

Attorney General's Report on Prescription Drug Cost Transparency
Pursuant to 18 V.S.A. § 4635
December 1, 2021

OVERVIEW

This report is submitted pursuant to 18 V.S.A. § 4635 (“Prescription Drug Cost Transparency”). The statute requires that the Attorney General’s Office (“AGO”) provide a report to the General Assembly on an annual basis. This report focuses on information provided to the AGO by the Department of Vermont Health Access (“DVHA”), Blue Cross and Blue Shield Vermont (“BCBSVT”) and MVP Health Care (“MVP”) for calendar year 2020.¹

I. Information Provided by the Department of Vermont Health Access

Pursuant to 18 V.S.A. § 4635, DVHA and health insurers with more than 5,000 covered lives in Vermont for major medical health insurance (referred to below as “Health Insurers”) are required to provide certain information annually about the increase in the price of prescription drugs.

The statute requires that DVHA annually create two lists. The first, required by 18 V.S.A. § 4635 (b)(1)(A), is comprised of 10 prescription drugs (at least one generic and one brand name) on which the State “spends significant health care dollars” and for which the wholesale acquisition cost (“WAC”) ² has increased by 50 percent or more over the past five calendar years or by 15 percent or more during the previous calendar year. DVHA must rank the drugs on the

¹ The AGO’s 2019 report was prepared after discussing with Legislative leaders the challenges of complying with the reporting requirements of the statute. Discussions about the statute continue and the same format is used in this report as was used in 2019 and 2020. The AGO looks forward to working with the Legislature to address the compliance challenges presented by, among other things, federal law which prohibits Medicaid from providing drug-specific net cost information.

² WAC is defined under federal law as a manufacturer’s “list price” for a drug to wholesalers or other direct purchasers but does not reflect any prompt pay or other discounts, rebates, or reductions in price. 42 U.S.C. § 1395w-3a (c) (6).

list from those with the largest to smallest increase, and state: whether it considers any of the drugs to be specialty drugs; whether the drugs were included based on their price increase over one year, five years or both; and provide DVHA's total expenditure for each drug.

The second list, required by 18 V.S.A. § 4635 (b)(1)(B), is comprised of 10 prescription drugs (at least one generic and one brand name) on which the State "spends significant health care dollars" and for which DVHA's net cost³ has increased by 50 percent or more over the past five years or 15 percent or more during the previous calendar year. DVHA must rank the drugs on the list from those with the largest to smallest increase, state whether it considers any of the drugs to be specialty drugs, and whether they were included based on their price increase over one year, five years or both. (18 V.S.A. § 4635 (b)(1)(B)).

DVHA's WAC list, net cost list, and an explanation of the drug selection criteria it used for each are attached as Exhibit A.

II. Information Provided by Vermont Health Insurers

Pursuant to 18 V.S.A. § 4635 (b)(1)(C), the Health Insurers are also required to create a list of 10 prescription drugs (at least one generic and one brand name) on which the insurance plan "spends significant health care dollars" and for which the insurance plan's net cost⁴ has increased by 50 percent or more over the past five years, 15 percent or more during the previous calendar year, or both. Each Health Insurer must rank the drugs on the list from those with the largest to smallest increase and state whether it considers any of the drugs to be specialty drugs. The public versions of the 2020 net cost lists provided by BCBSVT and MVP are attached hereto

³ "Net cost" is defined in 18 V.S. A. § 4635 (b)(1)(B) as the cost to DVHA net of rebates and other price concessions.

⁴ "Net cost" is defined in 18 V.S. A. § 4635 (b)(1)(C) as the cost to the insurance plans net of rebates and other price concessions.

as Exhibits B and C, respectively. Health Insurers also provide the Attorney General's Office with a list that includes the insurer's actual net dollars spent on each drug. That list is exempt from public inspection pursuant to 18 V.S. A. § 4635 (b)(1)(C)(ii).

III. Factors That Influence Manufacturers' Drug Pricing

As observed by the AGO in previous Prescription Drug Cost Transparency reports, manufacturers have identified several factors they consider in making pricing decisions, although the weight they place on those factors seems to vary. The factors commonly mentioned as impacting manufacture's decisions to increase prices are listed below, in no specific order:

- the value of innovative medicines;
- cost effectiveness (meaning the economic value to patients given the effectiveness of the drug, compared to other drugs in the same class);
- the size of the patient population for the drug;
- investments made (including in research and development) and risks undertaken;
- return on investment;
- fiduciary responsibilities;
- post-marketing regulatory commitments and ongoing pharmacovigilance (safety surveillance);
- creation and maintenance of manufacturing facilities and capabilities, including the ability to address drug shortages caused by production issues;
- cost of ingredients;
- competition, including for drugs in the same class;
- the rate of inflation; and

- percentage of sales in commercial versus Medicare or other government channels, and the funds expended on assistance programs for people with limited resources or without insurance which, in some measure, offset drug sales income.

IV. Analysis of Cost Information Submitted by DVHA and Health Insurers

As mentioned above, the Health Insurers provide the AGO with their net dollar expenditures on a confidential basis. Because federal law prevents DVHA from disclosing the net prices it pays for individual drugs, it is unable to provide the AGO with the prices actually paid, even on a confidential basis. 42 U.S.C. § 1396r-8(b)(3)(D). DVHA has provided the gross dollar amount (WAC) it paid for individual drugs, as depicted in Exhibit A, but those figures do not exclude any rebates or other price concessions it receives. As a result, it is not possible to compare DVHA's net drug costs to the Health Insurers' net drug costs.

A. How DVHA and the Insurers Selected the Drugs on the Lists

As mentioned above, 18 V.S.A. § 4635 permits DVHA and the Health Insurers to compile their lists based on either drug price increases of 50 percent or more over the past five years or 15 percent or more during the previous calendar year. To be consistent and to maximize comparison of the lists, DVHA and the Health Insurers selected their 10 drugs based on an increase of 15 percent or more during calendar year 2020.

B. DVHA and the Health Insurer Drug Price Increases

Two things distinguish the calendar year 2020 reports from the reports submitted by DVHA and the Health Insurers in previous year. First, no drugs appeared on more than one list. Second, in previous years, DVHA and the Health Insurers selected one generic drug for inclusion on their lists because the statute requires that at least one generic and one brand drug be included. In calendar year 2020, the BCBSVT and DVHA lists include multiple generics.

1. DVHA

Since DVHA is prohibited from revealing drug-specific net cost information, its net cost list ranks the drugs from 1 through 10 but reflects the gross amount paid for those drugs. As DVHA observed in its footnote to the net cost chart, the gross amount paid “will not align in rank order with the net cost of the drug to the State.” Ex. A., p.3.

The drugs on DVHA’s WAC list and net cost lists did not overlap. DVHA listed 6 generic drugs and 4 brand drugs on its WAC list. DVHA made several notable observations about the drug price trends it experienced since the 2016 passage of the Prescription Drug Cost Transparency statute and from calendar year 2019 to 2020:

- Compared to 2016, there has been a 79% decline in the total number of drugs reaching the 15% increase per year threshold, and an 82% decline in the total number of drugs reaching the 50% increase per 5-year threshold. This indicates that fewer manufacturers are excessively increasing their wholesale acquisition costs for drugs.
- Compared to 2016, the mix of brand and generic drugs reaching the threshold has significantly shifted. Of all drugs reaching the 15% per year threshold, the percent that are generics has increased from 35.2% to 90.5%, and the percentage that are brand drugs has therefore declined from 64.8% to only 9.5% of the total drugs. Manufacturers of brand name drugs have moderated their price increases more effectively than generic manufacturers.
- The average dollar increase in generic prices has declined from an average of \$1.98 to \$0.45 which along with the other trends above, indicates that lower priced generics continue to experience sharper price increases than higher priced generics. The average dollar increase in brand drugs rose from \$12.49 in 2016 to \$27.70 in 2020. Since the percent increase has declined since 2016, this may indicate that prices for brand drugs are higher overall due to modest price increases and higher launch prices over the last five years.
- The magnitude of the increase in brand drugs rose from an average of 22.3% to 32.2% in 2019 but declined to only 20.6% in calendar year 2020. Generics rose from 132% to 176.7% in 2019, but also declined in CY2020 to 134.1%. Generic drug prices still rose at a significantly higher rate than brand drugs.

Ex. A., p.4.

Health Insurers

BCBSVT selected six generic drugs for inclusion on its 2020 list and MVP selected one. BCBSVT's one-year generic net price increase ranged from 600% to 1900% and MVP's one-year generic net price increase was 29.3%. BCBSVT's brand name drug increases ranged from 546.5 % to 2700% although the actual dollar amount of the item with the 2700% increase-an insulin syringe-was modest. MVP's 2020 brand name drug increases ranged from 19.62% to 431.99%. There were no drugs common to BCBSVT's 2019 and 2020 lists. There was one brand drug common to MVP's 2019 and 2020 lists.

C. Specialty Drugs

The statute requires that DVHA and the Health Insurers identify any “specialty drugs” that appear on their lists. “Specialty drugs” are used to treat chronic, serious, or life-threatening conditions and are often far more costly than traditional drugs.⁵

Specialty drugs represented six of the nine brand drugs on MVP's list, none of the drugs on BCBSVT's list, one drug on DVHA's WAC list, and two on DVHA's net list. One specialty drug on DVHA's net list made its appearance for the third consecutive year and the other appeared on DVHA's 2019 and 2020 WAC lists.

Conclusion

Pharmaceutical drug pricing is extraordinarily complicated. Each party in the drug distribution chain (which includes manufacturers, wholesalers, pharmacy benefit managers,

⁵ They can cost thousands of dollars per month and may exceed \$100,000 per year. There are few or no low-cost generics. “Although there is no accepted definition of *specialty pharmaceuticals*, they generally are drugs and biologics (medicines derived from living cells cultured in a laboratory) that are complex to manufacture, can be difficult to administer, may require special patient monitoring, and sometimes have Food and Drug Administration (FDA)-mandated strategies to control and monitor their use.” <https://www.healthaffairs.org/doi/10.1377/hpb20131125.510855/full/>. They may require specialized and temperature-controlled shipping, storage and handling.

pharmacies, health/plans/payers) is governed by myriad requirements, and they also have a variety of interests. While it is clear there are ongoing sizeable drug price increases in both brand and generic drugs, the process of preparing this report - including communications with DVHA and the Health Insurers over many months - has demonstrated the challenges to providing the public with useable information about pharmaceutical pricing.

Respectfully Submitted,

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Exhibit A

18 V.S.A. § 4635- Pricing Transparency Drug List-DVHA Methodology

Date: June 11, 2021

Vermont law [18 V.S.A. § 4635](#), entitled “Prescription Drug Cost Transparency” requires the Department of Vermont Health Access (“DVHA”) to create two lists of 10 prescription drugs each per the following statutory language:

(b)(1)(A) The Department of Vermont Health Access shall create annually a list of 10 prescription drugs on which the State spends significant health care dollars and for which the wholesale acquisition cost has increased by 50 percent or more over the past five years or by 15 percent or more during the previous calendar year, creating a substantial public interest in understanding the development of the drugs' pricing. The list shall include at least one generic and one brand-name drug and shall indicate each of the drugs on the list that the Department considers to be specialty drugs. The Department shall include the percentage of the wholesale acquisition cost increase for each drug on the list; rank the drugs on the list from those with the largest increase in wholesale acquisition cost to those with the smallest increase; indicate whether each drug was included on the list based on its cost increase over the past five years or during the previous calendar year, or both; and provide the Department's total expenditure for each drug on the list during the most recent calendar year.

(B) The Department of Vermont Health Access shall create annually a list of 10 prescription drugs on which the State spends significant health care dollars and for which the cost to the Department of Vermont Health Access, net of rebates and other price concessions, has increased by 50 percent or more over the past five years or by 15 percent or more during the previous calendar year, creating a substantial public interest in understanding the development of the drugs' pricing. The list shall include at least one generic and one brand-name drug and shall indicate each of the drugs on the list that the Department considers to be specialty drugs. The Department shall rank the drugs on the list from those with the greatest increase in net cost to those with the smallest increase and indicate whether each drug was included on the list based on its cost increase over the past five years or during the previous calendar year, or both.

DVHA's Pharmacy Unit prepared data on drugs that meet the criteria per the following methodology.

Methodology used for selection of drug list for 18 V.S.A. § 4635:

To be consistent with other payers and allow the Attorney General's office to maximize comparisons of the list among payers, DVHA developed the list based on the one-year increase in WAC and net cost. The data was supplied by DVHA's Pharmacy Benefits Manager (PBM) Change Healthcare, based on criteria supplied by DVHA and produced a detailed listing of all drugs that exceeded a 15% increase in gross and net cost to DVHA. The final list of the top 10 drugs in each category was derived by reviewing these lists in detail, taking into consideration the previous year's lists, and brand, generic and specialty status. Net spend was also considered when generating the ranking of the drugs in the "net cost" list.

TOP 10 GROSS AMOUNT PAID (Chart 1)

This list contains drugs for which the wholesale acquisition cost (WAC) increased by 15 percent or more in calendar year 2020. The WAC unit price for all drugs with utilization was pulled as of December 31st of the calendar year. The data was averaged and grouped at the product name level. The data was drilled down based on the highest total gross cost to DVHA.

TOP 10 GROSS AMOUNT PAID-CY 2020 (Chart 1)									
Therapeutic Category	PRODUCT NAME	GENERIC NAME	LABELER NAME	Brand or Generic (B/G)	Rank by Gross Amount Paid 1= Highest Spend	PERCENT INCREASE (Over One Year)	GROSS AMOUNT PAID	Specialty (Yes)	Drug Appeared on Previous Year's List
Duchenne MD	EMFLAZA TABLETS	Deflazacort Tab	PTC THERAPEUTICS, INC.	B	1	19.03%	\$ 142,262.66	Yes	No
Epilepsy	FANAPT TABLETS	Iloperidone Tab	VANDA PHARMACEUTICALS, INC.	B	2	17.72%	\$ 63,699.31	-	No
Migraine	ZOMIG NASAL SPRAY	Zolmitriptan Nasal Spray	IMPAX LABORATORIES, INC.	B	3	20.78%	\$ 15,220.39	-	No
Anxiety	DIAZEPAM TABLETS	Diazepam Tab	MAYNE PHARMA INC.	G	4	100.00%	\$ 14,449.10	-	No*
Diagnostic	METOPIRONE CAPSULES	Metirapone Cap	HRA PHARMA AMERICA INC.	B	5	37.39%	\$ 11,044.30	-	No
Analgesic	OXYMORPHONE HYDROCHLORIDE	Oxymorphone HCl Tab ER 12HR	IMPAX LABORATORIES, INC.	G	6	27.48%	\$ 10,620.83	-	No
Analgesic	ACETAMINOPHEN EXTRA STREN	Acetaminophen Tab	MAJOR PHARMACEUTICALS	G	7	45.64%	\$ 8,281.00	-	No
Analgesic	ASPIRIN LOW DOSE	Aspirin Tab Delayed Release 81 MG	TIME-CAP LABS, INC.	G	8	53.00%	\$ 2,291.50	-	No
Gastrointestinal	LANSOPR/AMOX MIS /CLARITH	Amoxicillin-Clarithro-Lansopraz Cap Pack	RISING HEALTH, LLC.	G	9	97.22%	\$ 2,180.91	-	No
Laxative	GOODSENSE CLEARLAX	Polyethylene Glycol 3350 Oral Powder 17 GM	L. PERRIGO COMPANY	G	10	57.32%	\$ 1,587.68	-	No
									* Mfg appeared in 2019

TOP 10-NET AMOUNT PAID (Chart 2)

This list contains drugs for which the net cost to DVHA increased by 15 percent or more in calendar year 2020. DVHA net cost was calculated as wholesale acquisition cost minus manufacturer federal rebates. The total net cost for each NDC was divided by the total quantity (ex. tablets or capsules) of the drug reimbursed by DVHA for that NDC to obtain the Net Unit Cost for each drug. The data was pulled by calendar year. This list is NDC-based. If multiple NDCs of the same drug appeared on the list the total gross spend was combined and the percent increase averaged. The list was ranked based on highest to lowest net paid amount for each drug.

TOP 10 NET AMOUNT PAID-CY 2020 (Chart 2)										
Therapeutic Category	PRODUCT NAME	GENERIC NAME	LABELER NAME	Brand or Generic (B/G)	Rank by Net Amount Paid 1= Highest Net Spend	AVERAGE PERCENT INCREASE (Over One Year)	GROSS AMOUNT PAID*	Specialty (Yes)	Appeared on Previous Year's List (Yes/No)	Appeared on this year's GROSS (WAC) COST LIST
Psoriasis, Crohn's, UC	STELARA	Ustekinumab Soln Prefilled Syringe	JANSSEN BIOTECH, INC	B	1	25.5%	\$ 2,969,522.68	Yes	Yes**	No
Anti-infective	XIFAXAN	Rifaximin Tab 550 MG	SALIX PHARMACEUTICALS, INC.	B	2	24.7%	\$ 797,035.28	-	Yes***	No
Gout Agents	COLCHICINE	COLCHICINE CAP 0.6MG	HIKMA PHARMACEUTICAL USA, INC.	G	3	20.8%	\$ 78,967.63	-	No	No
Antidepressant	FLUOXETINE HYDROCHLORIDE	FLUOXETINE CAP 40MG	TEVA PHARMACEUTICALS USA, INC.	G	4	20.3%	\$ 21,480.63	-	No	No
Bone Density	FORTEO	Teriparatide inj 620 MCG/2.48ML	ELI LILLY AND COMPANY	B	5	32.7%	\$ 197,273.94	-	No	No
Antiparasitic	ALBENZA	Albendazole Tab 200 MG	AMEDRA PHARMACEUTICALS, LLC	B	6	62.6%	\$ 32,234.47	-	Yes	No
Migraine	DIHYDROERGOTAMINE MESYLATE	DIHYDROERGOT SPR 4MG/ML	OCEANSIDE PHARMACEUTICALS	G	7	18.5%	\$ 36,361.45	-	No	No
ADHD/Antihypertensiv	GUANFACINE HCL	GUANFACINE TAB 1MG	AMNEAL PHARMACEUTICALS LLC	G	8	23.5%	\$ 65,280.29	-	No	No
IV Nutritional	OMEGA VEN	OMEGA VEN INJ 10/100ML	FRESENIUS KABI USA, LLC	B	9	16.3%	\$ 30,744.00	-	No	No
Endometriosis	LUPRON DEPOT (3-MONTH)	LUPRON DEPOT INJ 11.25MG	ABBVIE INC	B	10	26.8%	\$ 68,452.39	-	No	No
*DVHA is prohibited from publishing drug-specific net cost information. The gross cost to DVHA for each drug listed is provided as a benchmark. This will not align in rank order with the net cost of the drug to the State.										
** 2018 and 2019 Net List										
*** 2019 Gross List										

Both drug lists were further refined to assure that at least one generic and one brand appeared on each list, and specialty drugs were identified. Specialty drugs were defined as per DVHA's posted list of specialty drugs on the DVHA website at: [DVHA Specialty Drug List](#). Since DVHA is prohibited from publishing drug-specific net cost information, the gross cost to DVHA for each drug listed is provided as a benchmark. This may not align in rank order with the net cost of the drug to the State.

A summary of the drug NDCs analyzed appears in this Chart #3:

CHART #3

2020 GROSS										
Category	Total # NDC's Evaluated	# of NDCs with Utilization Exceeded Threshold	% of Total	Number of generic NDCs exceeding threshold	Generic % of total NDCs exceeding threshold	Avg % increase Generic	Avg % increase Brand	Avg \$ Inc Generic	Avg \$ Increase Brand	
WAC >= 50% last 5 Yr	12,923	395	3.06%	353	89.37%	221.67%	99.74%	\$1.35	\$346.42	
WAC >= 15% last 1Yr	12,893	116	0.90%	105	90.52%	134.08%	20.59%	\$0.45	\$27.70	

DRUG PRICE TRENDS

- Chart #4 below is a summary of the last five years of data on WAC price increases. The NDCs included in this comparison only include NDCs for which DVHA had utilization. Compared to 2016, there has been a 79% decline in the total number of drugs reaching the 15% increase per year threshold, and an 82% decline in the total number of drugs reaching the 50% increase per 5-year threshold. This indicates that fewer manufacturers are excessively increasing their wholesale acquisition costs for drugs.
- Compared to 2016, the mix of brand and generic drugs reaching the threshold has significantly shifted. Of all drugs reaching the 15% per year threshold, the percent that are generics has increased from 35.2% to 90.5%, and the percentage that are brand drugs has therefore declined from 64.8% to only 9.5% of the total drugs. Manufacturers of brand name drugs have moderated their price increases more effectively than generic manufacturers.
- The magnitude of the increase in brand drugs rose from an average of 22.3% to 32.2% in 2019 but declined to only 20.6% in calendar year 2020. Generics rose from 132% to 176.7% in 2019, but also declined in CY2020 to 134.1%. Generic drug prices still rose at a significantly higher rate than brand drugs.
- The average dollar increase in generic prices has declined from an average of \$1.98 to \$0.45 which along with the other trends above, indicates that lower priced generics continue to experience sharper price increases than higher priced generics. The average dollar increase in brand drugs rose from \$12.49 in 2016 to \$27.70 in 2020. Since the percent increase has declined since 2016, this may indicate that prices for brand drugs are higher overall due to modest price increases and higher launch prices over the last five years.

CHART #4

2016 GROSS									
Category	Total # NDC's Evaluated	# of NDCs with Utilization Exceeded Threshold	% of Total	Number of generic NDCs exceeding threshold	Generic % of total NDCs exceeding threshold	Avg % increase Generic	Avg % increase Brand	Avg \$ Inc Generic	Avg \$ Increase Brand
WAC >= 50% last 5 Yr	11,542	2,204	19.10%	1,404	63.70%	447.93%	111.05%	\$2.63	\$40.48
WAC >= 15% last 1Yr	12,972	548	4.22%	193	35.22%	131.99%	22.31%	\$1.98	\$12.49
2017 GROSS									
Category	Total # NDC's Evaluated	# of NDCs with Utilization Exceeded Threshold	% of Total	Number of generic NDCs exceeding threshold	Generic % of total NDCs exceeding threshold	Avg % increase Generic	Avg % increase Brand	Avg \$ Inc Generic	Avg \$ Increase Brand
WAC >= 50% last 5 Yr	12,035	1,644	13.66%	996	60.58%	325.01%	92.73%	\$2.51	\$51.55
WAC >= 15% last 1Yr	13,747	323	2.35%	158	48.92%	86.81%	24.67%	\$1.70	\$14.59
2018 GROSS									
Category	Total # NDC's Evaluated	# of NDCs with Utilization Exceeded Threshold	% of Total	Number of generic NDCs exceeding threshold	Generic % of total NDCs exceeding threshold	Avg % increase Generic	Avg % increase Brand	Avg \$ Inc Generic	Avg \$ Increase Brand
WAC >= 50% last 5 Yr	12,934	992	7.67%	543	54.74%	253.27%	79.34%	\$3.45	\$51.94
WAC >= 15% last 1Yr	14,348	202	1.41%	171	84.65%	148.16%	29.37%	\$0.90	\$19.15
2019 GROSS									
Category	Total # NDC's Evaluated	# of NDCs with Utilization Exceeded Threshold	% of Total	Number of generic NDCs exceeding threshold	Generic % of total NDCs exceeding threshold	Avg % increase Generic	Avg % increase Brand	Avg \$ Inc Generic	Avg \$ Increase Brand
WAC >= 50% last 5 Yr	11,677	475	4.07%	336	70.74%	240.60%	80.68%	\$1.58	\$17.09
WAC >= 15% last 1Yr	12,998	199	1.53%	166	83.42%	176.67%	32.18%	\$0.68	\$5.15
2020 GROSS									
Category	Total # NDC's Evaluated	# of NDCs with Utilization Exceeded Threshold	% of Total	Number of generic NDCs exceeding threshold	Generic % of total NDCs exceeding threshold	Avg % increase Generic	Avg % increase Brand	Avg \$ Inc Generic	Avg \$ Increase Brand
WAC >= 50% last 5 Yr	12,923	395	3.06%	353	89.37%	221.67%	99.74%	\$1.35	\$346.42
WAC >= 15% last 1Yr	12,893	116	0.90%	105	90.52%	134.08%	20.59%	\$0.45	\$27.70

Exhibit B

BCBSVT List of Drugs with Largest Net Price Increase Impact

Pursuant to 18 V.S.A. § 4635 (b)(C)(i)

2020

Ranking	NATIONAL_DRUG_CODE	DRUG_NAME	MANUFACTURER	Brand/Generic	Specialty?	1-yr % Increase
1	08290309623	TUBERCULIN SYRINGE	BD MEDICAL SURG	Brand	N	2700.0%
2	16714090701	ALBENDAZOLE	NORTHSTAR RX LL	Generic	N	1925.0%
3	51672135908	OXICONAZOLE NITRATE	TARO PHARM USA	Generic	N	1900.0%
4	08290329424	INSULIN SYRINGE	BD DIABETES	Brand	N	1455.6%
5	57599881401	PRECISION XTRA	ABBOTT DIABETES	Brand	N	1266.2%
6	70700010615	CLOBETASOL PROPIONATE	XIROMED, LLC	Generic	N	903.3%
7	42571023830	AMLODIPINE-OLMESARTAN	MICRO LABS USA,	Generic	N	733.9%
8	00093574065	CYCLOSPORINE MODIFIED	TEVA USA	Generic	N	700.0%
9	50428807879	GLUCOSE	CVS	Generic	N	600.0%
10	99073070914	FREESTYLE FREEDOM LITE	ABBOTT DIABETES	Brand	N	546.5%

Note: Price increases were calculated after applying any manufacturer rebates and administrative fees.

Exhibit C

**MVP List of Drugs with Largest Net Price Increase Impact
Pursuant to 18 V.S.A. § 4635(b)(1)(C)(i)
2020**

Ranking	National Drug Code(s) (NDC)	Drug Name	Manufacturer	Brand/ Generic	Specialty?	1 Year % Increase
1	00032301613	CREON CAP 36000UNT	Abbvie	Brand	No	431.99%
2	50474071079	CIMZIA PREFL KIT 200MG/ML	UCB Pharma	Brand	Yes	48.22%
3	00002144511	TALTZ INJ 80MG/ML	Lilly	Brand	Yes	47.48%
4	00173089201	NUCALA INJ 100MG/ML	Glaxo Smith Kline	Brand	Yes	42.77%
5	00002882427	HUMULIN 500 PEN R-U500KP	Lilly	Brand	No	39.98%
6	00024592201	KEVZARA INJ 200/1.14	Sanofi	Brand	Yes	38.88%
7	57894007002	SIMPONI INJ 50/0.5ML	Janssen Biotech	Brand	Yes	30.85%
8	65162077810	BUDESONIDE CAP 3MG DR	Amneal Pharmaceuticals	Generic	No	29.37%
9	00002751001	HUMALOG VIA 100U/ML	Lilly	Brand	No	27.40%
10	00078063968	COSENTYX PEN INJ 150MG/ML	Novartis	Brand	Yes	19.62%

Note: Price increases were calculated after applying any manufacturer rebates and administrative fees.