



**Insulin Patient
Advisory Council
Quarterly Meeting**

July 29, 2025

Virtual Meeting Etiquette



1

Mute your microphone when you are not speaking to avoid background noise



2

Use of your camera is encouraged



3

Raise your virtual hand or use the chat feature for questions/comments



Agenda



- | | |
|--|---------|
| 1. Welcome | 2:30 PM |
| 2. Overview of Biosimilar Drug Development Process | 2:35 PM |
| 3. Insulin Market Analysis Presentation & Discussion | 3:00 PM |
| 4. Mail Order vs. Community Pharmacy Questions | 3:45 PM |
| 5. Next Steps & Adjournment | 4:30 PM |

Meeting Operating Principles



- Communicate clearly and concisely
- Ensure all participants who wish to speak, have the chance to do so
- Respectfully listen to the perspective of others
- Ask questions if clarification is needed
- Avoid jargon whenever possible
- Keep comments relevant to the issue being discussed

Insulin Market Analysis Presentation

Diabetes Market Analysis

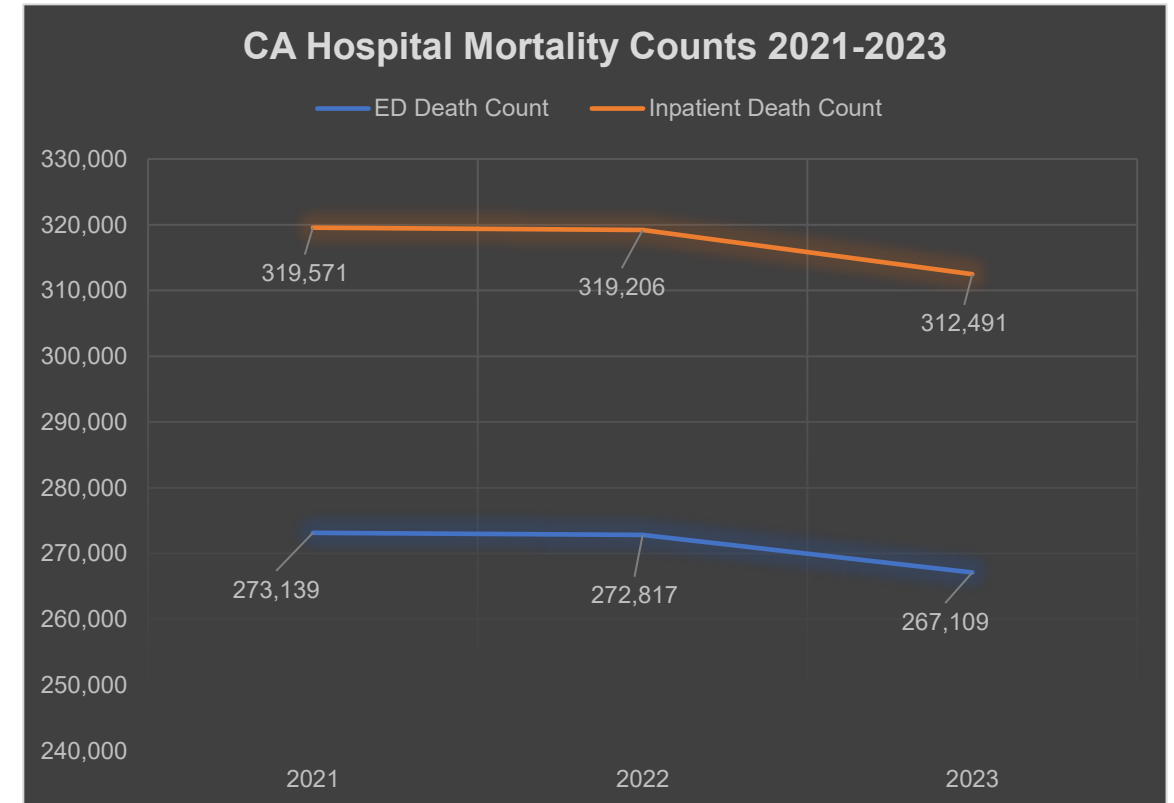


- The CalRx diabetes market analysis goals are to:
 - Understand diabetes prevalence and diabetes health outcomes for CA patients at the county and zip code level.
 - Ensure CalRx insulin is broadly available and identify geographic focus for distribution based on regions with high diabetes prevalence.
 - Evaluate impacts of CalRx insulin, such as changes in emergency department (ED) and inpatient visits for improved health outcomes.
 - Track changes in payer and patient spending on insulin.
- CalRx has access to the following databases for analysis:
 - Healthcare Payments Data Program (HPD): Diabetes prevalence aggregated data
 - Medical claims
 - Pharmacy claims
 - Inpatient stays, ED visits, and mortality
 - 2022 American Census Survey (ACS) Data
 - Pharmacy Location Data
 - Medi-Span
 - HCAI Cost Transparency: Prescription Drugs (CTRx) data
- CalRx has utilized this data for analysis of diabetes prevalence and insulin market pricing.

Diabetes Market Analysis, Cont.



- In the U.S., the CDC estimates 38.4 million Americans have diabetes and that diabetes is the 8th leading cause of mortality (2021).
- HPD accounts for approximately 82% of the total CA population. In the last 3 years, approximately 3.4 million Californians were flagged in the HPD data with diabetes per year or 8% of California's total population.
- Both ED and inpatient mortality data reports stable mortality rates in individuals diagnosed with diabetes. ED mortality rate is approximately 0.42% per year and inpatient mortality rate is approximately 2.78% per year. The mortality counts are displayed in the chart to the right.



Diabetes Market Analysis, Cont.



- Analysis of the 2023 HPD data reports the top 10 counties and their associated Diabetes Prevalence in the table to the right.
- Diabetes Prevalence was calculated using zip code level data for each county:
 1. Identify the number of HPD members with diabetes and the total number of HPD members per zip code.
 2. Calculate the sum of all zip code-level counts per county.
 3. Divide the number of HPD members with diabetes by the total HPD members for each county.
- The Statewide Diabetes Prevalence was calculated by rolling up all zip codes as described above.
- The Nationwide Diabetes Prevalence was pulled from the CDC's most recent [National Diabetes Statistics Report](#).

Nationwide

11.6%

Statewide - CA

10.56%

County

Diabetes Prevalence

Imperial

14.03%

Sutter

13.75%

Glenn

13.52%

Modoc

12.74%

Kings

12.71%

Colusa

12.48%

Solano

12.44%

Tulare

12.09%

Fresno

11.99%

Del Norte

11.94%

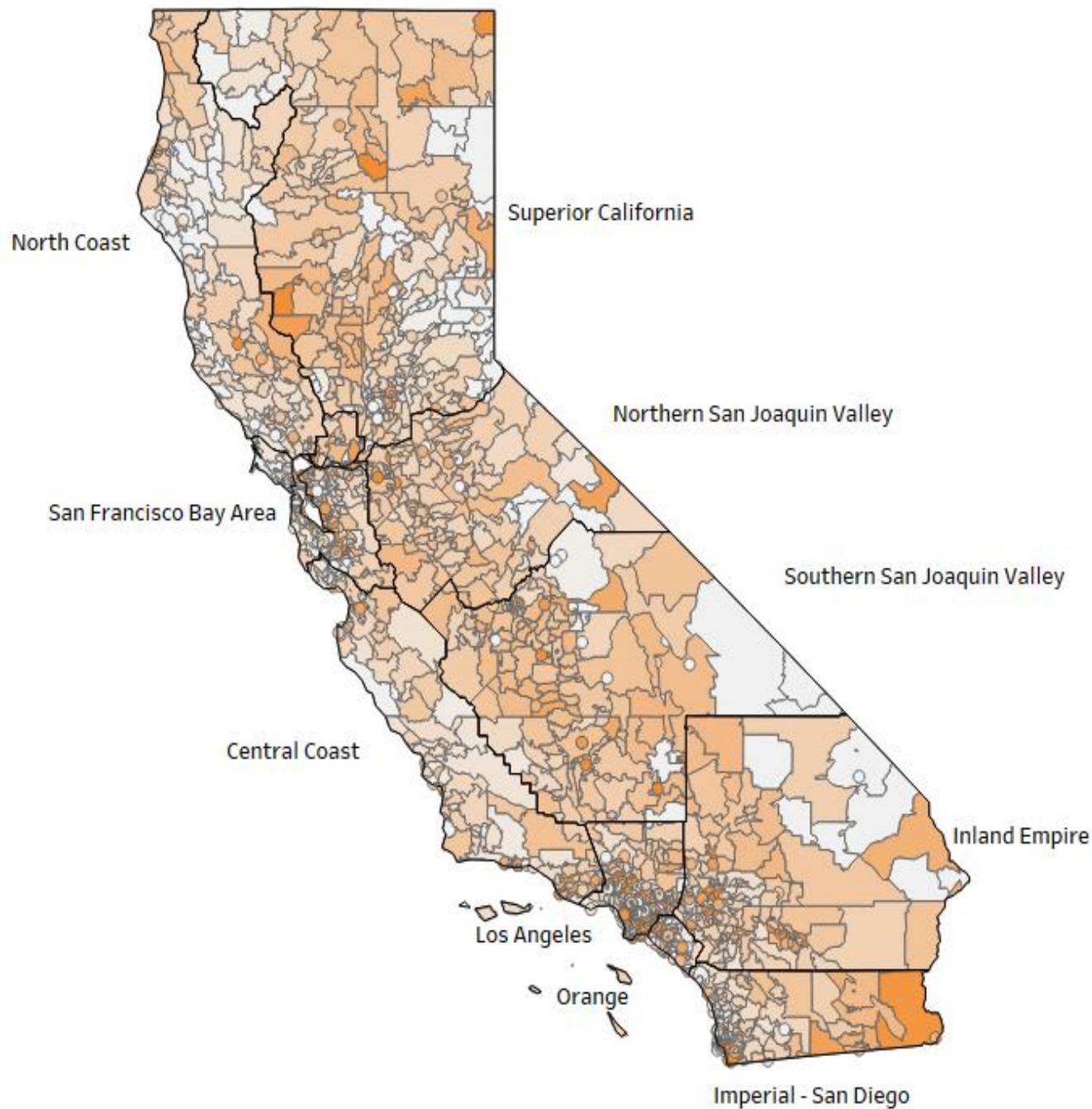
Diabetes Market Analysis, Cont.

To address some of the masking and prevalence calculation concerns, CalRx also analyzed the 2023 HPD data at the zip code level.

The darkest orange zip codes in the map represent diabetes prevalence greater than 20%.

Prevalence by region:

Region	Prevalence
Southern San Joaquin Valley	11.90%
Northern San Joaquin Valley	11.39%
Los Angeles	11.37%
Inland Empire	10.72%
San Francisco Bay Area	10.04%
Superior California	10.02%
Orange	9.92%
San Diego - Imperial	9.82%
Central Coast	9.65%
North Coast	9.24%

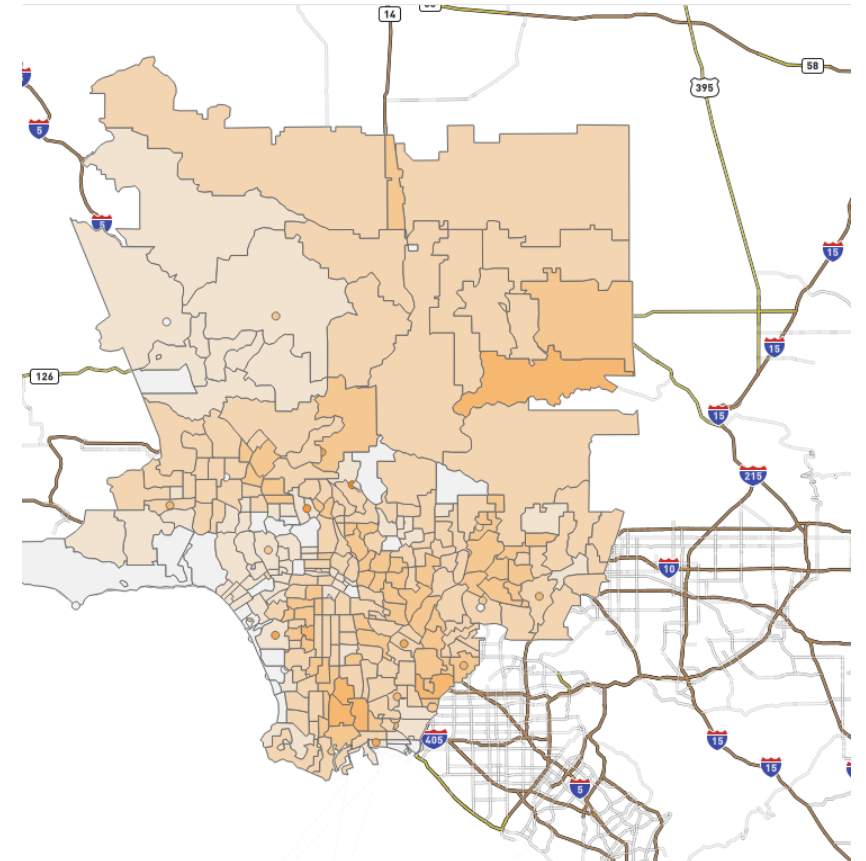


Diabetes Market Analysis: Los Angeles

As California's most populous county, Los Angeles serves as an example of the variability of diabetes prevalence within a county.

The weighted diabetes prevalence in Los Angeles is 11.36%; however, at the zip code level, prevalence ranges from approximately 0.0% to 34.3%.

When examined at the zip code level, diabetes prevalence is greatest in San Fernando Valley and San Gabriel Valley.



Diabetes Dashboard



- Using the Diabetes HPD data pull, ACS census data (2022), and pharmacy location data from the Board of Pharmacy, CalRx created an internal visualization to map vulnerable populations by county and zip code to inform CalRx's insulin distribution strategy
- Census data was used to identify demographic data, such as age and race, and social determinants of health (SDOH), such as household income, housing status, and unemployment status
- Pharmacy location data was used to plot pharmacy access for vulnerable populations

Diabetes Dashboard Findings



- Geographic areas with higher diabetes prevalence, lower pharmacy access, and social determinants of health risks:
 - San Joaquin Valley
 - Rural Inland Northern California
 - Parts of Southern California (i.e., sections of Los Angeles County)
- When Civica insulins are available, CalRx will work with stakeholders in these areas to identify strategies to improve insulin access. This could include:
 - Alternative distribution methods
 - Partnering with local community health organizations
 - Direct-to-Consumer (DTC) and mail-order options

Insulin Market Analysis



- The most prescribed treatment for diabetes is insulin, available in long-acting or fast-acting, administered using a pen or vial and syringe.
- The American Diabetes Association reports that 22% of patients with diabetes rely on insulin for care management. For the 3.4 million Californians with diabetes (HPD data), approximately 750,000 would rely on insulin.
- In CA, HPD reports an average of 9 million prescriptions for insulin (both long-acting and fast-acting) for data years 2022-2023.

2022-2023 Rx Scripts	Prescription Count	Percentage (%)
Fast-Acting	4,678,776	51.73%
Pen	2,342,757	50.07%
Vial	2,336,019	49.93%
Long-Acting	4,366,485	48.27%
Pen	3,658,596	83.79%
Vial	707,889	16.21%
Total	9,045,261	100.00%

Insulin Market Analysis, Cont.



Fast-acting insulin breakdown by cost and insurance type:

Fast-Acting Insulin 2022-2023	Vial Scripts	Pen Scripts	Vial Avg Payer Cost	Vial Avg OOP Cost	Pen Avg Payer Cost	Pen Avg OOP Cost
Medicare	456,318	470,270	\$813.90	\$139.82	\$451.08	\$48.39
Medicare Advantage	618,301	608,744	\$170.27	\$10.61	\$368.89	\$13.23
Medicaid	545,010	715,234	\$278.16	\$0	\$314.86	\$0
Commercial	617,998	481,689	\$726.02	\$44.38	\$569.79	\$39.92
EPO	96	247	\$1,573.71	\$67.97	\$1,021.80	\$52.84
PPO	74,780	81,346	\$471.77	\$49.70	\$458.03	\$47.12
HMO	543,122	400,096	\$132.59	\$15.48	\$229.51	\$19.80
Other	17,455	22,234	\$602.96	\$29.85	\$614.76	\$43.31

Insulin Market Analysis, Cont.



Long-acting insulin breakdown by cost and insurance type:

Long-Acting Insulin 2022-2023	Vial Scripts	Pen Scripts	Vial Avg Payer Cost	Vial Avg OOP Cost	Pen Avg Payer Cost	Pen Avg OOP Cost
Medicare	160,261	811,954	\$433.47	\$66.58	\$304.80	\$40.73
Medicare Advantage	189,723	999,830	\$308.75	\$19.36	\$333.97	\$15.62
Medicaid	226,872	1,395,039	\$301.02	\$0	\$264.67	\$0
Commercial	125,726	389,056	\$441.89	\$64.35	\$443.91	\$44.90
EPO	43	481	\$860.22	\$111.62	\$701.46	\$60.59
PPO	16,157	146,186	\$327.84	\$54.58	\$337.75	\$45.48
HMO	109,526	242,389	\$137.61	\$26.85	\$292.53	\$28.64
Other	4,398	47,108	\$383.69	\$25.20	\$387.25	\$29.91

Insulin Market Data Discussion Questions



1. Do trends in insulin costs or diabetes prevalence match what you would have expected? What aspects are surprising?
2. Are there other data points or areas of focus that you believe CalRx should include? Please share any suggestions or insights.
3. In your experience, are there certain SDOH or demographics that CalRx should focus on for our insulin market analysis?
4. Are there certain populations in our higher prevalence areas that CalRx should be particularly focused on reaching?
5. Do out-of-pocket insulin costs reported by HPD match your expectations/experience?
6. What other market questions are you interested in understanding/exploring (e.g., AWP/WAC vs. market price)?

Mail Order vs. Community Pharmacy Preferences

Mail Order vs. Community Pharmacy Questions



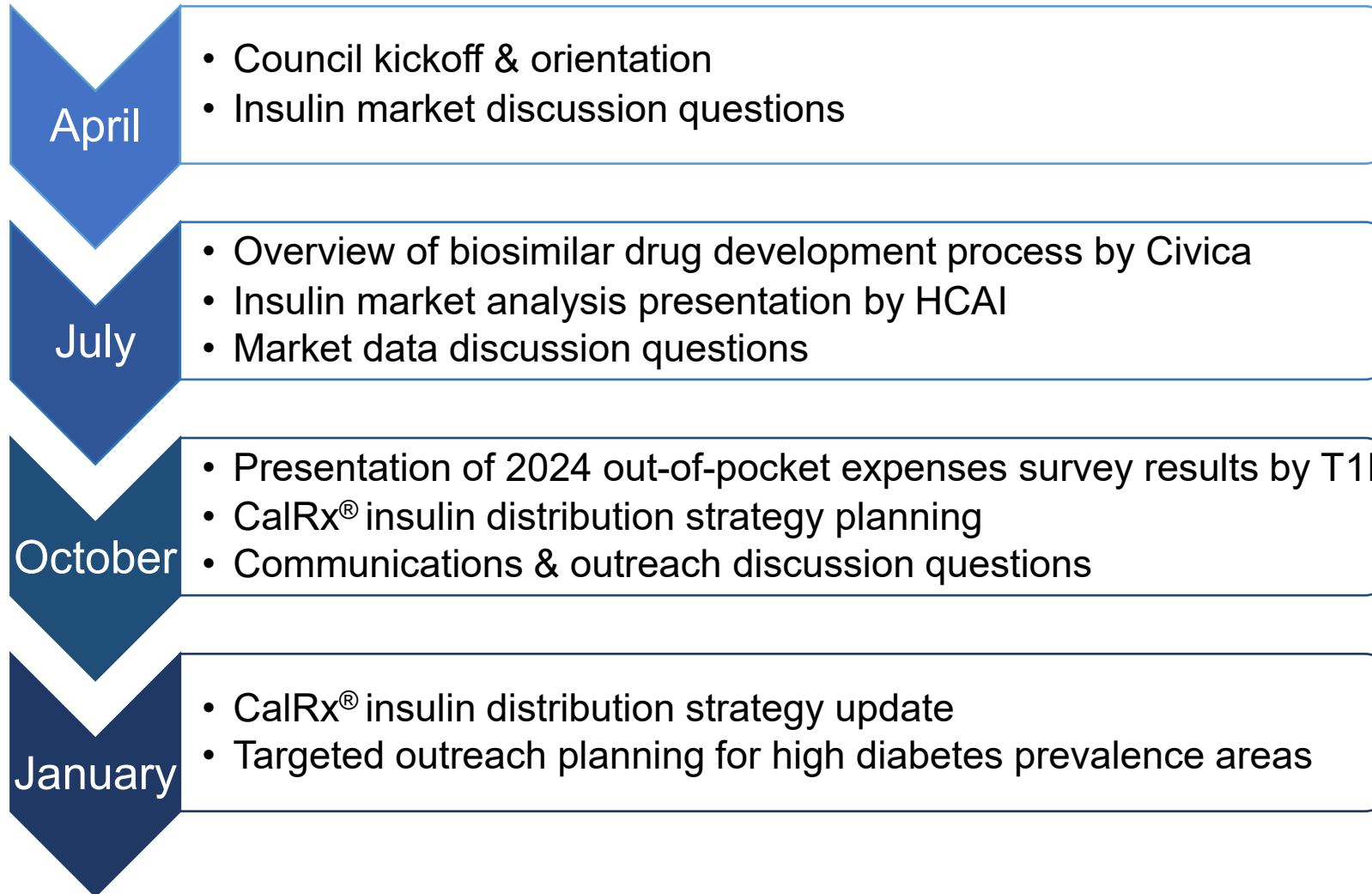
Tabled from 4/29 Council Meeting

CalRx would like to better understand the potential barriers to accessing community pharmacies and utilizing mail-order pharmacies, such as the logistics of cold-chain transport and the need for insulin to be temperature controlled at the point of delivery (i.e., not sitting out for excessive periods).

1. How does the location or convenience of community pharmacies impact consumer access to insulin?
2. How do consumers perceive the use of mail-order pharmacies for accessing insulin?
3. What are the key barriers to uptake of mail-order pharmacies for accessing insulin?

2025-26 Council Meeting Roadmap*

*This is subject to change.





Thank you.

Next Council Meeting:
Tuesday, October 28, 2025
2:30 – 4:30 p.m. (PST)