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# Minnesota Prescription Drug Price Transparency

REPORT TO THE MINNESOTA LEGISLATURE

May 2024

## **Minnesota Prescription Drug Price Transparency: Report to the Minnesota Legislature**

### **Minnesota Department of Health**

Health Economics Program

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May 2024

To the Honorable Chairs and Ranking Members:

As directed in [Minnesota Statutes 62J.84](#), the Minnesota Department of Health (MDH) implements the Minnesota Prescription Drug Price Transparency Act (the Act) by collecting, analyzing, and publicly reporting data related to prescription drug prices.

Enclosed is the third required legislative report representing analysis of information reported to MDH by manufacturers of prescription drugs through the first half of 2023. The report also provides a summary and timeline of work to implement new data collection requirements of the Act as amended during the 2023 legislative session.

Key findings from this report include:

- There is notable interest in public data on drug prices, including from health care payers in Minnesota. In 2023, MDH saw over 6,500 visits to its web pages dedicated to prescription drug price transparency.
- Price increases of reportable drugs affect many Minnesotans. More than 75,000 people living in the state used these drugs in 2022. Collectively, the increases contributed to additional health care spending of more than \$53.2 million in 2022.
- Overall, many pricing trends are in line with previous reports. However, one notable departure is that data show prices for new drug introductions increased significantly with many new drug products priced over \$3 million.
- Among the most expensive drugs reported, the prices for these drugs in Minnesota were substantially higher than prices for the same drugs internationally.
- Many drug manufacturers continue to be out of compliance with the full requirements of the Act. Approximately 33% of reports have not been submitted (99 distinct manufacturers are delinquent for 775 total reports), and virtually all reports have data quality issues upon initial submission.

This report and the publicly available data reported by prescription drug manufacturers will become available on an 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](mailto:health.Rx@state.mn.us).

Sincerely,

/s/ Brooke Cunningham

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Commissioner  
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# Table of Contents

Minnesota Prescription Drug Price Transparency .....	1
Executive summary .....	7
Overview .....	7
Summary of reported prescription drug prices.....	7
Analysis and synthesis .....	8
Takeaways and next steps .....	8
Introduction.....	9
Continued implementation of the Act .....	9
Public posting of reported data.....	10
Upcoming enhancements.....	10
Reported prescription drugs .....	10
Results: New drugs .....	12
Results: Price growth .....	13
Data considerations.....	14
Analysis & synthesis .....	15
Top 25 drugs in Minnesota by price and use .....	15
International price analysis .....	17
Impact assessment.....	19
Goal 1: Promoting transparency in pharmaceutical pricing.....	19
Goal 2: Enhancing the understanding of pharmaceutical spending trends.....	20
Goal 3: Assisting the state and other payers in the management of pharmaceutical costs .....	20
Next steps.....	21
Conclusion .....	22

Appendix A: Statutory criteria for pricing events that require prescription drug reporting..... 23

Appendix B: Summary statistics on drugs with expected price growth reports ..... 24

Appendix C: Tables for the top 25 drugs in Minnesota by price and use ..... 26

## Executive summary

In 2020, the Minnesota Legislature passed the Prescription Drug Price Transparency Act (“the Act”) [[Minnesota Statutes 62J.84](#)]<sup>1</sup> to increase transparency into the pricing of prescription drugs with the hope that this could contribute to more affordable drug prices and help shape future policy actions related to prescription drugs. Under the Act, manufacturers of prescription drugs 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 focus is on the Wholesale Acquisition Cost (WAC), or “list price,” for a 30-day supply. Requirements for reporting under the Act took effect January 1, 2022, and legislative changes—including technical fixes and expanded reporting—were passed in 2023.

### Overview

This report includes pricing events that met statutory reporting requirements from January 1, 2022, to June 30, 2023. MDH identified 2,352 qualifying pricing events—either new drug introductions or price increases—for 1,928 prescription drugs across 283 manufacturers that were statutorily required to be reported. Manufacturers continued to comply less than fully with the reporting requirements: MDH received just 67% of required reports from 65% of manufacturers with reporting obligations (1,577 reports from 184 manufacturers). As in the past, MDH found frequent data quality and compliance issues with submissions. To address these issues, MDH is communicating with manufacturers, exploring analytical solutions, and considering enforcement options available under the Act.

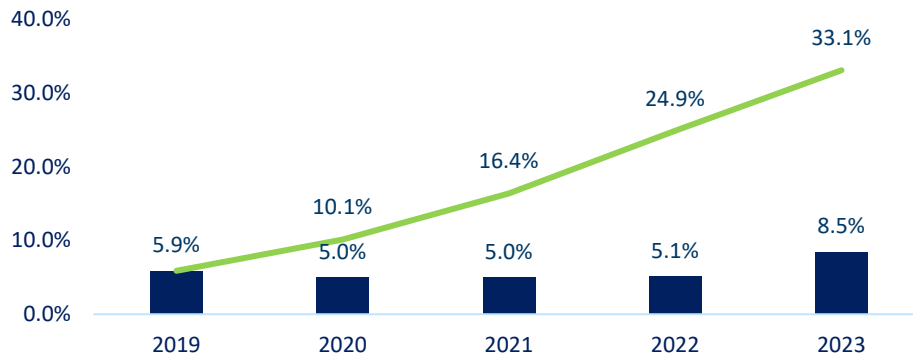
### Summary of reported prescription drug prices

- Among *new drugs* reported to MDH, the median reported list price at market introduction was \$7,356.
- Among drugs reported to MDH due to a reportable *price increase*, the median reported list price after price increase was \$1,240.
- The median reported price increase for individual pricing events was 7.0%, ranging from 1.5% to 176.4% (for a period ranging from 12 months to 24 months per statute).
- While year-over-year percent increases may appear moderate in the context of recent inflationary pressure in the broader economy, the cumulative effect is significant, as shown in Figure 1 which provides a five-year view of annual percent price growth.

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<sup>1</sup> <https://www.revisor.mn.gov/statutes/cite/62J.84>

**Figure 1: Five-year median price growth 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, 2022 to June 30, 2023.

## Analysis and synthesis

Some of the highest priced drugs tend to be brand drugs and impact only a small number of Minnesotans. Many widely used drugs are less expensive, by comparison, and tend to be generic. However, these drugs can still impose affordability challenges for Minnesotans paying hundreds or thousands of dollars out-of-pocket per prescription. Among the most expensive drugs reported, the prices for these drugs in Minnesota were substantially higher than the prices for the same drugs internationally.

## Takeaways and next steps

Interest in prescription drug price transparency remains high, with over 6,500 visits to the MDH price transparency website in 2023. Additionally, health plan companies in Minnesota have conveyed that they access and find value in the data MDH posts publicly and are interested in exploring what more can be done with transparency data in the future.

In 2024, MDH will continue to develop and implement expanded reporting on drugs of substantial public interest. MDH will continue to engage stakeholders and the public to gain input on the approach and priorities for reporting on drugs of substantial public interest.

As MDH continues to expand its analysis and dissemination of reported data, MDH will update the data available through the price transparency dashboards ([Prescription Drug Price Transparency Home](https://www.health.state.mn.us/data/rxtransparency)).<sup>2</sup>

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<sup>2</sup> <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.<sup>3</sup> In its initial form, the Act directs the Minnesota Department of Health (MDH) to develop a system for collecting data from pharmaceutical manufacturers and publicly reporting these data. The Act also requires MDH submit an annual report to the legislature containing a synthesis of the data and assessment of the impact of the Act.

This is the third legislative report prepared by MDH. It contains:

- An update of MDH’s continued implementation of the Act.
- A summary of submitted information and analyses of reported data.
- An assessment of the effectiveness of the Act.

This report covers the reporting period from January 1, 2022, to June 30, 2023.<sup>4</sup> Changes resulting from the 2023 legislative session—which went into effect July 1, 2023—will be integrated into future legislative reports.

## Continued implementation of the Act

In 2022 and 2023, MDH continued implementation of the Act prioritizing timely, high-quality access to reported data. This involved continuing to build program functions—including drug market analytics—and engaging with diverse stakeholders. As part of this effort, MDH staff have regularly provided technical assistance to manufacturers. MDH has also hosted opportunities for stakeholders to provide feedback, including recent comment periods on updated reporting guidance in response to changes passed by the legislature in 2023.

MDH also expanded efforts to increase compliance with reporting requirements. This included contacting manufacturers regarding unsubmitted reports, as well as improving internal review processes to automate and streamline the identification and resolution of data quality issues. MDH is also considering whether enforcement actions are needed to ensure manufacturer compliance with the Act.

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<sup>3</sup> <https://www.revisor.mn.gov/statutes/cite/62J.84>

<sup>4</sup> Under the law, manufacturers have 60 days after a triggering event (a qualifying price increase or introduction at a qualifying price level) for reporting and the submission of data. MDH received the first submission on March 1, 2022 for a triggering event date of January 1, 2022.

## Public posting of reported data

As required by the Act, MDH has publicly posted data submitted by drug manufacturers. Recognizing the different interests of patients, researchers, and other stakeholders, MDH makes reported data available both through interactive data dashboards and downloadable files. As of this report's preparation, there are 168 new drug reports and 632 price growth reports that have been publicly posted.

MDH's data dashboards synthesize reported data, put drug prices into context with other prescription drug products on the market, and indicate the impact of drug prices and price increases by showing how many Minnesotans take certain drugs. MDH is working with stakeholders to continually improve presentation of the data online. This includes enhancing existing dashboards, developing new dashboards, and presenting analyses. To that end, MDH continues to invite feedback on the data available on MDH's website.

## Upcoming enhancements

In 2023, the Minnesota Legislature enacted two broad categories of changes to the program: technical fixes to existing new drug and price growth reporting, and new reporting requirements for a set of select drugs of substantial public interest for entities across the supply chain—including manufacturers, wholesalers, pharmacy benefit managers, and pharmacies. MDH implemented the technical fixes in the summer of 2023. At the time of this report's preparation, MDH is preparing for the new reporting that begins in 2024. Data subject to the technical fixes and expanded reporting will be included in future legislative reports.

## Reported prescription drugs

This section provides a summary of prescription drug prices reported to MDH for pricing events between January 1, 2022, and June 30, 2023, that meet the statutory reporting requirements (see Appendix A). These reports were required to be reported to MDH by manufacturers on or before September 30, 2023.

To support the analysis and identify what reporting is expected, MDH used a range of reference data—including Wolters Kluwer Medi-Span,<sup>5</sup> and the Federal Drug Administration's (FDA) National Drug Code

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

Directory<sup>6</sup> and Purple Book.<sup>7</sup> This information provides MDH with the ability to analyze market characteristics—including drug family and therapeutic class—and pricing trends related to all drugs for which the Department expects manufacturer reporting. Appendix B provides a summary of expected price growth reports from these reference data.<sup>8</sup>

Using reference data, MDH identified 2,352 qualifying pricing events—either new drug introductions or price increases—for 1,928 unique prescription drugs across 283 manufacturers that were statutorily required to report.<sup>9</sup> As shown in Table 1, MDH received 67% of required reports, or 1,577 reports. Of the manufacturers required to report, 65% submitted data, or 184 manufacturers.

**Table 1: Expected reports and required reports received**

	Expected Reports	Required & received	Percentage Received
Prescription Drug Price Growth Reports	1,791	1,231	68.7%
New Prescription Drug Reports	561	346	61.7%
<b>Total</b>	<b>2,352</b>	<b>1,577</b>	<b>67.0%</b>

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, 2022 to June 30, 2023. Note: reports not statutorily required are not presented in this table.

New drug introductions and price increases occurred across a wide range of therapeutic classes (see descriptions below).<sup>10</sup> The top three therapeutic classes for new drug introductions were Antineoplastics and Adjunctive Therapies, Neuromuscular Agents – Neuromuscular Agents, Hematological Agents – Misc. The top three therapeutic classes for price increases were Antineoplastics and Adjunctive Therapies, Endocrine and Metabolic Agents – Misc, and Analgesics – Opioid.

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

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

<sup>8</sup> The median price of reference data for required price growth reports increased for both branded and generic drugs from MDH’s first legislative report (which included pricing events from January 1 to May 1, 2022) to the second report (which includes pricing events from January 1 to October 1, 2022) but fell in this report (which includes the pricing events from January 1, 2022, to June 30, 2023). The median prices increased from \$950 in the last report to \$1,540 in the second report to \$1,104 in the third report for branded drugs, and from \$321 to \$540 to \$495 for generic drugs.

<sup>9</sup> Some drugs had more than one qualifying pricing event during this timeframe that triggered reporting based on statutory requirements.

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

## 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.
- **Neuromuscular Agents - Neuromuscular Agents** are typically used during surgery, these are muscle relaxants that prevent muscle movement.
- **Hematological agents – Misc.** is class of drugs affect blood and blood forming organs that affect the hemostatic system of the body.

## Results: New drugs

New drug reporting is required following the introduction to the market of drugs with prices that exceed \$830 and meet certain other criteria (see Appendix A). Using reference data, MDH identified 561 new drugs with qualifying introductions from January 1, 2022, to June 30, 2023, of which 403 were brand drugs and 158 were generic drugs.<sup>11</sup> MDH received 61.7% of these expected reports by the statutory deadline for submission. The median reported list price at market introduction was \$7,496 with half of all introductions priced between \$1,895 and \$41,638.

The \$41,638 value—which is the upper bound of the middle half of the drug introductions or the third quartile—has increased substantially since the last report when it was \$15,118. This increase is mainly due to the introduction of two new drugs (with 99 unique drug products with varying strengths) that were either priced at \$3.2 million or \$3.5 million. The two drugs were Hemgenix—a gene therapy for the treatment of adults with hemophilia B manufactured by CSL Behring—and Elevidys—also a gene therapy that treats muscular dystrophy and is manufactured by Sarepta Therapeutics.

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<sup>11</sup> MDH identified an additional 143 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.

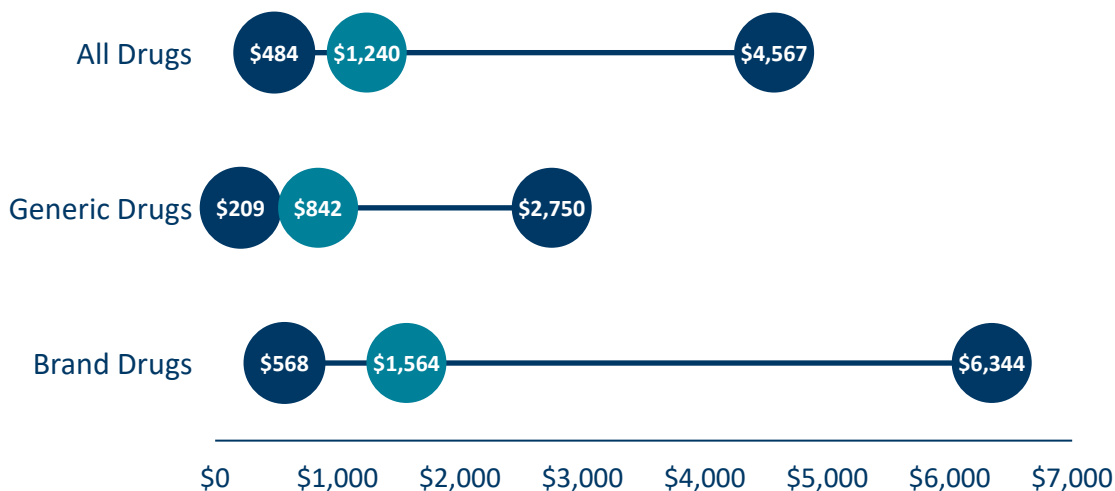
The median and mid-range values are starkly different between branded and generic drug introductions. While the generic drug median introductory list price was \$3,995—with half of all introductions priced between \$1,264 and \$15,118—the branded drug median price was much higher at \$14,550—with half of all introductions between \$3,410 and \$3,200,000).

## Results: Price growth

For drugs exceeding the price threshold and percentage increase criteria established by the Act, MDH identified 1,367 unique drugs (NDCs) across 1,791 qualifying pricing events from January 1, 2022, to June 30, 2023. MDH received 68.7% of the expected reports. Of the 1,791 expected price growth reports, only 46 were for generic drugs. This disparity largely stems from the significantly different reporting thresholds in the Act between brand drugs and generic drugs. The price increase threshold for branded drugs for the prior year is 10% while the price increase for generic drugs is 50% for the same time period (see Appendix A).

The median reported list price after price increase was \$1,240, with half of all drugs priced between \$484 and \$4,567. The generic median drug price after price increase was \$842, with half of all price increases ranging between \$209 and \$2,750. Not surprisingly, the branded median drug price after price increase was higher at \$1,564, with half of all price increases ranging between \$568 and \$6,344.

**Figure 2: Median price and 25<sup>th</sup> and 75<sup>th</sup> percentile prices for price growth reporting**

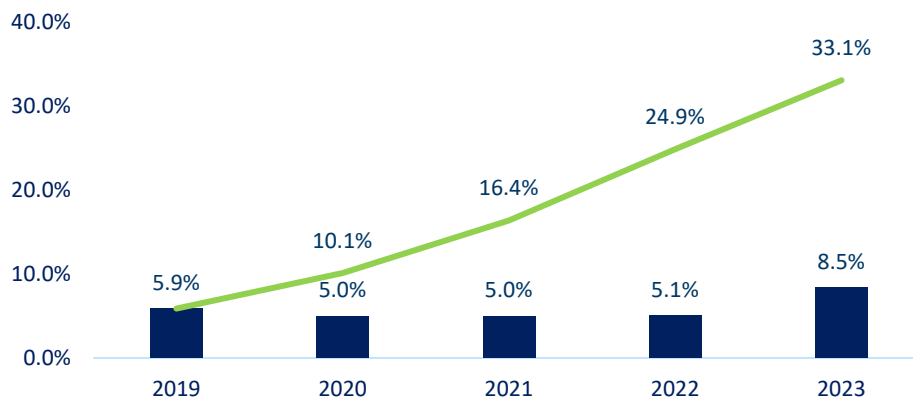


Source: MDH, Health Economics Program summary of preliminary data reported under Minnesota’s Prescription Drug Price Transparency Act for the period of January 1, 2022 to June 30, 2023.

The qualifying pricing events during this period tended to occur on what appears to be regular schedules, with most of the increases occurring in January or July of a given calendar year. Some drugs had more than one qualifying price increase in the data we reviewed: there were 79 drugs with more than one price increase in 2022 and 27 in the first half of 2023.

The median reported percent price increase for individual pricing events was 7.0%, ranging from 1.5% to 176.4% (for a period ranging from 12 months to 24 months per statute). Figure 3 provides a five-year view of annual percent price growth and 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 33.1%. This trend is in line with recent years.

**Figure 3: Five-year median price growth 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, 2022 to June 30, 2023.

## Data considerations

The analysis reported here should still be considered preliminary because of persistent concerns about the quality and completeness of the data. While MDH has taken numerous steps to improve data quality, significant issues remain. MDH has 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. (This affects head-to-head comparisons of drugs and biases trend data.)
- Required data fields were not completed.
- The narrative descriptions of factors contributing to price increases often lacked meaningful, drug-specific information.

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

Finally, a significant number of data elements reported to MDH were designated as not public or trade secret by manufacturers, preventing these data from being publicly reported pending further

administrative review and providing manufacturers due process. Many of the manufacturer assertions are made without the substantiation that is required under the Act.

## Analysis & synthesis

MDH has examined prescription drug prices in Minnesota from several different angles with the aim of illustrating trends and patterns in the market. The analyses and syntheses in this section include data reported under the Act, data obtained from reference sources on the industry, and data available in the Minnesota All Payer Claims Database (MN APCD), a state repository of de-identified health care enrollment and claims data administered by MDH.

### Top 25 drugs in Minnesota by price and use

In this section MDH examines the top 25 most expensive drugs and the top 25 most prescribed drugs in the commercial, Medicare, and Minnesota Health Care Programs (MHCP<sup>12</sup>) markets in Minnesota from January 1 to December 31, 2022, the most recent calendar year with complete data (see Appendix C, Tables C1 to C4).

Data show that the most expensive prescription drugs on the market are used by very few, if any, Minnesotans with commercial and Medicare coverage. This is largely because they target certain rare conditions and many are new-to-market drugs, so may not yet have had significant uptake or been included in insurance coverage policies. The highest priced drugs are only within a handful of therapeutic classes, tend to be brand drugs, and many are only administered by providers (i.e., they are not drugs picked up at the pharmacy counter). In contrast, the most widely used prescription drugs tend to be generics that treat common chronic conditions like heart disease and depression.

### Most expensive

In recent years, hundreds of drugs have had annual price increases that were greater than the rate of inflation.<sup>13</sup> Such price increases—on top of increasingly high entry prices—create affordability concerns and contribute to the reason so many Americans are feeling the impact of drug prices at the pharmacy counter.<sup>14</sup> High and increasing drug costs also contribute to high Minnesota health care spending. MDH identified the 25 most expensive drugs in terms of manufacturer list price (WAC) that both were expected to submit price growth reports to MDH and had a pharmacy claim—meaning, they

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<sup>12</sup> MHCP include Medical Assistance (Minnesota’s Medicaid program) and MinnesotaCare (Minnesota’s Basic Health Program).

<sup>13</sup> [Price Increases for Prescription Drugs, 2016-2022](https://aspe.hhs.gov/reports/prescription-drug-price-increases) (<https://aspe.hhs.gov/reports/prescription-drug-price-increases>)

<sup>14</sup> [Public Opinion on Prescription Drugs and Their Prices](https://www.kff.org/health-costs/poll-finding/public-opinion-on-prescription-drugs-and-their-prices/) <https://www.kff.org/health-costs/poll-finding/public-opinion-on-prescription-drugs-and-their-prices/>

were submitted for reimbursement under an insurance policy in Minnesota in 2022. The most expensive of these was an endocrine and metabolic agent, Signifor LAR, whose unit list price was \$15,187; fewer than 11 patients were prescribed this drug in Minnesota that year. In fact, 72% of the top 25 most expensive drugs were prescribed to fewer than 11 Minnesota patients in 2022. All but one of these 25 most expensive drugs were branded drugs, and many of them are physician-administered drugs.

## **Most used by type of insurance coverage**

### ***Commercial Coverage***

MDH identified the 25 most used drugs in Minnesota in 2022 by major insurance type. For commercially covered enrollees—80% of whom are between 18 and 65 years old—Ventolin HFA was the most prescribed drug. This drug treats breathing problems such as asthma and chronic obstructive pulmonary disease (COPD). Ventolin HFA is manufactured by Glaxo Smith Kline and was associated with 57,951 filled prescriptions in 2022. Asthma and COPD affected over 700,000 people in Minnesota in 2022, or 12% of the state’s population.<sup>15</sup> The average out-of-pocket cost per prescription fill for 2022 was \$20.50 for Ventolin HFA.<sup>16</sup> This average takes into consideration that some patients faced considerably higher out-of-pocket costs before their deductible was met, while others might have experienced much lower costs after their out-of-pocket maximum was reached. Of the top 25 most prescribed drugs, 23 were generic (92%).

### ***Medicare***

The most prescribed drug for Medicare patients in Minnesota—93% of whom are 65 years or older—was Eliquis from Bristol-Myers Squibb PrimaryCare with 107,333 prescriptions. It is a branded drug that blocks serious blood clots from forming, which affect approximately 11,000 people in Minnesota. The average annual out-of-pocket cost per prescription was \$199.30 in 2022. Again, most (80%) of the top 25 most prescribed Medicare drugs were generic.

### ***Minnesota Health Care Programs (MHCP)***

For MHCP patients in Minnesota—64% of whom are between 18 and 65 years old—the most prescribed drug was also Ventolin HFA from Glaxo Smith Kline with 214,425 prescriptions. The average out-of-pocket cost per prescription was \$1.50 for MHCP enrollees. The 25 most widely used MHCP drugs were also mostly (80%) generic.

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<sup>15</sup> As per U.S. Census Bureau, the population estimate for Minnesota in 2022 is 5,714,300

<sup>16</sup> This average takes into consideration that some patients faced considerably higher out-of-pocket costs before their deductible was met, while others might have been exposed to them at much lower levels after their out-of-pocket maximum was reached.



## International price analysis

As part of the Act, for brand drugs that meet the Minnesota reporting thresholds (see Appendix A), MDH receives drug prices for up to ten foreign countries that charged the highest single price for the drug (NDC) in the prior calendar year. These drug prices represent the WAC equivalent in a foreign country expressed in dollars according to the exchange rate on the day the report is submitted.

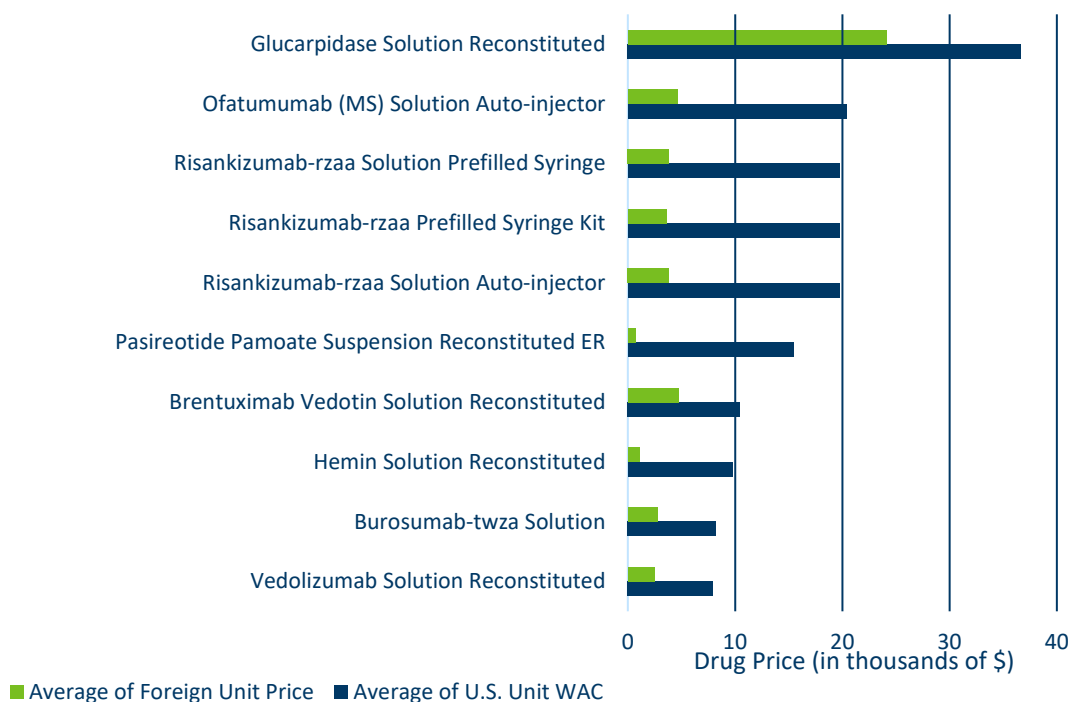
Figure 4 shows a price comparison between average foreign unit prices for the top 10 most expensive drugs in terms of average unit WAC list prices by drug family.<sup>17</sup> Consistent with reporting from other sources nationally —whether model-based or drawn from publicly available data—the most expensive drugs had higher list prices in Minnesota (and in the United States) than internationally.<sup>18</sup> Three of the top ten are drugs used to treat cancer (Antineoplastics and Adjunctive Therapy) and three are dermatological agents (Dermatologicals). See Table 2 for descriptions of the drug families.

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<sup>17</sup> Drug families are groups of drugs that share a unique generic drug description and dosage form.

<sup>18</sup> Mulcahy et al. 2022, [International Prescription Drug Price Comparisons: Current Empirical Estimates and Comparisons with Previous Studies | ASPE \(hhs.gov\)](#)

**Figure 4: International price comparison for top 10 drugs families**



Note: The prices for the various countries considered in the average of foreign unit prices are those that are submitted by the manufacturers for the countries with the top prices for price growth reporting required by the Act. All averages of prices are averages of unit WAC prices for packages calculated at the molecule or generic drug name and dosage form level.

**Table 2: Drug family details for international price comparison**

Drug Family	Therapeutic Class	Condition Treated
Glucarpidase Solution Reconstituted	Antineoplastics and Adjunctive Therapy	Cancer
Ofatumumab (MS) Solution Auto-injector	Antineoplastics and Adjunctive Therapy	Cancer
Risankizumab-rzaa Solution Prefilled Syringe	Dermatologicals	Autoimmune disease
Risankizumab-rzaa Prefilled Syringe Kit	Dermatologicals	Autoimmune disease
Risankizumab-rzaa Solution Auto-injector	Dermatologicals	Autoimmune disease
Pasireotide Pamoate Suspension Reconstituted ER	Endocrine and Metabolic Agents	Acromegaly/Cushing's Disease
Brentuximab Vedotin Solution Reconstituted	Antineoplastics and Adjunctive Therapy	Cancer
Hemin Solution Reconstituted	Hematological Agents	Porphyria
Burosumab-twza Solution	Endocrine and Metabolic Agents	Low phosphate levels
Vedolizumab Solution Reconstituted	Gastrointestinal Agents	Autoimmune disease

## Impact assessment

As a part of its annual legislative report, MDH must assess the Act's effectiveness in addressing three primary goals identified in statute:

- Promoting transparency in pharmaceutical pricing for the state and other payers.
- Enhancing the understanding of pharmaceutical spending trends.
- Assisting the state and other payers in the management of pharmaceutical costs.

This section provides MDH's assessment of the Act's effectiveness toward each of the statutory goals.

### Goal 1: Promoting transparency in pharmaceutical pricing

Minnesotans have been experiencing the impact of high and rising drug prices. Even though the drugs required to be reported to MDH under the Act only represent 2.7% of the drugs on the market in the U.S., people living in Minnesota are impacted by their prices, directly and indirectly. Drugs with price increases required to be reported in 2022 were used by over 75,000 people living in Minnesota, and the increases were associated with \$53.2 million in additional health care spending. These actual figures are higher than the estimates in MDH's first report.

A core component of the Act is to make prescription drug pricing data available to the public. Indeed, there is notable interest in public data on drug prices, as MDH saw over 6,500 visits to its web pages dedicated to prescription drug price transparency in 2023. To respond to the charge to support transparency through public posting of reported data, the MDH website provides information useful to both technical analysts and average consumers interested in accessing reported data. Reported data are available for download and over 1,100 downloads of these data files occurred in 2023. Additionally, to ensure reported data were made accessible and shared with meaningful context, MDH published the data in the form of data dashboards. MDH saw over 2,600 visits to its data dashboards in 2023.

Moreover, transparency into prescription drug pricing will increase substantially with the availability of new data under expanded reporting beginning in 2024. The new reporting will address two limitations MDH identified in its legislative report: the focus of the Act on list prices and its treatment of the prescription drug market as monolithic. Expanded reporting addresses both limitations in the following manner:

Under the new reporting, MDH will observe aggregate amounts spent and received for specific drugs reported by not only manufacturers, but also wholesalers, Pharmacy Benefit Managers (PBMs), and pharmacies—thereby enabling estimates of net prices across the supply chain. Additionally, MDH can focus on specific segments of the drug market by identifying drugs of substantial public interest for reporting. This horizontal look at the flow of money across the supply chain, as well as the opportunity to look at groups of competing drugs, will meaningfully increase transparency into the net payments for drugs across the supply chain.

The Act’s transparency efforts are also important for supporting greater health equity in Minnesota. MDH is developing analysis to examine disparities related to prescription drugs among Minnesotans; this work will be in future legislative reports. MDH intends to analyze socioeconomic aspects of access to and costs of prescription drugs using data available from the U.S. Census Bureau and claims data in the MN APCD, which represents health care consumption in the state.

## **Goal 2: Enhancing the understanding of pharmaceutical spending trends**

As one of the leading states in the U.S. performing this work, MDH-reported data on prescription drugs has continued to improve Minnesota’s understanding of new and emerging trends in prescription drug pricing. Among other things, MDH has observed that the additional pricing event data (from 2022 and 2023) showed similar trends to the first half of 2022. Similarly, the top therapeutic classes were also fairly consistent with those observed in the last report. This suggests that the largest price increases may be occurring for certain types of drugs and not necessarily across all drug classes.

MDH has begun and will continue to use reported prescription drug pricing data, together with data from the MN APCD, to analyze the impact of prices on prescription drug access, utilization, and total spending. Data collected during the first 18 months of the prescription drug price transparency program have allowed MDH develop a framework for meaningful and informative analysis. The additional data components reported under the expanded program beginning in 2024 will provide the opportunity for a more comprehensive review.

## **Goal 3: Assisting the state and other payers in the management of pharmaceutical costs**

Implementation of prescription drug price transparency initiatives—particularly those focused on list prices—are necessary, but not sufficient on their own to manage prescription drug spending. This is why the legislature passed a package of changes during the 2023 legislative session that have the potential to impact prescription drug affordability and access more meaningfully.<sup>19</sup>

One particularly promising policy is the 2023 expansion of the Act to include drugs of substantial public interest. As described previously, this expansion to reporting will enable greater transparency into the net prices of drugs in specific segments of the drug market. This has the potential to be a helpful tool to support state and private payers in managing drug spending.

Another promising policy passed in 2023 is the Minnesota Prescription Drug Affordability Board (PDAB) which has a primary focus “to protect consumers, state and local governments, health plan companies, providers, pharmacies, and other health care system stakeholders from unaffordable costs of certain

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<sup>19</sup> <https://www.health.state.mn.us/data/rxtransparency/docs/2023legupdates.pdf>

prescription drugs.” MDH will collaborate with the PDAB to make data reported under the Act available for analysis. In addition, the board is charged to apply specific metrics to identify drugs for cost review and, as an outcome of such review, may implement upper payment limits. This policy is similar to boards established in other states, including Colorado, which estimates that by applying payment limits that are similar to rates paid in Canada, the state would save about \$200 million per year for the 50 most costly prescription drugs, and consumers of these drugs would see a 70% average reduction in their out-of-pocket spending.<sup>20</sup>

Health plans and other health care entities in Minnesota have indicated that they access and find value in the data MDH posts publicly and are interested in exploring what more can be done with transparency data in the future. In a survey of select health plan companies in Minnesota, payers reported to MDH having visited the website to explore the data and appreciated that the range of possible uses supported by the creation of Tableau dashboards for easy access to key characteristics of the data, as well as the availability of data files for further analysis. One plan representative reported appreciating the metrics calculated on MDH’s New Drug Report Dashboard. Another expressed appreciation for the availability of drug price transparency data generally, stating:

“to shine a light on the costs of drugs, when there are increases in those costs, the degrees of increases, etc. [enables] the public to have awareness when those prices or price increases are unreasonable.”

On the other hand, some plan representatives reported that they do not yet regularly access MDH data because current drug price components do not offer a notable expansion beyond what is available through existing industry resources. However, insight into the value and impact of transactional data elements along the supply chain reported for drugs of substantial public interest may provide additional value for payers beginning in 2024. MDH will continue to engage with payers and other key stakeholders to ensure data is conveyed in practical ways that support prescription drug price management.

## Next steps

Operationally, MDH will continue to work with drug manufacturers on data quality and compliance for the new drug and price growth reporting. MDH will also continue to develop and implement expanded reporting on drugs of substantial public interest in 2024. MDH has engaged with new stakeholder groups—PBMs, wholesalers, and pharmacies—to gain their input on program implementation approaches, released draft reporting guidance for public comment, and introduced new IT

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<sup>20</sup> Colorado Consumer Health Initiative. PDAB Savings Sheet. Available at: <https://cohealthinitiative.org/wp-content/uploads/2021/03/PDAB-Savings-Sheet-1.pdf>.

infrastructure for securely reporting data. In 2024, MDH will continue to engage stakeholders and the public to gain input on the approach and priorities for reporting on drugs of substantial public interest.

Analytically, MDH will continue to advance the use and impact of these data on the public understanding of prescription drug pricing, spending trends, and health outcomes. MDH will continue engagement with stakeholders, experts in the field, and the public about the impact of prescription drug pricing and explore areas for future work, analysis, and collaboration.

## Conclusion

The passage of the Prescription Drug Price Transparency Act in 2020 provided people living in Minnesota, state policymakers, and MDH with better sightlines into prescription drug pricing. Technical fixes to the law and expanded reporting, which have materialized from this initial work, passed in 2023 that will help further realize these objectives. MDH is excited to implement new data collection that will provide the public with a more complete picture of where the money they spend on prescription drugs goes and what drives costs. These new data will enhance the value of existing data to researchers and the public, as well as improve MDH's ability to answer the statutory charge to assist in the management of prescription drug costs and develop targeted and effective policy.

MDH looks forward to continuing to work with the legislature and stakeholders on strengthening this initiative and supporting ideas for making prescription drugs more affordable for patients and spending on prescription drugs sustainable.

## Appendix A: Statutory criteria for pricing events that require prescription drug reporting

Pricing Event Type	Drug Type	Price Minimum	Criteria
Price Growth	Brand <sup>21</sup>	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
Price Growth	Generic <sup>22</sup> and Biosimilar	Greater than or equal to \$100 WAC	Greater than or equal to 50% increase in WAC over previous 12 months
New Drug	Brand	Greater than \$830 WAC in 2022 and 2023	Introduction for sale
New Drug	Generic and Biosimilar	Greater than \$830 WAC in 2022 and 2023 and is not at least 15% lower than the referenced brand name drug	Introduction for sale

Note: The prescription drug unit for the WAC is for a 30-day supply or for a course of treatment lasting less than 30 days.

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<sup>21</sup> Brand name drug is defined in Minnesota Statutes 621.84, subdivision 2(c) as “a 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 22, section 262(a)(c).”

<sup>22</sup> 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 4242, 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 growth reports

1/1/2022 – 6/30/2023

Category Value	NDC Count	WAC After Increase		Current Increase		12-Month Increase		24-Month Increase	
		Median	IQR	Median	IQR	Median	IQR	Median	IQR
<b>By Brand/Generic</b>									
Brand Drug	1745	\$1,113	\$472 - \$3,951	7.8%	5% - 9.9%	12.1%	10% - 15.4%	17.4%	12.2% - 22.3%
Generic Drug	46	\$488	\$291 - \$788	90.0%	66.7% - 130%	100.0%	78.9% - 166.7%	100.0%	78.9% - 166.7%
<b>By Years on the Market</b>									
<= 5 Years	650	\$1,041	\$469 - \$5,870	9.4%	5.9% - 12%	12.2%	10.1% - 16.6%	19.8%	14.1% - 24.8%
6 – 10 Years	459	\$1,419	\$568 - \$5,675	7.0%	5% - 9.9%	11.3%	9.9% - 15.4%	17.9%	14.5% - 22.3%
11 – 15 Years	273	\$1,035	\$418 - \$4,475	7.0%	5% - 9.5%	10.3%	9.8% - 15.1%	16.1%	11.5% - 21.9%
16 – 20 Years	194	\$867	\$502 - \$1,776	7.0%	6% - 9.9%	12.2%	10.1% - 15.4%	15.4%	12.2% - 19.7%
Over 20 Years	215	\$796	\$283 - \$1,502	9.0%	7% - 10%	12.2%	10.2% - 15.4%	15.6%	12.2% - 21%
<b>By WAC Price</b>									
<= \$500.00	502	\$312	\$228 - \$414	9.9%	6% - 10.1%	12.0%	10.1% - 15.5%	16.1%	11.5% - 23.2%
\$500.01 - \$1700.00	604	\$867	\$656 - \$1,225	8.0%	5.9% - 9.9%	12.2%	10% - 15.4%	18.0%	12.2% - 22.6%
>= \$1700.01	685	\$6,271	\$2,900 - \$13,800	7.0%	5% - 9%	12.2%	10% - 15.4%	18.1%	15% - 23.2%
<b>Top 10 Therapeutic Classes</b>									
Allergenic Extracts/Biologicals Misc	193	\$489	\$313 - \$834	10.1%	10.1% - 23.2%	10.1%	10.1% - 23.2%	23.2%	10.1% - 35.6%
Antineoplastics And Adjunctive Therapies	177	\$12,130	\$3,976 - \$18,125	6.2%	5.5% - 9%	12.3%	10% - 15.4%	17.3%	14.6% - 22.1%
Endocrine and Metabolic Agents - Misc	93	\$9,510	\$2,233 - \$15,946	5.0%	4.5% - 6%	11.4%	9.9% - 14.1%	18.2%	12.8% - 20.8%
Analgesics - Anti-Inflammatory	82	\$2,418	\$757 - \$6,454	7.0%	6.1% - 8%	13.2%	12.2% - 16.3%	17.2%	13.2% - 21%
Neuromuscular Agents - Anticonvulsants	68	\$935	\$623 - \$1,748	7.0%	6% - 8.5%	12.2%	10.7% - 13.9%	15.4%	12.2% - 18%



Category Value	NDC Count	WAC After Increase		Current Increase		12-Month Increase		24-Month Increase	
		Median	IQR	Median	IQR	Median	IQR	Median	IQR
Passive Immunizing And Treatment Agents	63	\$1,757	\$801 - \$3,464	4.8%	1.5% - 8.3%	13.1%	10.6% - 13.6%	15.8%	13.6% - 19.8%
Cardiovascular Agents - Antihypertensives	59	\$634	\$378 - \$1,121	9.4%	7.9% - 9.9%	15.4%	9.4% - 15.4%	15.4%	15.4% - 19.7%
Endocrine and Metabolic Agents - Thyroid Agents	58	\$374	\$150 - \$404	5.0%	5% - 9.9%	10.3%	10.2% - 18.1%	10.3%	10.2% - 27.9%
Cardiovascular Agents - Misc	55	\$716	\$624 - \$2,004	6.0%	5.9% - 7%	12.2%	6% - 14.5%	16.8%	14.5% - 19.1%
Ophthalmic Agents	55	\$358	\$245 - \$567	6.0%	6% - 9.9%	10.3%	6% - 15.4%	17.2%	14.9% - 19.1%

Source: MDH, Health Economics 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 \(https://www.wolterskluwer.com/en/solutions/medi-span\)](https://www.wolterskluwer.com/en/solutions/medi-span). IQR stands for Inter-Quartile Range.

## Appendix C: Tables for the top 25 drugs in Minnesota by price and use

**Table C1: Top 25 most expensive drugs\* for payers in Minnesota in 2022 reported to MDH**

Rank	NDC	Drug Name	Manufacturer Name	Avg. WAC Unit Price (\$)	Effective Date	Claim Count	Therapeutic Class	Branded Drug? (Y/N)
1	55292014001	Signifor LAR	RECORDATI RARE DISEASES	15,187	8/1/2022	<11 Patients	Endocrine and Metabolic Agents - Misc	Y
1	55292013901	Signifor LAR	RECORDATI RARE DISEASES	15,187	8/1/2022	<11 Patients	Endocrine and Metabolic Agents - Misc	Y
1	55292014201	Signifor LAR	RECORDATI RARE DISEASES	15,187	8/1/2022	<11 Patients	Endocrine and Metabolic Agents - Misc	Y
4	55292014001	Signifor LAR	RECORDATI RARE DISEASES	14,603	1/5/2022	<11 Patients	Endocrine and Metabolic Agents - Misc	Y
5	70709001303	Sajazir	CYCLE PHARMACEUTICALS	1,667	8/16/2021	<11 Patients	Hematological Agents - Misc	N
6	70539000102	Tymlos	RADIUS HEALTH	1,468	1/1/2022	1,850	Endocrine and Metabolic Agents - Misc	Y
7	72237010103	Xpovio (60 MG Twice Weekly)	KARYOPHARM THERAPEUTICS	1,028	1/1/2022	<11 Patients	Antineoplastics And Adjunctive Therapies	Y
8	52244004006	Edex	ENDO PHARMACEUTICALS	803	1/1/2022	37	Cardiovascular Agents - Misc	Y
9	43068022001	Hetlioz	VANDA PHARMACEUTICALS	794	7/16/2022	<11 Patients	Central Nervous System Agents - Hypnotics/Sedatives/Sleep Disorder Agents	Y
10	72237010104	Xpovio (80 MG Twice Weekly)	KARYOPHARM THERAPEUTICS	793	8/15/2022	<11 Patients	Antineoplastics And Adjunctive Therapies	Y

Rank	NDC	Drug Name	Manufacturer Name	Avg. WAC Unit Price (\$)	Effective Date	Claim Count	Therapeutic Class	Branded Drug? (Y/N)
11	70720095036	Zoladex	TERSERA THERAPEUTICS	784	1/1/2022	<11 Patients	Antineoplastics And Adjunctive Therapies	Y
12	72237010104	Xpovio (80 MG Twice Weekly)	KARYOPHARM THERAPEUTICS	771	1/1/2022	<11 Patients	Antineoplastics And Adjunctive Therapies	Y
13	43068022001	Hetlioz	VANDA PHARMACEUTICALS	732	8/1/2021	<11 Patients	Central Nervous System Agents - Hypnotics/Sedatives/Sleep Disorder Agents	Y
14	72495020210	Femring	MILLICENT U.S.	678	1/1/2022	56	Vaginal And Related Products	Y
15	00078070184	Piqray (200 MG Daily Dose)	NOVARTIS	669	1/5/2022	<11 Patients	Antineoplastics And Adjunctive Therapies	Y
16	72495020105	Femring	MILLICENT U.S.	636	1/1/2022	94	Vaginal And Related Products	Y
17	00078070184	Piqray (200 MG Daily Dose)	NOVARTIS	625	1/6/2021	<11 Patients	Antineoplastics And Adjunctive Therapies	Y
18	52244002006	Edex	ENDO PHARMACEUTICALS	588	1/1/2022	<11 Patients	Cardiovascular Agents - Misc	Y
19	76346007302	Korlym	CORCEPT THERAPEUTICS	577	1/1/2022	<11 Patients	Endocrine and Metabolic Agents - Antidiabetics	Y
20	00078068715	Promacta	NOVARTIS	557	7/27/2022	119	Hematological Agents - Hematopoietic Agents	Y
21	00078068715	Promacta	NOVARTIS	546	1/5/2022	124	Hematological Agents - Hematopoietic Agents	Y
22	67979051143	Aveed	ENDO PHARMACEUTICALS	545	11/21/2022	<11 Patients	Endocrine and Metabolic Agents - Androgens-Anabolic	Y

Rank	NDC	Drug Name	Manufacturer Name	Avg. WAC Unit Price (\$)	Effective Date	Claim Count	Therapeutic Class	Branded Drug? (Y/N)
23	55292032260	Isturisa	RECORDATI RARE DISEASES	529	1/5/2022	<11 Patients	Endocrine and Metabolic Agents - Misc	Y
24	67979051143	Aveed	ENDO PHARMACEUTICALS	519	4/1/2022	<11 Patients	Endocrine and Metabolic Agents - Androgens-Anabolic	Y
25	00078068715	Promacta	NOVARTIS	510	1/6/2021	<11 Patients	Hematological Agents - Hematopoietic Agents	Y

\*This list consists of only those drugs that are expected to report as per the Minnesota 62J.84 statute as well as have a claim in Minnesota in 2022.

Source: MDH/Health Economics Program analysis of reference data from reports submitted by manufacturers, claim count data from MN APCD, and Medi-Span reference data from Wolters Kluwer's Medi-Span Suite of electronic drug data files.

**Table C2: Top 25 most prescribed drugs for Commercial patients in 2022 reported to MDH**

Rank	NDC	Drug Name	Manufacturer Name	Claim Count	Avg. OOP (\$)	Avg WAC Per Rx (\$)	Therapeutic Class	Branded Drug? (Y/N)
1	00173068220	Ventolin HFA	GLAXO SMITH KLINE	57,901	21	69	Antihistamines/Nasal Agents/Cough & Cold/Respiratory/Misc - Antiasthmatic And Bronchodilator Agents	Y
2	68180098003	Lisinopril	LUPIN PHARMACEUTICALS	51,911	4	3	Cardiovascular Agents - Antihypertensives	N
3	68180098103	Lisinopril	LUPIN PHARMACEUTICALS	44,852	5	5	Cardiovascular Agents - Antihypertensives	N
4	60505082901	Fluticasone Propionate	APOTEX	42,983	6	25	Antihistamines/Nasal Agents/Cough & Cold/Respiratory/Misc - Nasal Agents - Systemic And Topical	N
5	50111064801	FLUoxetine HCl	TEVA PHARMACEUTICALS USA	41,513	7	5	Central Nervous System Agents - Antidepressants	N
6	70010049105	metFORMIN HCl ER	GRANULES PHARMACEUTICALS	40,496	8	9	Endocrine and Metabolic Agents - Antidiabetics	N
7	68180072003	amLODIPine Besylate	LUPIN PHARMACEUTICALS	40,469	7	5	Cardiovascular Agents - Calcium Channel Blockers	N
8	55111015810	Omeprazole	DR.REDDY'S LABORATORIES, INC.	38,441	8	5	Gastrointestinal Agents - Ulcer Drugs/Antispasmodics/Anticholinergics	N
9	29300012810	hydroCHLORothiazide	UNICHEM PHARMACEUTICALS	35,732	3	2	Cardiovascular Agents - Diuretics	N
10	00406055201	oxyCODONE HCl	MALLINCKRODT PHARM	33,981	3	6	Analgesics - Opioid	N
11	68180072103	amLODIPine Besylate	LUPIN PHARMACEUTICALS	33,456	8	6	Cardiovascular Agents - Calcium Channel Blockers	N

Rank	NDC	Drug Name	Manufacturer Name	Claim Count	Avg. OOP (\$)	Avg WAC Per Rx (\$)	Therapeutic Class	Branded Drug? (Y/N)
12	68180035302	Sertraline HCl	LUPIN PHARMACEUTICALS	32,830	6	14	Central Nervous System Agents - Antidepressants	N
13	70954006020	predniSONE	ANI PHARMACEUTICALS	30,657	2	2	Endocrine and Metabolic Agents - Corticosteroids	N
14	00093317431	Albuterol Sulfate HFA	TEVA PHARMACEUTICALS USA	30,056	16	43	Antihistamines/Nasal Agents/Cough & Cold/Respiratory/Misc - Antiasthmatic And Bronchodilator Agents	N
15	69097083512	Sertraline HCl	CIPLA USA	29,645	12	14	Central Nervous System Agents - Antidepressants	N
16	16729016917	Escitalopram Oxalate	ACCORD HEALTHCARE	28,068	11	9	Central Nervous System Agents - Antidepressants	N
17	54092038701	Adderall XR	SHIRE US INC.	27,950	24	277	Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant	Y
18	00054327099	Fluticasone Propionate	HIKMA PHARMACEUTICALS USA	27,904	9	17	Antihistamines/Nasal Agents/Cough & Cold/Respiratory/Misc - Nasal Agents - Systemic And Topical	N
19	69097083412	Sertraline HCl	CIPLA USA	27,781	11	7	Central Nervous System Agents - Antidepressants	N
20	68180035202	Sertraline HCl	LUPIN PHARMACEUTICALS	27,642	5	12	Central Nervous System Agents - Antidepressants	N
21	68180032002	buPROPion HCl ER (XL)	LUPIN PHARMACEUTICALS	25,743	18	15	Central Nervous System Agents - Antidepressants	N
22	65862050320	Amoxicillin-Pot Clavulanate	AUROBINDO PHARMA	25,219	8	8	Anti-Infective Agents - Penicillins	N
23	70700015010	Omeprazole	XIROMED	24,892	8	4	Gastrointestinal Agents - Ulcer Drugs/Antispasmodics/Anticholinergics	N

Rank	NDC	Drug Name	Manufacturer Name	Claim Count	Avg. OOP (\$)	Avg WAC Per Rx (\$)	Therapeutic Class	Branded Drug? (Y/N)
24	65862001305	Sertraline HCl	AUROBINDO PHARMA	24,816	6	7	Central Nervous System Agents - Antidepressants	N
25	00003089421	Eliquis	B-M SQUIBB U.S. (PRIMARY CARE)	24,612	156	896	Hematological Agents - Anticoagulants	Y

Note: Only members with medical enrollment were included in this analysis.

**Table C3: Top 25 most prescribed drugs for Medicare patients in 2022 reported to MDH**

Rank	NDC	Drug Name	Manufacturer Name	Claim Count	Avg. OOP (\$)	Avg WAC Per Rx (\$)	Therapeutic Class	Branded Drug? (Y/N)
1	00003089421	Eliquis	B-M SQUIBB U.S. (PRIMARY CARE)	86,718	206	1,025	Hematological Agents - Anticoagulants	Y
2	55111015810	Omeprazole	DR.REDDY'S LABORATORIES, INC.	69,425	3	6	Gastrointestinal Agents - Ulcer Drugs/Antispasmodics/Anticholinergics	N
3	68180072003	amLODIPine Besylate	LUPIN PHARMACEUTICALS	63,173	3	5	Cardiovascular Agents - Calcium Channel Blockers	N
4	68180098103	Lisinopril	LUPIN PHARMACEUTICALS	56,132	3	6	Cardiovascular Agents - Antihypertensives	N
5	68180098003	Lisinopril	LUPIN PHARMACEUTICALS	55,094	3	4	Cardiovascular Agents - Antihypertensives	N
6	58160082311	Shingrix	GLAXO SMITH KLINE	42,114	49	175	Vaccines	N
7	69315011610	Furosemide	LEADING PHARMA	40,288	2	3	Cardiovascular Agents - Diuretics	N
8	29300012810	hydroCHLORothiazide	UNICHEM PHARMACEUTICALS	40,200	1	2	Cardiovascular Agents - Diuretics	N
9	68180072103	amLODIPine Besylate	LUPIN PHARMACEUTICALS	39,628	3	7	Cardiovascular Agents - Calcium Channel Blockers	N
10	00088221905	Lantus SoloStar	SANOFI-AVENTIS U.S.	38,112	86	686	Endocrine and Metabolic Agents - Antidiabetics	N
11	68180097903	Lisinopril	LUPIN PHARMACEUTICALS	36,099	4	10	Cardiovascular Agents - Antihypertensives	N



Rank	NDC	Drug Name	Manufacturer Name	Claim Count	Avg. OOP (\$)	Avg WAC Per Rx (\$)	Therapeutic Class	Branded Drug? (Y/N)
12	00781286810	Omeprazole	SANDOZ	34,590	4	9	Gastrointestinal Agents - Ulcer Drugs/Antispasmodics/Anticholinergics	N
13	16729000517	Simvastatin	ACCORD HEALTHCARE	33,075	4	7	Cardiovascular Agents - Antihyperlipidemics	N
14	68180051303	Lisinopril	LUPIN PHARMACEUTICALS	32,579	2	3	Cardiovascular Agents - Antihypertensives	N
15	43547040111	Furosemide	SOLCO HEALTHCARE	32,245	2	3	Cardiovascular Agents - Diuretics	N
16	24208046325	Latanoprost	BAUSCH HEALTH US	32,168	4	41	Ophthalmic Agents	N
17	65862059805	Tamsulosin HCl	AUROBINDO PHARMA	32,050	5	8	Genitourinary Agents - Miscellaneous	N
18	00406055201	oxyCODONE HCl	MALLINCKRODT PHARM	31,439	5	8	Analgesics - Opioid	N
19	68180047903	Simvastatin	LUPIN PHARMACEUTICALS	31,147	2	7	Cardiovascular Agents - Antihyperlipidemics	N
20	60505258008	Atorvastatin Calcium	APOTEX	30,047	4	24	Cardiovascular Agents - Antihyperlipidemics	N
21	68382025116	Atorvastatin Calcium	ZYDUS PHARMACEUTICALS (USA)	28,951	4	21	Cardiovascular Agents - Antihyperlipidemics	N
22	70010049105	metFORMIN HCl ER	GRANULES PHARMACEUTICALS	28,581	5	10	Endocrine and Metabolic Agents - Antidiabetics	N
23	68382025016	Atorvastatin Calcium	ZYDUS PHARMACEUTICALS (USA)	28,002	3	19	Cardiovascular Agents - Antihyperlipidemics	N

Rank	NDC	Drug Name	Manufacturer Name	Claim Count	Avg. OOP (\$)	Avg WAC Per Rx (\$)	Therapeutic Class	Branded Drug? (Y/N)
24	16729018317	hydroCHLOROthiazide	ACCORD HEALTHCARE	27,965	1	2	Cardiovascular Agents - Diuretics	N
25	60505082901	Fluticasone Propionate	APOTEX	27,915	11	31	Antihistamines/Nasal Agents/Cough & Cold/Respiratory/Misc - Nasal Agents - Systemic And Topical	N

Note: Data for individuals insured by Medicare is partially complete for 2022 (Part D through 2021, FFS and Medicare Advantage data through 2022). Only members with medical enrollment were included in this analysis.

**Table C4: Top 25 most prescribed drugs for MHCP patients in 2022 reported to MDH**

Rank	NDC	Drug Name	Manufacturer Name	Claim Count	Avg. OOP (\$)	Avg WAC Per Rx (\$)	Therapeutic Class	Branded Drug? (Y/N)
1	00173068220	Ventolin HFA	GLAXO SMITH KLINE	214,110	2	61	Antihistamines/Nasal Agents/Cough & Cold/Respiratory/Misc - Antiasthmatic And Bronchodilator Agents	Y
2	00088221905	Lantus SoloStar	SANOFI-AVENTIS U.S.	79,407	4	409	Endocrine and Metabolic Agents - Antidiabetics	N
3	60505082901	Fluticasone Propionate	APOTEX	72,341	1	20	Antihistamines/Nasal Agents/Cough & Cold/Respiratory/Misc - Nasal Agents - Systemic And Topical	N
4	12496120803	Suboxone	INDIVIOR INC	48,942	1	335	Analgesics - Opioid	Y
5	00406055201	oxyCODONE HCl	MALLINCKRODT PHARM	47,982	1	6	Analgesics - Opioid	N
6	54092039101	Adderall XR	SHIRE US INC.	46,675	2	240	Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant	Y
7	54092038701	Adderall XR	SHIRE US INC.	46,400	2	255	Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant	Y
8	52817033200	Cyclobenzaprine HCl	TRUPHARMA	43,082	1	1	Neuromuscular Agents - Musculoskeletal Therapy Agents	N
9	65162010250	Gabapentin	AMNEAL PHARMACEUTICALS	41,843	1	11	Neuromuscular Agents - Anticonvulsants	N
10	70010049105	metFORMIN HCl ER	GRANULES PHARMACEUTICALS	39,291	2	7	Endocrine and Metabolic Agents - Antidiabetics	N
11	55111015810	Omeprazole	DR.REDDY'S LABORATORIES, INC.	35,475	1	4	Gastrointestinal Agents - Ulcer Drugs/Antispasmodics/Anticholinergics	N

Rank	NDC	Drug Name	Manufacturer Name	Claim Count	Avg. OOP (\$)	Avg WAC Per Rx (\$)	Therapeutic Class	Branded Drug? (Y/N)
12	70700015010	Omeprazole	XIROMED	35,350	1	3	Gastrointestinal Agents - Ulcer Drugs/Antispasmodics/Anticholinergics	N
13	68180035302	Sertraline HCl	LUPIN PHARMACEUTICALS	33,139	1	11	Central Nervous System Agents - Antidepressants	N
14	45802086803	Polyethylene Glycol 3350	PADAGIS	32,399	1	*	Gastrointestinal Agents - Laxatives	N
15	50111064801	FLUoxetine HCl	TEVA PHARMACEUTICALS USA	32,105	1	4	Central Nervous System Agents - Antidepressants	N
16	65862001305	Sertraline HCl	AUROBINDO PHARMA	32,039	1	5	Central Nervous System Agents - Antidepressants	N
17	00143988701	Amoxicillin	HIKMA PHARMACEUTICALS USA	30,987	0.5	12	Anti-Infective Agents - Penicillins	N
18	68180032002	buPROPion HCl ER (XL)	LUPIN PHARMACEUTICALS	28,317	1	11	Central Nervous System Agents - Antidepressants	N
19	57237007710	Ondansetron	RISING PHARMACEUTICALS	28,303	1	4	Gastrointestinal Agents - Antiemetics	N
20	68180098003	Lisinopril	LUPIN PHARMACEUTICALS	27,842	1	3	Cardiovascular Agents - Antihypertensives	N
21	43598081115	Cetirizine HCl	DR.REDDY'S LABORATORIES, INC.	27,809	0.5	*	Antihistamines/Nasal Agents/Cough & Cold/Respiratory/Misc - Antihistamines	N
22	00186037020	Symbicort	ASTRAZENECA LP	27,628	3	382	Antihistamines/Nasal Agents/Cough & Cold/Respiratory/Misc - Antiasthmatic And Bronchodilator Agents	Y

Rank	NDC	Drug Name	Manufacturer Name	Claim Count	Avg. OOP (\$)	Avg WAC Per Rx (\$)	Therapeutic Class	Branded Drug? (Y/N)
23	00054327099	Fluticasone Propionate	HIKMA PHARMACEUTICALS USA	27,360	1	13	Antihistamines/Nasal Agents/Cough & Cold/Respiratory/Misc - Nasal Agents - Systemic And Topical	N
24	60505265301	traZODone HCl	APOTEX	27,333	1	4	Central Nervous System Agents - Antidepressants	N
25	00781286810	Omeprazole	SANDOZ	27,255	1	6	Gastrointestinal Agents - Ulcer Drugs/Antispasmodics/Anticholinergics	N

\*These NDCs are over-the-counter drugs and do not have WAC listed in Medispan data.

Note: Only members with medical enrollment were included in this analysis.

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