any needed explanations based on field selections or any notes the company wishes to share regarding the plan design for the listed drug. *Format: alpha-numeric*

Price Concessions

Click here to go to the Price Concessions tab.
Click here to return to the beginning of the instructions.

Note: This worksheet contains intentionally hidden fields (Columns A-E) designed for Prescription Drug Affordability Board administrative use only. No data entry is required for these hidden columns.

Use this worksheet to enter the aggregate price concession data for each listed drug. See the definitions tab for a definition of price. concessions.

Note: To help protect the confidentiality of this data, data from individual companies will not be shared. Data supplied here will only be used in an aggregate form. Use the "Data Limitations and Notes" tab to make any notes regarding the sensitivity of data reported in the "Price Concessions" tab.

Prescription Drug Name and Therapy Class: These fields are pre-populated with the drugs identified for Prescription Drug Affordability Board review. No action required for these fields. *Format: alpha-numeric*

Coverage: Select from the drop-down list whether the prescription drug was prescribed under the pharmacy benefit, medical benefit, both (medical and pharmacy benefit), or excluded from coverage. *Format: alphabetic characters*

Total Number of Claims: No action is required for this field. This is an automated field that sums all of the claims based on a prescription drug name in the "Pharmacy Claims and Cost" and "Medical Claims and Cost" worksheets. For example - For Drug 1, 100 and 20 total pharmacy claims are entered for two different NDCs for drug 1 in the "Pharmacy Claims and Cost" worksheet. Additionally, 50 and 75 total medical claims are entered for two different NDCs for drug 1 in the "Medical Claims and Cost worksheet. This field is the sum of these values (245 total claims) from both pharmacy and medical claims. *Format: numeric value*

Number of Claims with Price Concessions Applied: Enter the number of claims for the prescription drug in which a price concession was applied in the reporting year. *Format: numeric*

Total Cost of the Drug Before Price Concessions: Enter the total dollars paid for prescription drug claims in the pharmacy and medical benefits before price concessions were applied. *Format: currency*

Total Price Concessions Received from Manufacturer: Enter the total dollar amount of all price concessions received from the manufacturer for the prescription drug in the reporting year. *Format: currency*
Note: If there is a lag in the rebate and price concession data the company receives, enter the actual numbers that are available at the time of this data call for the reporting year. There will be a separate field for any anticipated price concessions that have not yet been received for the reporting year (see "Total Estimated Price Concessions Not Yet Received from Manufacturer").

Total Estimated Price Concessions Not Yet Received from Manufacturer: Enter the total estimated dollar amount of all price concessions not yet received from the manufacturer for the prescription drug in the reporting year. *Format: currency*

Total Price Concessions from PBM: Enter the total dollar amount of all price concessions received from the pharmacy benefit manager (PBM) for the prescription drug in the reporting year. *Format: currency*
Note: If there is a lag in the data the company receives, enter the actual numbers that are available at the time of this data call for the reporting year. There will be a separate field for any anticipated price concessions that have not yet been received for the reporting year (see "Total Estimated Price Concessions Not Yet Received from PBM").

Total Estimated Price Concessions Not Yet Received from PBM: Enter the total estimated dollar amount of all price concessions not yet received from the pharmacy benefit manager (PBM) for the prescription drug in the reporting year . *Format: currency*

Total Other Rebates and Price Concessions (including PAPs): List the total dollar amount of any other price concessions for the prescription drug in the reporting year. If there were no other rebates or price concessions, enter 0. If there were other rebates and price concessions, please add a note to the Notes field explaining the nature and details of these amounts. *Format: currency*

Total Price Concessions: No action required for this field. This field will automatically calculate the sum of the price concession fields. *Format: currency*

Price Concessions Percentage: No action required for this field. This field will automatically calculate the total sum of rebates and discounts divide it by the total cost before rebates and discounts. *Format: percentage*

Notes: If a dollar amount was listed for "Total Other Rebates and Price Concessions (including PAPs)," enter a brief description or explanation regarding the nature of these rebates or price concessions in this field. This field will highlight yellow in this case indicating that it is required. *Format: alpha-numeric*

Click to return to the top of the screen

NDC Information for formatting 11-digit codes

Enter the NDC in the 11-digit National Council for Prescription Drug Programs (NCPDP) format. This identifies the labeler, product, and trade package size by unique code for the U.S. Food and Drug Administration (FDA) and the manufacturer. Below are the most common conversions. Please use only digits without dashes as shown in parentheses in the 11-character example.

NDC (FDA)	11-character NDC (NCPDP)
4-4-2 (9999-9999-99)	5-4-2 (**0**9999999999)
5-3-2 (99999-999-99)	5-4-2 (99999**0**99999)
5-4-1 (99999-9999-9)	5-4-2 (9999999990**0**9)

Return to instructions

Term	Definition
Excluded (formulary status)	Drugs that are not covered under the drug formulary.
Non-Preferred (formulary status)	Drugs that have a higher tier level and/or copay amount; often require prior authorization.
Patient Assistance Program (PAP)	A type of price concession paid by (or on behalf of) the manufacturer for some portion of the patient point-of-service cost sharing as required by the health plan, including the deductible. Plans that allow these payments are to report this amount whether the health plan uses the accumulator or maximizer model to track the amount of the assistance.
Preferred (formulary status)	There is an agreement with the pharmacy benefit manager (PBM) where the drug will be placed on the formulary.
Price Concession	Any negotiated or required reduction in the cost of the drug to the insurer, including, but not limited to, discounts and rebates
Rebate	A type of price concession that occurs after a product or service is paid, typically by the entity receiving the rebate, such as a rebate from the manufacturer to the insurer/PBM after a pharmacy claim has been paid. The amount reported by the insurer is the amount passed directly to the insurer from the PBM or the manufacturer and does not include rebates retained by the PBM in lieu of fees.
Total Annual Plan Spending	The total payments made under the policy to health care providers on behalf of covered members, including payments made by issuers and member cost sharing. The total annual plan spending should reflect the total after all rebates and price concessions have been applied.

Return to Instructions

Question	Answer
There is a lag in when our company receives data regarding rebates. Should we report estimates?	For any months you have data available, include the actual price concession amounts. For any remaining months the actual price concession data is not yet available, such as any lag in rebates, report the estimated amount of pending rebates and price concessions in the estimated price concession columns for manufacturers and PBMs.
Can hyphens or dashes be used when entering NDC numbers?	No, please use the 11-digit format outlined on the "NDC Information" tab. Only numbers may be used for this field.
Which worksheets should be filled out?	Company Information, Pharmacy Claims and Cost, Medical Claims and Cost, Plan Design, and Price Concessions are required worksheets for completion. The Data Limitations and Notes worksheet may also be filled out; however, it is not required.
What year of data should be included?	Only data pertaining to the year of 2023 should be included for this collection.
When should the completed file be returned to DCBS?	TBD
Where should the completed file be sent?	Please send the completed workbook to DFR.DataTeam@dcbs.oregon.gov.
Is it ok to copy and paste information in the worksheets?	No, please do not copy/paste into any worksheet in this workbook. Specific validation is utilized throughout to ensure that data is captured in a meaningful way. Copy and paste actions undo these validations and will result in errors that will need correction by the insurer and increase overall processing time and effort.
What is the significance of the drugs listed in this spreadsheet?	The drugs are a subset list selected by the Prescription Drug Affordability Board for review during the affordability review process as directed by ORS 646A.694. More information about affordability reviews can be located on the PDAB website: https://dfr.oregon.gov/pdab/Pages/affordability-review.aspx.

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Figure 1 - Company Information

Company Field	Company Information
Company Name	
NAIC Code	
Primary Contact Name (Required)	
Primary Contact Job Title (Required)	
Primary Contact Phone Number (Required)	
Primary Contact Email (Required)	
Primary Contact Notes	
Secondary Contact Name	
Secondary Contact Job Title	
Secondary Contact Phone Number	
Secondary Contact Email	
Secondary Contact Notes	
Authorizing Authority Name (Required)	
Authorizing Authority Job Title (Required)	
Authorizing Authority Phone Number (Required)	
Authorizing Authority Email (Required)	
Authorizing Authority Notes	
Technical Contact Name (Required)	
Technical Contact Job Title (Required)	
Technical Contact Phone Number (Required)	
Technical Contact Email (Required)	
Technical Contact Notes	
Market Type	

Figure 2 - Data Limitations and Notes

Section	Data Point	Data Quality or Limitation Notes

Figure 3 - Pharmacy Claims and Cost

Prescription Drug Name	Therapy Class	Drug Type	National Drug Code	Coverage	Number of Enrollees	Number of Prescriptions	Total Number of Claims	Total Annual Plan Spending (Allowed Dollar Amount)	Total Annual Deductible Costs for Enrollees	Total Annual Copay Costs for Enrollees	Total Annual Coinsurance Cost for Enrollees	Total Other Enrollee Costs	Total Annual Out of Pocket Cost for Enrollees	Notes
Drug 1	Class 1	Brand	58672499698											
Drug 1	Class 1	Brand	38326049329											
Drug 2	Class 2	Generic	00245415713											
Drug 2	Class 2	Generic	37560897130											
Drug 2	Class 2	Generic	78544977210											
Drug 3	Class 3	Brand	55992297376											
Drug 4	Class 4	Brand	23358743582											
Drug 5	Class 5	Brand	40995233886											
Drug 5	Class 5	Brand	81236447665											
Drug 6	Class 1	Brand	20560178402											
Drug 6	Class 1	Brand	58953133764											
Drug 6	Class 1	Brand	61755911130											
Drug 7	Class 2	Brand	71464256041											
Drug 7	Class 2	Brand	39481004439											
Drug 8	Class 2	Brand	19456769125											

Figure 4 - Medical Claims and Cost

Prescription Drug Name	Therapy Class	Drug Type	National Drug Code	Coverage	Number of Enrollees	Number of Prescriptions	Total Number of Claims	Total Annual Plan Spending (Allowed Dollar Amount)	Total Annual Deductible Costs for Enrollees	Total Annual Copay Costs for Enrollees	Total Annual Coinsurance Cost for Enrollees	Total Other Enrollee Costs	Total Annual Out of Pocket Cost for Enrollees	Notes
Drug 1	Class 1	Brand	58672499698											
Drug 1	Class 1	Brand	38326049329											
Drug 2	Class 2	Generic	00245415713											
Drug 2	Class 2	Generic	37560897130											
Drug 2	Class 2	Generic	78544977210											
Drug 3	Class 3	Brand	55992297376											
Drug 4	Class 4	Brand	23358743582											
Drug 5	Class 5	Brand	40995233886											
Drug 5	Class 5	Brand	81236447665											
Drug 6	Class 1	Brand	20560178402											
Drug 6	Class 1	Brand	58953133764											
Drug 6	Class 1	Brand	61755911130											
Drug 7	Class 2	Brand	71464256041											
Drug 7	Class 2	Brand	39481004439											
Drug 8	Class 2	Brand	19456769125											

Figure 5 - Plan Design

Prescription Drug Name	Therapy Class	Drug Type	Formulary Status	Plan Type	Average Premium Cost per Enrollee	Minimum Enrollee Premium Cost	Maximum Enrollee Premium Cost	Therapeutic Alternatives	Number of Therapeutic Alternativ	Copay Formulary Status	Fixed Fee Copay	Percentage of Coinsurance	Step Therapy Required	Prior Authorization Required	Number of Approved Prior Authorizatio	Number of Denied Prior Authorizatio	Provider Administered	Third party payment allowed for the drug	Third party payment for the drug is applied to member ou	Notes

Figure 6 - Price Concessions

Prescription Drug Name	Therapy Class	Drug Type	Coverage	Total Number of Claims	Number of Claims with Price Concessions Applied	Total Cost of the Drug Before Price Concessions	Total Price Concessions Received from Manufacturer	Total Estimated Price Concessions Not Yet Received from Manufacturer	Total Price Concessions Received from PBM	Total Estimated Price Concessions Not Yet Received from PBM	Total Other Rebates and Price Concessions (including PAPs)	Total Price Concessions	Price Concessions Percentage	Notes
Drug 1	Class 1	Brand												
Drug 2	Class 2	Generic												
Drug 4	Class 4	Brand												
Drug 5	Class 5	Brand												
Drug 6	Class 1	Brand												
Drug 7	Class 2	Brand												
Drug 8	Class 2	Brand												

Figure 7 - Plan Types Reference

Click here to go the Instructions

Click here to go to the "Plan Design" Worksheet

Plan Type	Line of Business	Description
C-DHMO	Commercial	Dental Health Maintenance Organization
C-DPOS	Commercial	Dental Point of Service
C-DPPO	Commercial	Dental Preferred Provider Organization
C-EPO	Commercial	Exclusive Provider Organization
C-HDHP	Commercial	High-Deductible Health Plan
C-HMO	Commercial	Health Maintenance Organization
C-POS	Commercial	Point-of-Service
C-PPO	Commercial	Preferred Provider Organization
MCD-FFS	Medicaid	Fee For Service
MCD-HMO	Medicaid	Health Maintenance Organization
M-DHMO	Medicare	Dental Health Maintenance Organization
M-DPOS	Medicare	Dental Point of Service
M-DPPO	Medicare	Dental Preferred Provider Organization
M-FFS	Medicare	Fee For Service
M-HMO	Medicare	Health Maintenance Organization
M-PABC	Medicare	Parts A, B and C
M-PD	Medicare	Part D
M-PPO	Medicare	Preferred Provider Organization
M-SNP	Medicare	Special Needs Plan
NA	NA	Not Applicable
Other	Other	Other Plan Type

Note: C = "Commercial", MCD = "Medicaid", and M = "Medicare"

Request for information: individuals with scientific or medical training per OAR-925-200-0020

Oregon Prescription Drug Affordability Board

The Prescription Drug Affordability Board is seeking information from individuals with scientific or medical training (medical providers, pharmacists, professors, researchers, etc.) about the list of drugs that will be part of the affordability review process outlined in ORS 646A.694. Choose the drug that is relevant to you from the drop down box in question 1 or find the prescription drug list posted online. Please use one form per drug. Return your answers by **XXXXX, 2025**. **Answers are not confidential and if received by this date, will be included in the board materials prepared for the affordability review and posted on the website.**. For more information, contact pdab@dcbs.oregon.gov.

Questions for individuals with scientific or medical training	Answers
1. Name of the drug	
2. Dosage, strength and frequency	
3. Medical condition/disease the drug is prescribed for	
4. What is the expected outcome of the treatment on the disease? (OAR-925-200-0020 2.k.B.i)	
5. What is the administrative burden of the drug (prior authorization, step therapy, for example)?	
6. Are there therapeutic alternatives for this drug? (OAR-925-200-0020 2.k.B.ii)	
7. Benefits of the prescription drug compared to therapeutic alternatives. (OAR-925-200-0020 2.k.B.ii)	
8. Disadvantages of the prescription drug compared to therapeutic alternatives. (OAR-925-200-0020 2.k.B.ii)	
9. Describe the drug's place in therapy in standard medical practice. For example, is this drug first line therapy? (OAR-925-200-0020 2.k.B.iii)	
10. Is the drug used for any off label conditions? (OAR-925-200-0020 2.k.B.iii)	
11. If so, which conditions and how often? (OAR-925-200-0020 2.k.B.iii)	
12. When the drug is not available, what is the reason and what is the consequence? Was the drug available when the patient	

needed it and if not, explain? (OAR-925-200-0020 1.i)	
13. Anything else you would like to add?	
Contact information	
Name	
Title	
Area of specialty	
Office, clinic, hospital, pharmacy, or university	
Address, city, state, zip code	
Email address in case we have follow up questions	
Telephone number in case we have follow up questions	

Request for information: manufacturers per OAR-925-200-0020

Oregon Prescription Drug Affordability Board

The Prescription Drug Affordability Board is seeking information from manufacturers about the list of drugs that will be part of the affordability review process outlined in ORS 646A.694. Please review the list posted on the PDAB website and answer the questions below about any relevant drugs. Use one form per drug. Return your answers by **XXXX, 2025**. **Answers are not confidential and if received by this date, will be included in the board materials prepared for the affordability review and posted on the website.**. For more information, contact pdab@dcbs.oregon.gov.

Questions for manufacturers	Answers
1. Non-proprietary name	
2. Proprietary name of the drug	
3. National Drug Code(s) (NDC-11)	
4. Healthcare Common Procedure Coding Systems (HCPCS) J Code(s) or Q Code(s) if applicable	
5. Dosage and package size	
6. Date of first FDA approval	
7. The drug qualified for the following expedited forms of approval:	
8. List of FDA-approved indications:	
9. List any therapeutic alternatives for this drug:	
10. Does the drug have indications with designations under the Orphan Drug Act? If yes, please include details.	
11. Estimated manufacturer net sales or estimated net-cost amounts (including rebates, discounts and price concessions) for the prescription drug sold in Oregon in 2023. (OAR-925-200-0020 2.l)	
12. Estimated average monetary price concessions (including rebates or discounts) manufacturer provided to health insurance plans in Oregon or is expected to provide to plans in 2023. Express as a percentage. (OAR-925-200-0020 1.d)	
13. Estimated average monetary price concessions (including	

rebates or discounts) to PBMs registered in Oregon in 2023. Express as a percentage. (OAR-925-200-0020 1.e)	
14. Estimated manufacturer net sales or estimated net-cost amounts (including rebates, discounts and price concessions) for the therapeutic alternatives in 2023. (OAR-925-200-0020 2.l)	
15. The estimated average price concession, discount or rebate manufacturer provided to or is expected to provide to health insurance plans and PBMs in this state for therapeutic alternatives in 2023. (OAR-925-200-0020 1.g)	
16. The estimated average price concession, discount, rebate, or coupons manufacturer provided to or is expected to provide related to patient assistant programs in this state in 2023. (OAR-925-200-0020 2.d)	
17. Financial assistance manufacturer provided to pharmacies in 2023. (OAR-925-200-0020 2.L)	
18. Financial assistance manufacturer provided to providers in 2023. (OAR-925-200-0020 2.L)	
19. Financial assistance manufacturer provided to consumers in 2023. (OAR-925-200-0020 2.L)	
20. Financial assistance manufacturer provided to other entities in 2023. (OAR-925-200-0020 2.L)	
21. Any information a manufacturer chooses to provide	
22. Any additional rebates paid (as a % of total rebates, paid to Brokers, Consultants, Coalitions, or any other who	

receive rebates that are not listed above. Please list out these stakeholder types and the % of total rebates, and the overall dollar amount per rebate paid to these entities. Please include administrative fees, marketing fees etc. that may not be in contract as a rebate but for all intents and purposes, are similar to rebates.	
23. Handling fees expressed as a 5 off of WAC or as total dollar amount paid to wholesalers in Oregon to distribute your product.	
24. Any additional compensation paid to insurers, employers, PBMs, brokers, coalitions etc. that are not identified as a rebate, but are fees that are paid back to these groups. Please provide these as dollar amounts and as percentage.	
Contact information	
Name of manufacturer	
Contact name	
Contact title	
Address, city, state, zip code	
Email address number in case we have follow up questions	
Telephone number in case we have follow up questions	

Request for information: patients, caregivers advocacy groups, and general public per OAR-925-200-0020

Oregon Prescription Drug Affordability Board

The Prescription Drug Affordability Board is seeking information from patients, caregivers, advocacy groups and general public about the list of drugs that will be part of the affordability review process outlined in ORS 646A.694. Choose the drug that is relevant to you from the drop down box in question 1 or find the prescription drug list posted online. Please use one form per drug. Return your answers by **XXXXX, 2025**. **Answers are not confidential and if received by this date, will be included in the board materials prepared for the affordability review and posted on the website.**. For more information, contact pdab@dcbs.oregon.gov.

Questions for patients, caregivers, advocacy groups, and general public	**Answers**
1. Name of the drug	
2. Dosage, strength and frequency	
3. Medical condition or disease	
4. What is the expected outcome of the treatment on the disease ? (OAR-925-200-0020 2.k.A.i.I)	
5. Are there therapeutic alternatives[1] (for example, a different therapeutic agent) for this drug?	
6. What is the patient treatment preference? (OAR-925-200-0020 2.k.A.i.II)	
7. Why is it the preferred treatment? (OAR-925-200-0020 2.k.A.i.II)	
8. If the patient is not using the preferred treatment, why not?	
9. What are the benefits of using this prescription drug compared to therapeutic alternatives (for example, a different therapeutic agent)? (OAR-925-200-0020 2.k.A.i.III & IV)	
10. What are the disadvantages of using this prescription drug therapeutic alternatives (for example, a different	

[1] Therapeutic alternative means, a drug product that contains a different therapeutic agent than the drug in question, but is FDA-approved, compendiarecognized as off-label use for the same indication, or has been recommended as consistent with standard medical practice by medical professional association guidelines to have similar therapeutic effects, safety profile, and expected outcome when administered to patients in a therapeutically equivalent dose.

therapeutic agent)? (OAR-925-200-0020 2.k.A.i.III &IV)	
11. How much did you pay out of pocket for this drug?	
12. If you used a patient assistance program, how much did it cover? (OAR-925-200-0020 2.k.A.i.V)	
13. Was the drug available when you needed it and if not, explain?	
14. Is the drug covered by your insurance?	
Contact information (voluntary)	
Name	
Are you a patient, caregiver or other? If other, please describe.	
City and state	
Email address in case we have follow up questions	

(OAR-925-200-0020 2.k.A.ii)

Please circle which applies to you:

Private health insurance_____
Medicare
Medicaid

City or zip code: _____

Age range:

☐ 18 – 30
☐ 31 – 46
☐ 47 – 61
☐ 62 – 75
☐ 76 and over

Annual income

☐ $0-$9,999
☐ $10,000-$24,999
☐ $25,000-$49,999
☐ $50,000-$74,999
☐ $75,000-$99,999
☐ $100,000-$149,999
☐ $150,000+

Request for information: Pharmacy benefit managers (PBMs) per OAR-925-200-0020

Oregon Prescription Drug Affordability Board

The Prescription Drug Affordability Board is seeking information from PBMs about the list of drugs that will be part of the affordability review process outlined in ORS 646A.694. Please review the list posted on the PDAB website and answer the questions below about any relevant drugs. Use one form per drug. Return your answers by **XXXX, 2025**. **Answers are not confidential and if received by this date, will be included in the board materials prepared for the affordability review and posted on the website.**. For more information, contact pdab@dcbs.oregon.gov.

Questions for PBMs	**Answers**
1. Non-proprietary name	
2. Proprietary name of the drug	
3. National Drug Code(s) (NDC-11)	
4. List any therapeutic alternatives for this drug:	
5. Number of prescriptions for this drug in Oregon in 2023.	
6. Total cost for the prescription drug in Oregon in 2023. (OAR-925-200-0020 1)	
7. The estimated total amount of price concessions, discounts or rebates PBM received from manufacturers and labelers in 2023 for the prescription drug under review, expressed as a percentage of the prices. (OAR-925-200-0020 1.e)	
8. The estimated total amount of price concessions, discounts or rebates PBM received from manufacturers and labelers in 2023 for therapeutic alternatives, expressed as a percentage of the prices. (OAR-925-200-0020 1.f)	
9. Any information PBs chooses to provide	
Contact information	
Name of PBM	
Contact name	
Contact title	
Address, city, state, zip code	
Email address number in case we have follow up questions	

Telephone number in case we have follow up questions	

Request for information: safety net providers per OAR-925-200-0020

Oregon Prescription Drug Affordability Board

The Prescription Drug Affordability Board is seeking information from safety net providers about the list of drugs that will be part of the affordability review process outlined in ORS 646A.694. Choose the drug that is relevant to you from the drop down box in question 1 or find the prescription drug list posted online. Please use one form per drug. Return your answers by **XXXXX, 2025**. **Answers are not confidential and if received by this date, will be included in the board materials prepared for the affordability review and posted on the website**. For more information, contact pdab@dcbs.oregon.gov.

Questions for safety net providers	Answers
1. Do you have an internal pharmacy you use to dispense 340b eligible prescriptions?	
2. Do you have one or more contract pharmacies from which 340b eligible prescriptions are dispensed?	
3. What was the total number of 340b eligible prescriptions dispensed by your pharmacy and/or contract pharmacies in 2023?	
4. Do you have a prescription savings program to improve patient access to prescription medications?	
5. If Yes to 4, what is the number of prescriptions that were supported by your prescription savings program?	
6. Can you provide an estimate of the financial impact of the 340b program on your entity (combine savings/revenue)?	
7. What services and/or programs do the funds listed about support?	
8. Do you have a staff person dedicated to 340b compliance requirements?	
9. Drop down of list with drug name and NDC	
10. Number of eligible prescriptions dispensed for this drug/NDC in your program 2024	

11. Financial impact to your covered entity from this drug/NDC (savings/revenue)	
12. If you have a prescription savings program, number of prescriptions for this drug/NDC that were part of that program?	
Contact information	
Provider Name	
Title,	
Clinic Name	
Address, city, state, zip code	
Name of person submitting this form	
Title	
Email address and phone number in case we have follow up questions	

OAR 925-200-0010

Phase 2: Select prescription drugs for affordability review

DPT carrier lists

- Drug Price Transparency (DPT) program collects health insurances carrier's top 25 greatest price increase, most costly, and most prescribed drugs (Rx) under ORS743.025.
- The DPT aggregates the information and provides it to PDAB's data analyst to setup for the board to review.

Any carrier Rx on mfr. new drug report or price increase report

- DPT collects information from manufacturers under ORS 646A.689. Data submitted under sections (6) is give to PDAB data analyst quarterly and provided to the board to review.
- Section (2) under ORS 646A.689 is provided annual from DPT and shown to the board for review.

Historical & current mfr. Rx price increases, based on wholesale acquisition cost (WAC)

- Rx on list for affordability review will be looked up in Medi-Span to determine the historical and current WAC price.
- For drugs with multiple national drug codes (NDC), a measure of central tendency will be used for a price comparison.

FDA

- PDAB staff will look up expedited approvals of fast track, priority review, accelerated approval, and breakthrough therapy designation.
- PDAB staff will use Medi-Span to look up brand-name drugs and biological products, and whether there are any approved and marketed generic drugs or biosimilar drugs.

Are therapeutic alternatives available?

- PDAB staff will review Rx under review and research if there are therapeutic alternatives and if cost and availability can be determined.

Does the Rx have a patent expiration or exclusivity expiration within 18 months

- PDAB staff will review Rx under review and research if there are patent or data exclusivity expirations within 18 months of affordability review.

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925-200-0010 Selecting Prescription Drugs for Affordability Reviews

The Prescription Drug Affordability Board (PDAB) will select from the list of eligible prescription drugs, provided by the Department of Consumer and Business Services pursuant to ORS 646A.694, a subset of drugs to prioritize for an affordability review under OAR 925-200-0020 by considering the following for the selection of prescription drugs:

(1) Whether any prescription drugs are on each of the insurer reported top 25 lists under ORS 743.025.

(2) Whether the prescription drug is included in the manufacturer new drug report or price increase report under ORS 646A.689 for the previous calendar year.

(3) Historical and current manufacturer drug price increases, based on wholesale acquisition cost (WAC) information. For drugs with multiple nation drug codes (NDC), a measure of central tendency will be used for a price comparison.

(4) The date of U.S. Food and Drug Administration (FDA) approval of the prescription drug and whether the prescription drug was approved through an expedited pathway. Expedited approval includes fast track, priority review, accelerated approval, and breakthrough therapy designation. For brand-name drugs and biological products, whether there are any approved and marketed generic drugs or biosimilar drugs for the specific brand-name drug or biological product.

(5) Where there are therapeutic alternatives, the cost and availability of potential alternatives.

(6) Whether the prescription drugs have a patent expiration or data exclusivity expiration within 18 months.

(7) For insulin drugs marketed in the U.S. and available in Oregon, criteria for selection may include, but not limited to, those products with the highest insurer reported:

(a) Overall spend;

(b) Per-patient spend; and

(c) Patient out-of-pocket cost.

Oregon Prescription Drug
Affordability Board

Agenda item: Board review of data sets and OAR 925-200-0010 criteria to select subset of drugs for affordability reviews

Click on the Prescription Drug Affordability Board data web page to access the data in Excel format. Here are the file names:

- Carrier_2023_Preliminary_aggregated_information_v02
- Insulin_2023_Preliminary_aggregated_information_based_on_APAC_pharmacy_data_v01
- mfr-2023-annual-increase-v01.xlsx
- mfr-2023-new-specialty-v01.xlsx

Location on the PDAB website: https://dfr.oregon.gov/pdab/Pages/data.aspx