



CalRx® Biosimilar Insulin Initiative Patient Advisory Council Meeting Minutes

Meeting Details:

Title: CalRx Insulin Patient Advisory Council Meeting
Date: Tuesday, November 4, 2025
Time: 2:30 – 4:30 PM (PST)
Location: Virtual

Council Members: Albert Bach, Pharm.D.
Allison Hardt
Christopher Noble
Craig Stubing
Diana Wyenn
Joe Garbanzos
Kathryn Topalis, M.D.
Laura Feeney, Pharm.D.
Michelle Chu, Pharm.D.
Samantha Lappin

HCAI Staff: Sarah Turner, CalRx Project Manager
Robin Figueroa, Sr. CalRx Program Advisor
Nitisha Patel, Pharmaceutical Data Specialist
Ryvenna Hanson, Pharmaceutical Policy Specialist
Heriberto Camarena, Pharmaceutical Program Coordinator
Dolly Kaushal, Pharmaceutical Policy & Research Manager
Emily Estus, Chief, Pharmaceutical Policy & Programs Branch
Vishaal Pegany, Deputy Director, Office of Health Care Affordability
James Yi, Attorney
Elizabeth Ballart, Attorney
Asha Jennings, Chief Counsel (Acting)

Civica Rx Staff: Greg Ferguson, Vice President, Market Access & Distribution
Liz Power, Vice President, Communications

T1I Presenter: Shaina Kasper, Executive Director

Key Takeaways:

The meeting focused on the upcoming launch of the CalRx white-label insulin glargine pen in collaboration with Civica and Biocon Biologics, Ltd. Civica continues to progress in developing their own interchangeable biosimilar versions of insulin glargine and rapid-acting insulin at their Petersburg, Virginia facility to ensure long-term supply chain stability.

The white-label insulin glargine pen initiative is a result of multi-stakeholder involvement including state agencies, advocacy groups, and commercial partners, with significant support from organizations like Blue Shield and Breakthrough T1D. The product will launch on January 1, 2026.



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Transparent pricing remains central, with fixed costs of \$45 for pharmacies and a suggested maximum retail price of no more than \$55 per five-pack of pens for consumers.

Communication strategies include a focus on patient education and outreach via digital, social, and community networks. Patient FAQs are being drafted to clarify product details, cost, and insurance coverage, and the PAC provided feedback on improving accessibility and clarity.

T1International presented the results of their 2024 insulin survey. The discussion highlighted global and local challenges that people with Type 1 diabetes face regarding insulin and glucose monitoring supply costs, access, and rationing.

Action Items:

As feasible, CalRx will follow up on the action items below at a future Council meeting:

1. (HCAI): Finalize and distribute patient FAQs, including a new question regarding single pen purchases (clarify that the product is only sold in boxes of five pens at retail).
2. (HCAI): Translate communication materials into the five top Medi-Cal threshold languages: Spanish, Chinese, Tagalog, Vietnamese, and Korean; open to further language recommendations.
3. (HCAI): Explore options to coordinate with local health departments and community organizations to extend last-mile outreach to all consumer segments in California.
4. (PAC Members): Once HCAI shares communications materials about CalRx insulin glargine, please share with your communities and networks.

White Label Insulin Glargine Pen Launch:

The launch will introduce insulin glargine-yfgn pens rebranded for Civica and CalRx, with all cartons distributed in the California market carrying CalRx branding and routed through major wholesalers. Formulary placement has been secured with Blue Shield of California and Anthem Blue Cross, ensuring broad patient access from the outset. This initial rollout will be pen-only due to current market dynamics. The consumer launch price is set at no more than \$55 per box of five 3 mL pens, upholding Civica's affordability commitment. Pharmacies will be encouraged to stock the product as formulary-driven patient demand initiates orders, supported by educational efforts aimed at guiding pharmacy decisions and raising consumer awareness.

The Council members asked about anticipated obstacles and opportunities related to state and federal regulations, referencing the impact of recent legislation (such as California's \$35 insulin price cap) and biosimilar interchangeability requirements. Civica staff noted that state and federal legislative influences, such as interchangeability criteria, and ongoing legislative changes are significant factors in this space and are being monitored.



Communications & Outreach Discussion:

The communications strategy centers on developing patient- and provider-facing educational materials, Civica's new website (Civicalnsulin.org), and language translations to serve California's diverse populations. Partnerships with advocacy groups and state agencies will support the dissemination of fact sheets and reference guides as well as the hosting of webinars and listserv outreach to drive engagement.

The Council members agreed that a proactive strategy is valuable to shape media narratives. Several members also highlighted the importance of clear, easily shareable messaging and requested press kits for both Council members and media outlets. The Council supported further translating and distributing materials and continuing to refine outreach plans based on the Council's feedback and expertise.

T1International's 2024 Insulin Out-of-Pocket Expenses & Rationing

Survey Results: <https://actionnetwork.org/forms/itsnotover>

T1International's Executive Director shared the results from their 2024 insulin costs and rationing survey. The survey collected data from over 1,000 participants across 55 countries and was available in five languages. It revealed stark global inequalities, confirming that geographic location often determines health outcomes due to disparities in access and affordability of insulin and diabetes supplies. Survey findings include:

- In California, out-of-pocket insulin costs averaged \$169 per month—higher than the U.S. average of \$152.
- Californians spent an average of \$437 per month on glucose self-monitoring supplies, significantly above the national average of \$258.67.
- Total diabetes management costs in California reached \$606 per month, accounting for approximately 18% of personal income—double the burden seen in other high-income regions.
- Cost-related rationing remains widespread: globally, 37% of respondents ration insulin and 55% ration monitoring supplies, with over half reporting rationing at least one essential item. These rates have nearly doubled since 2018.
- Access issues persist, with 59% of U.S. respondents reporting difficulties obtaining insulin due to supply shortages and pharmacy challenges.

Looking ahead, T1International plans to launch a new round of surveys in 2026, expanding coverage to all types of diabetes, incorporating more detailed demographic breakdowns, and extending the survey length for deeper insights.

Next Meeting: January 27, 2026, at 2:30 – 4:30 p.m. PST