Minnesota Prescription Drug Price Transparency—UPDATE

2023 REPORT TO THE MINNESOTA LEGISLATURE

09/08/2023

Minnesota Prescription Drug Price Transparency: 2023 Report to the Minnesota Legislature

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As requested by Minnesota Statute 3.197: This report cost approximately $11,500 to prepare, including staff time.

Minnesota Senate

Health and Human Services Committee

The Honorable Melissa Wiklund, Chair, 2107 Minnesota Senate Building

The Honorable Paul Utke, Ranking Member, 2403 Minnesota Senate Building

Human Services Committee

The Honorable John Hoffman, Chair, 2111 Minnesota Senate Building

The Honorable Jim Abeler, Ranking Member, 2207 Minnesota Senate Building

Commerce and Consumer Protection Committee

The Honorable Matt Klein, Chair, 2105 Minnesota Senate Building

The Honorable Gary Dahms, Ranking Member, 2219 Minnesota Senate Building

Minnesota House of Representatives

Health Finance & Policy Committee

The Honorable Tina Liebling, Chair, 477 State Office Building

The Honorable Joe Schomacker, Ranking Member, 209 State Office Building

Human Services Finance Committee

The Honorable Mohamud Noor, Chair, 379 State Office Building

The Honorable Anne Neu Brindley, Ranking Member, 251 State Office Building

Human Services Policy Committee

The Honorable Peter Fischer, Chair, 551 State Office Building

The Honorable Debra Kiel, Ranking Member, 203 State Office Building

Commerce Finance & Policy Committee

The Honorable Zack Stephenson, Chair, 449 State Office Building

The Honorable Tim O'Driscoll, Ranking Member, 237 State Office Building

September 8, 2023

To the Honorable Chairs and Ranking Members:

As directed in Minnesota Statutes 62J.84, the Minnesota Department of Health (MDH) is implementing the **Minnesota Prescription Drug Price Transparency Act** (the Act). Enclosed is the 2023 annual report. It is an update to the first legislative report, which used data through the first half of 2022 and summarized the Act's requirements, early implementation, and data reporting. This report extends the collection and analysis of data through November of 2022.

Key findings from the report include:

- The pricing trends for prescription drug introductions and price increases has remained steady since the first half of 2022. The median reported list price at market introduction was $5,137—with half of all introductions priced between $1,436 and $15,118. The median reported list price after price increase was $1,387—with half of all reported list prices after price increase between $476 and $4,455.
- During the first year the reporting requirement went into effect, implementation has been a primary focus. This includes having begun compliance and enforcement efforts, continued

stakeholder engagement activities, and the preparation for data posting and analyses. During this time, the reporting compliance rate increased to 68.7% across the whole program. While this is favorable compared to efforts in other states, ongoing enforcement is important.

- Data quality remains an issue. The data received remains incomplete and inconsistent. We are in the process of verifying and reviewing data and are working on following up with nearly all manufacturers to address instances where the quality of data appears suspect or inconsistent with requirements.
- Assessing the effectiveness of the Act—particularly in addressing transparency, understanding spending trends, and managing costs—requires sufficient time to have passed since the Act went into effect, as well as the submission of quality and meaningful data. The early takeaways listed in the first legislative report remain the same in this report. A more nuanced impact assessment should be possible with the release of 2024 report.

This report and the publicly available data reported by prescription drug manufacturers is available on the MDH website (Prescription Drug Price Transparency Home https://www.health.state.mn.us/data/rxtransparency).

Questions or comments on the report may be directed to Stefan Gildemeister, the State Health Economist, at (651) 201-4520 or health.Rx@state.mn.us.

Sincerely,

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Executive Summary

In 2020, the Minnesota Legislature passed the Prescription Drug Price Transparency Act or "the Act" (Minnesota Statutes, Section 62J.84) to increase transparency into the pricing of prescription drugs. Drug manufacturers are required to report on prices for new drugs and price increases over specified thresholds (see Appendix A). The Act requires submission of several data elements, but the primary reporting element is the Wholesale Acquisition Cost (WAC), or "list price," for a 30-day supply. Requirements for reporting under the Act took effect January 1, 2022. This report is an update to the first legislative report; it extends our understanding based on five additional months of reporting.

Overview

This report includes pricing events that met statutory reporting requirements from January 1 to October 1, 2022, which were due to be submitted by November 30, 2022. We identified 977 qualifying pricing events, for 891 unique prescription drugs, across 196 manufacturers with new drug introductions or price increases. We received over two-thirds (68.9%) of the expected reports from 110 manufacturers. However, in analyzing these reports we found frequent data quality and compliance issues. To improve the data quality and submission rates, we are communicating with manufacturers and exploring analytical solutions.

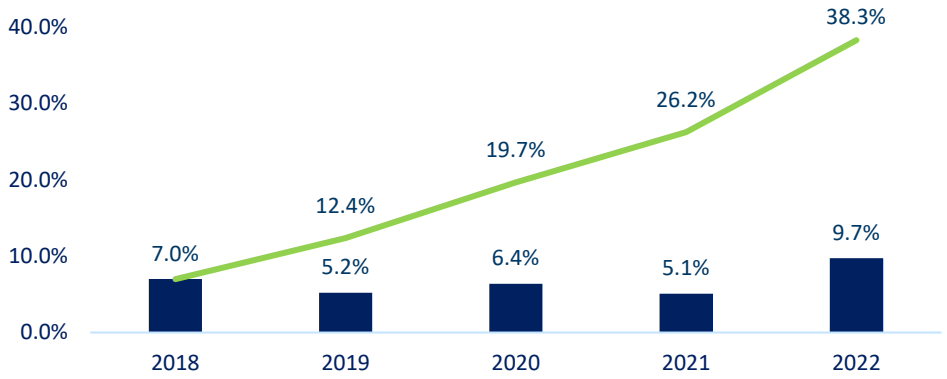
Findings

Among *new drugs* reported to MDH, the median reported list price at market introduction was $5,137.

Among drugs reported to MDH due to a *price increase*, the median reported list price after the increase was $1,387. The median reported percent price increase for individual pricing events was 7.9%, ranging from 1.5% to 106.0% (for a period ranging from 12 months to 24 months).

While year-over-year percent increases are modest, the cumulative effect over time is significant.

Five-Year Median Price Increase Percent with Cumulative Impact



Source: MDH, Health Economics Program summary of data reported under Minnesota's Prescription Drug Price Transparency Act for the period of January 1 to November 30, 2022.

Takeaways and Next Steps

While we are not yet positioned to offer definitive and final insights into the efficacy of the Act given the recency of data availability and the need to validate and improve data quality and completeness, early takeaways from the initiative include:

- With the implementation of the Act, **transparency in prescription drug pricing in Minnesota has distinctly increased**.
- There is an ongoing effort to **improve data quality and improve compliance to maintain a high level of data integrity**.
- We are working toward **expanding the transparency beyond manufacturers** so that there is greater insight into the drug prices along the supply chain.

We are expanding our analytic use and dissemination of reported data and preparing to expand our stakeholder engagement as the quality of the data improves. As part of these activities, we will continue updating the data available on the price transparency website (Prescription Drug Price Transparency Home: https://www.health.state.mn.us/data/rxtransparency).

Introduction

In 2020, the Minnesota Legislature passed the Prescription Drug Price Transparency Act or "the Act" (Minnesota Statutes 62J.84) to increase transparency into the pricing of prescription drugs. The Act directs the Minnesota Department of Health (MDH) to develop a system for collecting data on higher-cost drugs from drug manufacturers and publicly reporting these data. The Act also requires us to annually submit a report to the legislature containing a synthesis of the data and assessment of the impact of the Act.

This is the second legislative report we have prepared, and it includes pricing events that met statutory reporting requirements from January 1 to October 1, 2022, which were due to be submitted by November 30, 2022.[1] It contains:

- An update on the implementation of the Act, including next steps.
- An updated summary of submitted information and analyses of reported data.
- An updated assessment of the impact of the Act.

For reference, the first legislative report included an overview of the Act's requirements, implementation steps, a summary of reported data, and early takeaways on assessing the Act. This report is available online (https://www.health.state.mn.us/data/rxtransparency/docs/rxlegrpt.pdf).

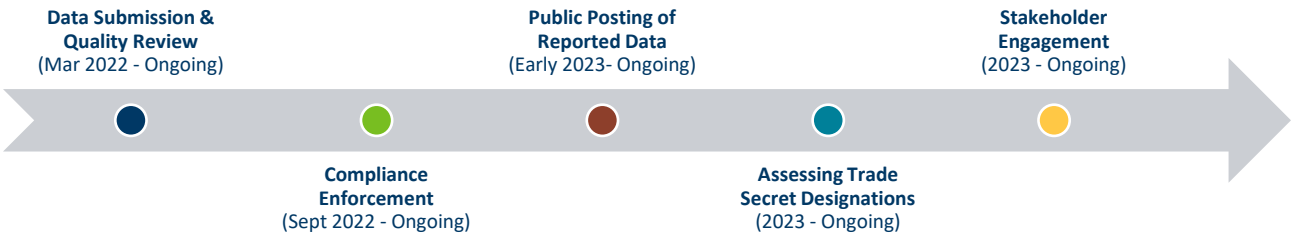
Implementation Update

In 2021 and into early 2022, MDH completed the initial phases of implementation by establishing reporting guidance, developing a registration and reporting system, and beginning to collect data from drug manufacturers. These steps are detailed in the first legislative report.

In the second half of 2022, we continued data quality review efforts, began compliance enforcement efforts, and prepared data for public dissemination. We also planned for upcoming efforts to better assess not public and trade secret designations and conduct additional stakeholder engagement. We continue to use our website to share updates on program implementation, offer opportunities to provide feedback, and to share information generated by the initiative (Prescription Drug Price Transparency Home: www.health.state.mn.us/data/rxtransparency/). Figure 1 provides an overview of key milestones of implementation of the Act in the second half of 2022 and into 2023.

[1] Under the Act, manufacturers have 60 days after a qualifying pricing event – either a new drug introdution or a price increase – to submit data to MDH.

Figure 1: Implementation Milestones of the Act



In 2022, we continued to draw on the expertise of counterparts in other states and other external subject matter experts. The National Academy for State Health Policy (NASHP) provided key support to our implementation of the Act—including by organizing meetings among state officials implementing similar laws and initiatives, identifying areas of overlap and contrast between states, and providing content expertise.

Data Submission & Quality Review

In Minnesota, we receive drug data reports from manufacturers on an ongoing basis. The Reported Prescription Drugs section below summarizes the 673 reports received that were due by November 30, 2022.

We continue to review all received reports and to verify against reference data where available. As noted in our first legislative report, virtually all data submissions required communication with manufacturers to clarify, complete, or correct reported data. Since then, we have worked to resolve identified issues and reduce the likelihood of data quality issues moving forward. A key component of this was enhancing the online reporting portal to better support manufacturers' complete and accurate submission of required data. For example, the enhancement allowed a manufacturer to use a single button to designate which data fields were required based on certain reporting criteria. We have already observed a positive impact on reporting quality because of this change. However, further work is still needed to adequately assess and resolve data quality issues. We will continue to address this as we review reported data and communicate with manufacturers.

Compliance Enforcement

As reflected in our first legislative report, we identified several hundred drug pricing events during the first half of 2022 for which we had expected, based on industry reference data, to receive a report from manufacturers but had not. In 2022, we began communicating with manufacturers to close the gap between the number of expected and received reports. These efforts have resulted in the submission of new reports, manufacturers' better understanding our approach to identifying expected reports, and our greater awareness of manufacturers' considerations related to reporting

requirements. In general, manufacturers have engaged productively with us to successfully resolve our requests. We will continue compliance enforcement efforts on an ongoing basis, as needed.

Public Posting of Reported Data

As required by the Act, we began publicly posting reported data beginning in early 2023. We are using two approaches for sharing prescription drug price transparency data online:

1. Presenting key trends on the reported data via interactive dashboards that let all users look-up details on reported prescription drug of interest and explore trends in prescription drug pricing. The dashboards provide easy-to-access insights into the reported data and connect reported data to additional reference data sources—see Appendixes C-1 – 4 for a view of the dashboards. The key metrics that are presented in our dashboards include: the volume and types of data reported, the cumulative price change of reported drugs, and a comparison between reported drugs and equivalent products.
2. Posting downloadable files of all reported data that we are authorized to post. Some data are withheld to protect trade secrets or because the determination that data do not meet the standards for trade secret designation has not been finalized.

We plan to update the information shared in the displays on a regular schedule, which will incorporate new reports and updated data points from data quality reviews.

Assessing Designations of Data as Not Public or Trade Secret

Assessing trade secret designations by manufacturers in reported data remains a priority. Given limited resources, however, it is secondary to assuring compliance with reporting and improving the quality of reported data. We aim to address this issue more fully in 2023, including by learning from similar challenges faced by other states' prescription drug transparency teams.

Trade Secret Requirements in the Act

The Act requires that manufacturers report required information to us even if they believe the data to be trade secret. Any trade secret information reported must be clearly identified and the manufacturer must provide a written statement justifying the data element's status as trade secret. We may agree or disagree with the trade secret designation. All data elements determined to be trade secret will be withheld from public posting. If we disagree with a manufacturer's assertion, we will provide the manufacturer written notice 30 days in advance of posting the data to allow manufacturers the opportunity to challenge the determination.

Stakeholder Engagement

Stakeholder engagement is an important component of implementing the Prescription Drug Price Transparency program in Minnesota and effectively using the reported data to inform policy development. In our program's first two years of development and implementation, we sought feedback from other state officials, subject matter experts, and industry representatives. We did this

through receipt of emailed feedback, as well as feedback and questions received at public meetings and other venues.

We have begun to reach out to insurance carriers and health maintenance organizations and plan to continue this engagement with other stakeholder groups as we move forward into our second year of data collection. We welcome feedback emailed to our team,[2] and we will announce public meetings to provide feedback on elements of our implementation through GovDelivery[3] announcements and on our website.[4]

Reported Prescription Drugs

This section provides a summary of prescription drugs reported to MDH for pricing events that occurred from January 1 to October 1, 2022 that meet the statutory reporting requirements (see Appendix A). These reports were required to be reported to MDH by manufacturers on or before November 30, 2022—. The first legislative report included the reports received through June 30, 2022; this is an extension of that report and includes the reported data from the first legislative report, with some updates, plus the additional data reported from July 1 to November 30, 2022.

To support our analysis and identify what reporting is expected, we used a range of reference data—including Wolters Kluwer Medi-Span[5] and the Federal Drug Administration's (FDA) National Drug Code Directory[6] and Purple Book.[7] This information provides us with the ability to analyze market attributes and pricing trends related to all drugs for which the department expects manufacturer reporting. Appendix B provides a summary of expected price increase reports from these reference data.[8]

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[2] Feedback may be emailed to health.Rx@state.mn.us.

[3] To sign up to receive GovDelivery announcement emails on implementation of the Prescription Drug Price Transparency Act, please visit Prescription Drug Price Transparency GovDelivery Signup (https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_553)

[4] To view announcements on our website, please visit Prescription Drug Price Transparency Announcements (https://www.health.state.mn.us/data/rxtransparency/announcements.html).

[5] Additional information about Medi-Span is available at: Medi-Span: Drug Data Solutions for Healthcare (https://www.wolterskluwer.com/en/solutions/medi-span).

[6] U.S. Federal Food and Drug Administration. National Drug Code Directory. Available at: U.S. FDA - National Drug Code Directory (https://www.fda.gov/drugs/drug-approvals-and-databases/national-drug-code-directory).

[7] U.S. Federal Food and Drug Administration. Purple Book: Database of Licensed Biological Products. U.S. FDA - Purple Book: Database of Licensed Biological Products (https://purplebooksearch.fda.gov/downloads).

[8] The median price of reference data for required price increase reports increased for both branded and generic drugs from our first legislative report (which included pricing events from January 1 to May 1, 2022) to this report (which includes pricing events from January 1 to October 1, 2022). The median prices increased from $950 in the last report to $1,540 in this report for branded drugs, and from $321 to $540 for generic drugs. The top 10 therapeutic classes that are reported are almost the same as the previous report. The categories of years in the market and WAC ranges followed a similar pattern of listed prices as in the previous report as well.

Using reference data, we identified 977 qualifying pricing events—either new drug introductions or price increases—for 891 unique prescription drugs across 196 manufacturers that were statutorily required to report.[9] As shown in Table 3, we received 673 reports from 110 manufacturers, which is 68.9% of expected reports from 56.1% of the manufacturers.

Table 1: Expected Reports and Required Reports Received

	Expected Reports	Required and received	Percentage Received
Prescription Drug Price Increase Reports	756	559	73.9%
New Prescription Drug Reports	221	114	51.6%
Total	**977**	**673**	**68.9%**

Source: MDH, Health Economics Program summary of preliminary data expected and reported under Minnesota's Prescription Drug Price Transparency Act for the period of January 1 to November 30, 2022. Note: reports not statutorially required are not presented in this table.

New drug introductions and price increases occurred across a wide range of therapeutic classes.[10] The top three therapeutic classes for new drug introductions were Antineoplastics and Adjunctive Therapies, Miscellaneous Therapeutic Classes, and Endocrine and Metabolic Agents - Misc. The top three therapeutic classes for price increases were Antineoplastics and Adjunctive Therapies, Analgesics – Opioid, and Passive Immunizing and Treatment Agents.

Therapeutic Class Descriptions

- **Analgesics – Opioid** (or narcotic analgesics) are a broad group of pain relievers (acute or chronic) that act on the central nervous system and can become habit-forming when used for a long time**.**
- **Antineoplastics and Adjunctive Therapies** are classes of prescription drugs primarily for the treatment of cancer and cancer-related conditions.
- **Endocrine and Metabolic Agents** include drugs that are primarily used to treat disorders associated with the endocrine system.
- **Miscellaneous Therapeutic Classes** include a diverse set of pharmaceutical agents not otherwise contained in the major drug classes.
- **Passive Immunizing and Treatment Agents** are provided to patients that do not have immunity against a disease that they have been exposed to and/or that could cause complications.

Results: New Drugs

[9] Some drugs had more than one qualifying pricing event during this timeframe that triggered reporting based on statutory requirements.

[10] U.S. Federal Food and Drug Administration. USP Therapeutic Categories Model Guidelines. March 28, 2018. Available at: USP Therapeutic Categories Model Guidelines (https://www.fda.gov/regulatory-information/fdaaa-implementation-chart/usp-therapeutic-categories-model-guidelines).

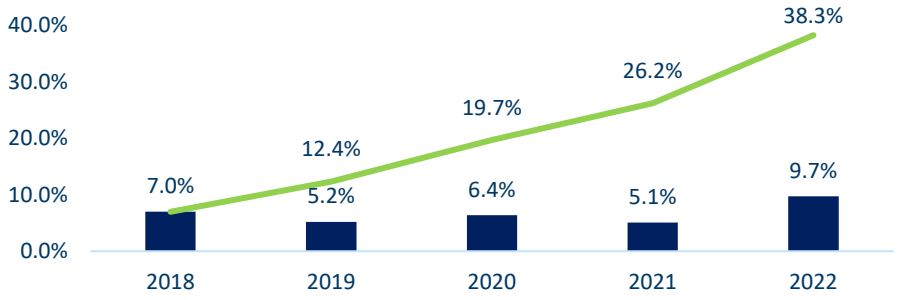
New drug reporting is required following the introduction to the market of drugs with prices that exceed $830 and meet other criteria. Using reference data, we identified 221 new drugs with qualifying introductions from January 1 to October 1, 2022, of which 133 were brand drugs and 88 were generic drugs.[11] We received 51.6% of these expected reports by the statutory deadline for submission. The median reported list price at market introduction was $5,137—with half of all introductions priced between $1,436 and $15,118.

Results: Price Increases

For drugs exceeding the price threshold and percentage increase criteria established by the Act, we identified 670 unique drugs across 756 qualifying pricing events from January 1 to October 1, 2022. We received 73.9% of the expected reports. Of the 756 expected price increase reports, only 29 were for generic drugs. This disparity partially stems from the difference in reporting criteria in the Act between brand drugs and generic drugs. The median reported list price after price increase was $1,387—with half of all introductions priced between $476 and $4,455.

The qualifying pricing events during this period tended to occur on regular schedules, with most of the increases occurring in January or July. Some drugs had more than one qualifying price increase in 2022. The median reported percent price increase for individual pricing events was 7.9%—ranging from 1.5% to 106.0% (for a period ranging from 12 months to 24 months). Figure 3 shows that price increases build up over time just like compound interest. The median cumulative increase reported by manufactures over the five-year period preceding the current increase (therefore preceding the time the Act was in effect) was 38.3%.

Figure 2: Five-Year Median Price Increase Percent with Cumulative Impact



Source: MDH, Health Economics Program summary of preliminary data reported under Minnesota's Prescription Drug Price Transparency Act for the period of January 1 to November 30, 2022.

[11] MDH identified an additional 112 generic drugs were introduced for sale at prices greater than $830, but were not required to report because their drug products were introduced at a discount from the reference brand drug product of greater than 15%, or a reference brand drug was not on the market.

Data Considerations

The analysis reported here should be considered preliminary because of concerns about the quality and completeness of the data. While we have taken many steps to improve data quality issues remain. We have determined that nearly all reports covered in this analysis require clarifications or corrections by manufacturers. Common data considerations include:

- Reported data do not match reference data.
- Data were reported at an aggregated level rather than at a drug-specific level as required by statute.
- Required data fields were not completed.
- The narrative descriptions of factors contributing to price increases often lacked meaningful, drug-specific information.

We are assessing reports on an ongoing basis and are following-up with manufacturers to address identified issues.

Further, a significant number of data elements reported to us were designated as not public or trade secret by manufacturers, preventing these data from being publicly reported pending further scrutiny. If our review of a not public or trade secret designation finds that a data element is public and all due process procedures have been completed, additional data will be made public in the future.

Impact Assessment

The additional five months of data from 2022 pricing events showed similar trends to the first half of the year. The new drug and price increase reports both showed growing prices. However, it's important to note that the pricing events reported to us are the highest and most extreme in the market. The top therapeutic classes were also similar to the ones identified in the last report. This indicates that the largest price increases are primarily occurring in certain types of drugs and not necessarily across all drug classes.

With the continual flow of price reports, the transparency of prescription drug prices has increased, and we have gained new insight into aspects of the complex prescription drug price structure. However, the impact of the Act will be more meaningful if it expands to include additional information beyond list prices (such as net prices, discounts, etc.), other entities in the supply chain beyond the manufacturer, and once there is greater public access to information. The current impact is also limited by the quality of data reported, which we are actively engaged with manufacturers to address, and the amount of time the Act has been in effect.

Early takeaways from the initiative remain consistent and include:

- With the implementation of the Act, **transparency in prescription drug pricing in Minnesota has distinctly increased**.

- There is an ongoing effort to **improve data quality and improve compliance to maintain a high level of data integrity**.
- The legislature passed a proposal from the Governor's budget for 2023 that would **expand price transparency beyond manufacturers** so that there is greater insight into drug prices along the supply chain.

Next Steps

As mentioned, in the implementation efforts, MDH is building the analytic use and dissemination of reported data and preparing to expand stakeholder engagement as the quality of the data improves. As part of these activities, MDH will continue ensuring reporting compliance, and improving the completeness and accuracy of the data available on the price transparency website (Prescription Drug Price Transparency Home: www.health.state.mn.us/data/rxtransparency).

Additionally, as outlined in our first report, MDH is developing a research agenda to consider broader questions of prescription drug pricing, access, affordability, and disparities. This broad effort includes stakeholder engagement, identifying additional data sources, and determining study approaches.

In addition to these ongoing efforts to implement the original transparency efforts passed in 2020, MDH is also preparing for expanded reporting beginning in 2024. The expanded reporting will include pricing data form drug manufacturers, drug wholesalers, pharmacy benefit managers (PBMs), and pharmacies. The new reporting will be quarterly and MDH will identify drugs of significant public interest that will require reporting. The expanded data collection will support additional transparency, greatly support our efforts to understand the prescription drug spending trends, and help identify opportunities for cost management.

Conclusion

One year into the Prescription Drug Price Transparency Act, the program has made meaningful gains in implementation, understanding, analysis, and transparency. Operational implementation has been a primary focus—including developing and improving data collection and review processes, beginning compliance and enforcement efforts, and preparing for data publication and expanded stakeholder engagement in 2023. The early compliance rate of 68.9%, while favorable in national comparisons, still demonstrates the need for ongoing enforcement work.

Another focus has been data quality review and remediation, a key step towards meaningful analyses of the data. MDH expects that these efforts—together with critical not public and trade secret review and stakeholder engagement—will serve as preparation for a deeper analysis of the Act's impact in the next report in 2024. MDH looks forward to ensuring support of the Act's aims of addressing transparency, understanding spending trends, and managing costs.

Appendix A: Statutory Criteria for Pricing Events that Require Prescription Drug Reporting

Pricing Event Type	Drug Type	Price Minimum	Criteria
Price Increase	Brand[12]	Greater than or equal to $100 WAC	Greater than or equal to 10% increase in WAC over previous 12 months or 16% over previous 24 months
	Generic[13]	Greater than or equal to $100 WAC	Greater than or equal to 50% increase in WAC over previous 12 months
Price at Market Entry	Brand	Greater than $830 WAC in 2022	Introduction for sale
	Generic and Biosimilar	Greater than $830 WAC in 2022 and is not at least 15% lower than the referenced brand name drug	Introduction for sale

[12] Brand name drug is defined in Minnesota Statutes 62J.84, subdivision 2(c) as "an original, new drug application approved under United States Code, title 21, section 355(c), except for a generic drug as defined under Code of Federal Regulations, title 42, section 447.502; or a biologics license application approved under the United States Code, title 45,section 262(a)(c).

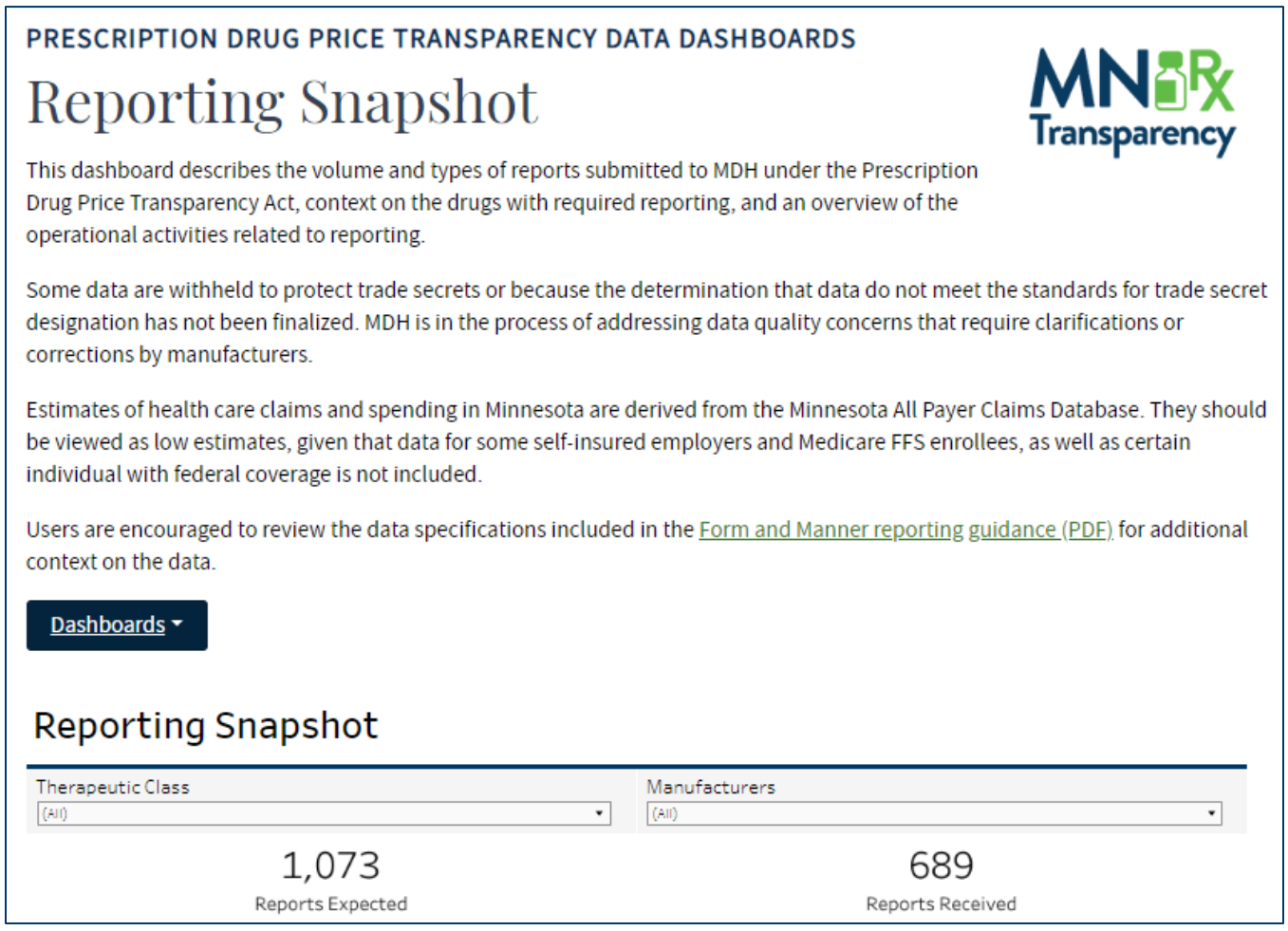
[13] Generic drug is defined in Minnesota Statutes as "a drug that is marketed or distributed pursuant to: an abbreviated new drug application approved under United States Code, title 21, section 355(j); an authorized generic as defined under Code of Federal Regulations, title 45, section 447.502, or a drug that entered the market the year before 1962 and was not originally marketed under a new drug application."

Appendix B: Summary Statistics on Drugs with Expected Price Increase Reports

Category Value	NDC Count	WAC After Increase		Current Increase		12-Month Increase		24-Month Increase	
		Median	IQR	Median	IQR	Median	IQR	Median	IQR
By Brand/Generic									
Brand Drug	727	$1,540.00	$533.57 - $4566	7.0%	4.95% - 9.5%	10.3%	9.4% - 15.0%	19.1%	15.0% - 21.2%
Generic Drug	29	$540.00	$300.00 - $960.00	100.0%	68.9% - 105.93%	105.9%	90.0% - 208.7%	113.7%	90.0% - 208.7%
By Years on the Market									
<= 5 Years	329	$1,540.00	$533.57 - $6000.00	7.9%	4.99% - 23.2%	13.4%	10.2% - 23.2%	19.7%	15.3% - 23.4%
6 - 10 Years	186	$1,456.13	$568.89 - $5076.16	6.0%	4.96% - 9.3%	10.1%	7.9% - 14.5%	17.2%	14.5% - 20.8%
11 - 15 Years	122	$1,741.70	$541.61 - $4917.87	6.0%	4.76% - 9.26%	10.0%	9.4% - 14.9%	19.7%	15.0% - 21.3%
16 - 20 Years	57	$996.50	$352.36 - $2950.77	9.4%	6% - 9.4%	9.4%	7.9% - 10.1%	19.7%	19.1% - 19.7%
Over 20 Years	62	$823.20	$356.33 - $1677.89	9.4%	6% - 10%	10.0%	7.9% - 18.9%	19.1%	16.4% - 21.2%
By WAC Price									
<= $500.00	179	$314.38	$235.61 - $400.40	9.4%	6% - 20%	12.4%	9.4% - 21.6%	19.7%	18.0% - 23.6%
$500.01 - $1700.00	234	$908.63	$636.12 - $1200.60	8.7%	4.99% - 10%	10.1%	9.4% - 15.4%	19.7%	15.5% - 23.2%
>= $1700.01	343	$5,299.20	$2659.90 - $10720.46	5.9%	4.77% - 8.5%	10.8%	9.4% - 14.5%	17.4%	14.5% - 21.0%
Top 10 Therapeutic Classes									
Passive Immunizing and Treatment Agents	68	$1,641.14	$529.40 - $2100.69	4.6%	1.5% - 5.18%	11.0%	10.0% - 13.5%	14.6%	13.2% - 19.8%
Antineoplastics And Adjunctive Therapies	64	$10,370.90	$3886.44 - $16322.73	5.5%	4% - 7%	11.3%	9.8% - 14.5%	16.5%	13.4% - 20.0%
Allergenic Extracts/Biologicals Misc.	62	$533.57	$321.95 - $1079.04	23.2%	23.2% - 23.37%	23.2%	23.2% - 23.4%	23.2%	23.2% - 23.4%
Analgesics – Opioid	38	$1,080.07	$275.80 - $2359.20	9.9%	9.4% - 15%	9.9%	9.4% - 15.0%	20.8%	19.7% - 26.4%
Endocrine and Metabolic Agents – Antidiabetics	36	$1,564.20	$768.53 - $1835.32	4.9%	4.95% - 4.96%	10.1%	10.1% - 10.1%	10.1%	10.1% - 11.8%
Endocrine and Metabolic Agents – Misc.	30	$12,592.52	$2377.96 - $15186.66	5.0%	4% - 5%	10.2%	9.2% - 11.8%	16.3%	11.8% - 17.5%
Ophthalmic Agents	29	$317.61	$242.51 - $532.30	6.0%	6% - 6%	6.0%	6.0% - 6.0%	19.1%	18.0% - 19.1%
Analgesics - Anti-Inflammatory	28	$3,116.30	$1640.91 - $4267.82	2.4%	2.4% - 7.4%	10.0%	10.0% - 12.6%	18.1%	18.1 - 20.4%
Cardiovascular Agents – Misc.	28	$1,231.20	$623.69 - $1908.51	6.0%	6% - 6%	6.0%	6.0% - 9.1%	19.1%	16.8% - 19.1%
Dermatologicals	23	$6,272.80	$830.11 - $6407.83	6.0%	4.99% - 7%	9.1%	6.0% - 14.5%	16.9%	16.8% - 19.6%

Source: MDH, Health Ecohomics Program analysis of Medi-Span reference data from Wolters Kluwer's Medi-Span Suite of electronic drug data files. Additional information about Medi-Span is available at: Medi-Span: Drug Data Solutions for Healthcare (https://www.wolterskluwer.com/en/solutions/medi-span). IQR stands for Inter-Quartile Range.

Appendix C-1: Screenshot of the Reporting Snapshot Dashboard



PRESCRIPTION DRUG PRICE TRANSPARENCY DATA DASHBOARDS

Reporting Snapshot

MN Rx Transparency

This dashboard describes the volume and types of reports submitted to MDH under the Prescription Drug Price Transparency Act, context on the drugs with required reporting, and an overview of the operational activities related to reporting.

Some data are withheld to protect trade secrets or because the determination that data do not meet the standards for trade secret designation has not been finalized. MDH is in the process of addressing data quality concerns that require clarifications or corrections by manufacturers.

Estimates of health care claims and spending in Minnesota are derived from the Minnesota All Payer Claims Database. They should be viewed as low estimates, given that data for some self-insured employers and Medicare FFS enrollees, as well as certain individual with federal coverage is not included.

Users are encouraged to review the data specifications included in the Form and Manner reporting guidance (PDF) for additional context on the data.

Dashboards

Reporting Snapshot

Therapeutic Class (All)

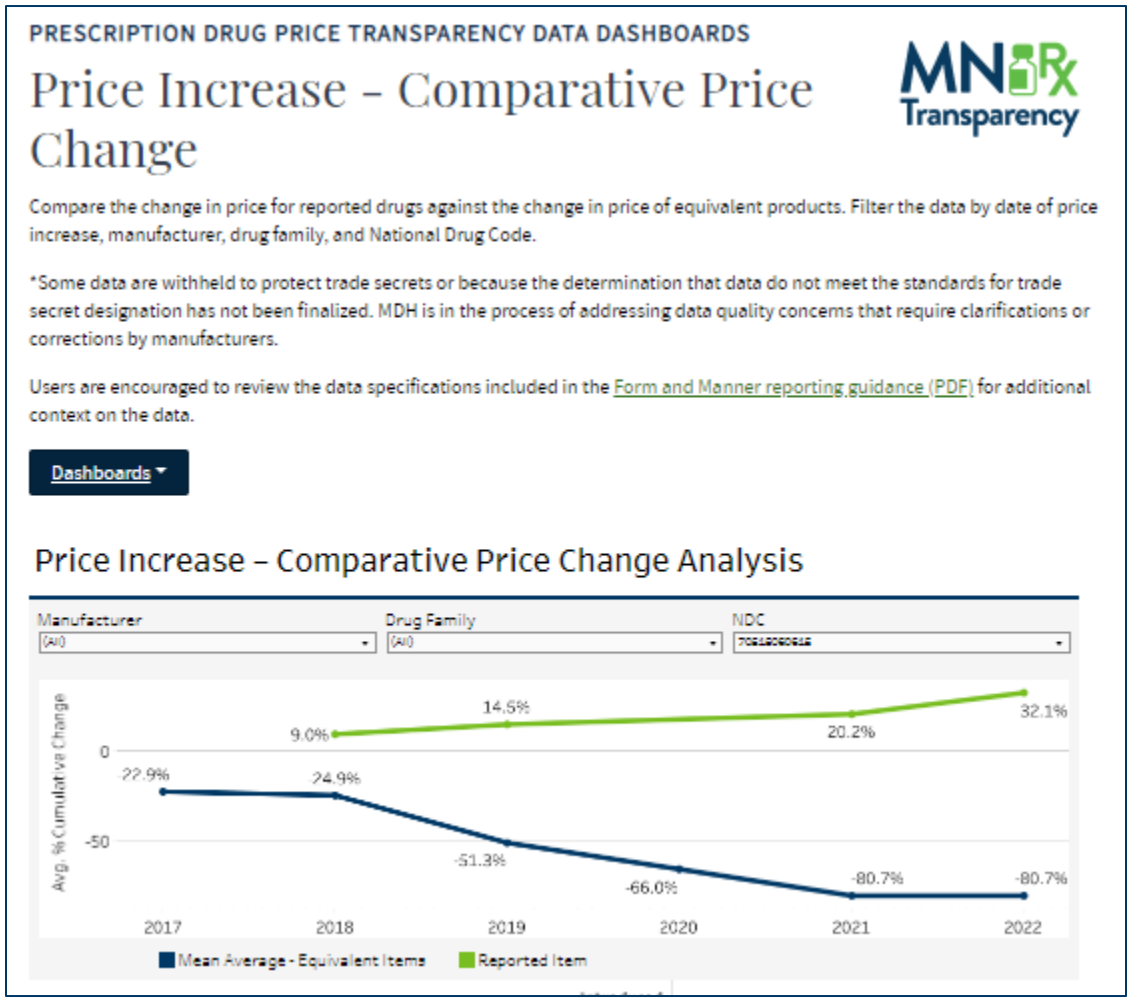
Manufacturers (All)

1,073
Reports Expected

689
Reports Received

Appendix C-2: Screenshot of the Price Increase – Five Year Price Increase Analysis Dashboard

Appendix C-3: Screenshot of the Comparative Price Change Analysis Dashboard



Appendix C-4: Screenshot of the New Drug Reports Dashboard

PRESCRIPTION DRUG PRICE TRANSPARENCY DATA DASHBOARDS

New Drug Reports

MNRx Transparency

Explore the data on reported new drugs that were introduced for sale in the United States. Note: the Price per Unit of Measure (PPUM) is a calculated cost—based on the WAC and package size—for a single unit of the unit of measure of the drug product (e.g. 1.0 ML or 1 tablet). The PPUM is not necessarily the cost of a package or a dose. This and the Average Equivalent Price per Unit of Measure (Avg Equivalent PPUM) are calculated to compare prices of equivalent drug products across the market.

*Some data are withheld to protect trade secrets or because the determination that data do not meet the standards for trade secret designation has not been finalized. MDH is in the process of addressing data quality concerns that require clarifications or corrections by manufacturers.

Users are encouraged to review the data specifications included in the Form and Manner reporting guidance (PDF) for additional context on the data.

Dashboards

New Drug Report

Therapeutic Class

(All)

Therapeutic Class	Manufacturer	NDC	Item Description	Drug Category	WAC at Introduction	Details
Analgesics - Anti-Inflammatory	AbbVie Inc.	00074104328	Upadacitinib 45 MG Tablet Extended Release 24 Hour 28.000 EA UU	Brand	$10,586	Date of Introduction: **3/23/2022** Year of Patent Expiration: **2036** FDA Breakthrough Therapy: **No** FDA Priority Review: **Yes** PPUM: **$378** Avg Equivalent PPUM: Equivalent Manufacturers: **0** Equivalent Products: **0**