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Essential Diabetes Drugs Price Increase Report

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**Nevada Department of
Health and Human Services**

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Introduction

During the 79th legislative session, SB 539 was approved and required DHHS pursuant to section 3.6 (2a,b) of the bill and Nevada Revised Statute (NRS) 439B.630 to compile a list of certain prescription drugs essential for treating diabetes and report as follows:

NRS 439B.630 Department to annually compile lists of certain prescription drugs essential for treating diabetes. On or before February 1 of each year, the Department shall compile:

1. A list of prescription drugs that the Department determines to be essential for treating diabetes in this State and the wholesale acquisition cost of each such drug on the list. The list must include, without limitation, all forms of insulin and biguanides marketed for sale in this State.
2. A list of prescription drugs described in subsection 1 that have been subject to an increase in the wholesale acquisition cost of a percentage equal to or greater than:
 - a.) The percentage increase in the Consumer Price Index, Medical Care Component during the immediately preceding calendar year; or
 - b.) Twice the percentage increase in the Consumer Price Index, Medical Care Component during the immediately preceding 2 calendar years.

(Added to NRS by [2017, 4297](#))

On October 31, 2017, the Department of Health and Human Services (DHHS) developed a list of essential diabetes medications with the feedback and collaboration from stakeholders.

This essential list does not include any drugs used to treat co-morbidities often present in an individual with diabetes. The list does not contain every single drug that may be an effective treatment for diabetes or approved for the treatment of diabetes. This list attempts to refine the numerous treatments to those approved for treatment, identified by prescribers as essential, and most frequently prescribed in Nevada (as determined by the publicly available data sources).

This report was posted in “draft” status to give manufacturers 14 calendar days to review and notify if there may be any errors within the report. If DHHS does not receive any requests for review within 14 calendar days of posting, then the final report will be posted to the drugtransparency.nv.gov website. Otherwise, if there are requests for review DHHS will post the final report after all edits have been completed.

DHHS invites you to view the Drug Transparency website at drugtransparency.nv.gov. If you are interested in receiving email notifications for Nevada Drug Transparency information and updates, please subscribe to the [LISTSERV](#).

Report Summary

The 2018 DHHS Essential Diabetes Drug Price Increase report used a methodology that met the requirements of NRS 439B.630.

To generate this report, the Department identified a total of 2,716 National Drug Codes (NDC) that included varying packing formulations from the essential list of medications. From that list, 175 NDCs showed a price increase above the thresholds established in law. The pricing data utilized in this analysis was limited by the availability of Wholesale Acquisition Cost (WAC) data. This report will be updated as additional data is received, but does not incorporate other pricing benchmarks at this time.



Essential Diabetes List

The 2017 List of Essential Drugs for Treating Diabetes can be found on the following web page: [http://dhhs.nv.gov/HCPWD/Drug Tranparency Essential Lists, Reports Resources/](http://dhhs.nv.gov/HCPWD/Drug%20Tranparency%20Essential%20Lists,%20Reports%20Resources/)

DHHS released the first list on October 31, 2017. We welcome feedback for the development of the drug selection criteria for the 2018 list. Feedback and questions can be directed to the e-mail: drugtransparency@dhhs.nv.gov

Methodology

The National Drug Codes (NDC) were compiled corresponding to all the Essential Diabetes Drugs published by DHHS on October 31, 2017. NDC and pricing data was retrieved from a purchased database effective July 5, 2018. For each of the NDC codes, wholesale acquisition cost (WAC) unit price data was obtained, including up to seven price histories. The minimum prices active during 2016 and 2017 and the maximum active price for 2018 were compared to identify the one-year and two-year price increase percentages. The one-year price increases were compared against the 2017 Consumer Price Index (CPI) Medical Component, while the two-year price increases were compared against twice the CPI Medical Component values of 2016 and 2017. The 2018 report includes only those drugs identified as having a price increase.

Request for Review

If a manufacturer disputes the information provided in this report, please notify DHHS at drugtransparency@dhhs.nv.gov within 14 calendar days of this report.

The final report will be posted within 15 calendar days, or after any request for review. The final report may omit sections no longer applicable.

Manufacturer Report on Price Increases

SB 539 requires manufacturers to report to the Department by July 1, 2018, per section 26.9(b) of this act, and subsequent years on or before April 1 annually per NRS 439B.640 in which a drug is included on the current essential list. The manufacturer of the drug shall submit to the Department a report describing the reasons for the increase in the wholesale acquisition cost of the drug as outlined in NRS. The report must include, each factor that contributed to the increase, the percentage of total increases attributable to each factor, an explanation of the role of each factor in the increase, and any other information prescribed by DHHS in regulation.

On June 7, 2018, DHHS provided notice that they will not proceed with enforcement action for reports made during the first six months. DHHS expects all entities will work in good faith during the six month period, but wants to ensure manufacturers, sales representatives, pharmacy benefit managers, and non-profit organizations have ample opportunity to come into compliance with the statutes and regulations by January 15, 2019, before any enforcement action will be taken.

DHHS Essential Diabetes Drug Price Increase Report



PROPRIETARY NAME	NON-PROPRIETARY NAME	CLASS	NDCs that showed a percentage increase in the Consumer Price Index (CPI) Medical Component during the preceding calendar year; or preceding two (2) calendar years
Actos, Pioglitazone	Pioglitazone	Thiazolidinediones (TZDs)	64764015104, 64764015105, 64764030114, 64764030115, 64764045124, 64764045125, 54458086610, 68084087801, 54458086510
Afrezza, Humalog, Humulin N, Humulin R	Insulin human, Insulin lispro	Intermediate Insulin or Baseline, Basal, Rapid-Acting Insulin	47918089190, 47918088236, 47918087490, 47918090218, 47918088463, 47918089463, 47918087890, 47918088018, 2751659, 2879959, 2751001, 2751017, 2771227, 2880559, 2831501, 2831517, 2821501, 2821517, 2882427, 2850101
Apidra	insulin glulisine	Rapid-Acting Insulin	88250033, 88250205
Basaglar, Lantus, Toujeo	insulin glargine	Long-Acting Insulin	2771559, 88222033, 88502101, 88221905, 88502005, 24586903
Bydureon, Byetta	exenatide	Glucagon-Like Peptide-1 (GLP-1) Agonists	310653004, 310652004, 310654004, 310652401, 310651201
Cycloset	bromocriptine mesylate	Ergolines	68012025820
Farxiga, Xigduo	DAPAGLIFLOZIN Propanediol	Sodium Glucose Co-Transporter-2 (SGLT2) Inhibitors	310621030, 310620530, 310628030, 310627030, 310626060, 310625030
Fortamet, Metformin HCL	Metformin HCL	Biguanide	59630057560, 59630057460, 60687014301
Glimepiride	Glimepiride	Sulfonylureas (SUs)	16729000101, 16729000116, 16729000201, 16729000216, 16729000301, 16729000316, 54458096610
Glipizide ER, Glucotrol, Glipizide XL, Glucotrol XL	glipizide	Sulfonylureas (SUs)	68084011201, 68084029521, 68084011101, 49412066, 49411066, 49017807, 49017808, 49017001, 49017402, 49017403
Glyset	Miglitol	Alpha-Glucosidase Inhibitors	9501401, 9501201, 9501301
Glyxambi	Empagliflozin and linagliptin	Sodium Glucose Co-Transporter-2 (SGLT2) Inhibitors	597018230, 597018239, 597016430, 597016439, 597016490
Invokamet, Invokana	canagliflozin	Sodium Glucose Co-Transporter-2 (SGLT2) Inhibitors	50458054360, 50458054260, 50458054160, 50458054060, 50458014030, 50458014090, 50458014130, 50458014190

DHHS Essential Diabetes Drug Price Increase Report cont.



PROPRIETARY NAME	NON-PROPRIETARY NAME	CLASS	NDCs that showed a percentage increase in the Consumer Price Index (CPI) Medical Component during the preceding calendar year; or preceding two (2) calendar years
Janumet	sitagliptin and metformin hydrochloride	Metformin +	6057761, 6057762, 6057782, 6057561, 6057562, 6057582
Januvia	sitagliptin	Dipeptidyl Peptidase 4 Inhibitors	6027702, 6027728, 6027731, 6027733, 6027754, 6027782, 6022128, 6022131, 6022154, 6011228, 6011231, 6011254
Jardiance, Synjardy	Empagliflozin, empagliflozin and metformin hydrochloride	Sodium Glucose Co-Transporter-2 (SGLT2) Inhibitors	597015230, 597015237, 597015290, 597015330, 597015337, 597015390, 597016818, 597016860, 597018018, 597018060, 597017518, 597017560, 597015918, 597015960, 597028073, 597028090, 597030045, 597030093, 597029578, 597029588, 597029059, 597029074
Jentadueto, Jentadueto XR	linagliptin and metformin hydrochloride	Dipeptidyl Peptidase 4 Inhibitors	597014818, 597014860, 597014618, 597014660, 597014718, 597014760, 597027073, 597027094, 597027533, 597027581
Kombiglyze	SAXAGLIPTIN AND METFORMIN HYDROCHLORIDE	Metformin +	310612560, 310614530, 310613530
Levemir	insulin detemir	Long-Acting Insulin	169368712, 169643810
Nesina	Alogliptin	Dipeptidyl Peptidase 4 Inhibitors	64764012530, 64764025030, 64764062530
Novolog	insulin aspart	Rapid-Acting Insulin	169330312, 169750111, 169633910
Onglyza	SAXAGLIPTIN	Dipeptidyl Peptidase 4 Inhibitors	310610030, 310610090, 310610530, 310610590
Prandin	Repaglinide	Meglitinides	60846088201, 60846088401
Riomet	Metformin HCL	Biguanide	10631020601, 10631020602, 10631023801, 10631023802

DHHS Essential Diabetes Drug Price Increase Report cont.



PROPRIETARY NAME	NON-PROPRIETARY NAME	CLASS	NDCs that showed a percentage increase in the Consumer Price Index (CPI) Medical Component during the preceding calendar year; or preceding two (2) calendar years
Soliqua	insulin glargine, Lixisenatide	Insulin	24576105
Starlix	Nateglinide	Meglitinides	78035205, 78035105
SymLinPen 60 & 120	Pramlintide	Amylin Agonist	310662702, 310661502
Tanzeum	albiglutide	Glucagon-Like Peptide-1 (GLP-1) Agonists	173086635, 173086735
Tradjenta	linagliptin	Dipeptidyl Peptidase 4 Inhibitors	597014030, 597014061, 597014090
Tresiba	insulin degludec	insulin	169266015, 169255013
Trulicity	Dulaglutide	Glucagon-Like Peptide-1 (GLP-1) Agonists	2143380, 2143480
Victoza	liraglutide	Glucagon-Like Peptide-1 (GLP-1) Agonists	169406012, 169406013
Welchol	Colesevelam Hydrochloride	Bile Acid Binding Resins	65597090230, 65597070118
Xultophy	insulin degludec, liraglutide	Glucagon-Like Peptide-1 (GLP-1) Agonists	169291115