CalRx® Biosimilar Insulin Initiative
Patient Advisory Council
Meeting Minutes

Meeting Details:

Title:	CalRx Insulin Patient Advisory Council (PAC) Meeting
Date:	Tuesday, July 29, 2025
Time:	2:30 – 4:30 PM (PST)
Location:	Virtual

Attendees:

Council Members:	Albert Bach, Pharm.D. Christopher Noble Craig Stubing Diana Wyenn Joe Garbanzos Kathryn Topalis, M.D. Luz Gallegos 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 Emily Estus, Chief, Pharmaceutical Policy & Programs Branch Vishaal Pegany, Deputy Director, Office of Health Care Affordability James Yi, Attorney Asha Jennings, Assistant Chief Counsel
Civica Rx Staff:	Greg Ferguson, Vice President, Market Access & Distribution Allan Coukell, Chief Government Affairs & Public Policy Officer Michelle Wobker, Associate Director of Program Management, Biologics

Key Takeaways:

The meeting focused on biosimilar drug development and insulin market analysis. Civica Rx explained the biosimilar development process. The California Department of Health Care Access and Information (HCAI)'s CalRx program presented data on diabetes prevalence in California, highlighting high rates in the San Joaquin Valley and Los Angeles County. The analysis revealed a market preference for insulin pens over vials, especially for long-acting insulins, and noted cost differences between products and payers.

The Council members discussed the impact of immigration status and insurance coverage on access, emphasizing the need for targeted distribution strategies to improve insulin access in vulnerable communities. The meeting touched on the complexities of cold chain storage and distribution challenges. Key discussion points included the need for data on unhoused populations with diabetes, the importance of caregiver involvement and community pharmacy access, the expected impacts of recent federal policy changes, and the need for reliable temperature control during mail-order transport of insulin.

Action Items:

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

1. Add the following dimensions to its market analysis:
    a. Pharmacy designations (e.g., specialty pharmacies) and county-run pharmacy status
    b. Data on homelessness and access to refrigeration/cold chain storage
    c. Language data (e.g., primary language spoken)
    d. Usage of mixed insulins, pumps, and multiple dose insulin (MDI) therapy
    e. Data from medical centers that purchase and distribute insulin for free
    f. Impact of dispensing fees on overall costs
2. Investigate how changes to Medi-Cal coverage, GLP-1 coverage, and the increase in uninsured individuals may impact insulin access and distribution plans.
3. Engage with caregiver groups to ensure they are informed about CalRx insulin and can participate in distribution efforts.
4. Explore ways to reach populations without internet access, such as through partnerships with existing community infrastructure (e.g., food banks).
5. Coordinate with the Board of Pharmacy and Department of Health Care Services (DHCS) to identify how the government can support standardizing medication pick-up processes and the availability of mail-order for Medi-Cal recipients.
6. Explore solutions for refrigerated delivery/locker systems for insulin and temperature monitoring during transit, with attention to rural needs.

Insulin Market Analysis:

Nitisha Patel, Pharmaceutical Data Specialist, presented diabetes and insulin market research conducted by CalRx. The goals of this market research include understanding diabetes prevalence, identifying potential geographic focuses for CalRx insulin distribution, and evaluating health outcomes. Data sources include HCAI's Healthcare Payments Data (HPD) program, American Community Survey (ACS), pharmacy location data, and cost data for pharmaceuticals. The analysis revealed high diabetes prevalence in the San Joaquin Valley, Northern San Joaquin Valley, and parts of Los Angeles County. The analysis also revealed a preference for pens over vials for long-acting insulins, with lower costs associated with pens. Fast-acting insulins show a more even split between pens and vials, with vials generally being more expensive. CalRx did not include data on mixed insulins, pumps, or multiple dose insulin (MDI) therapy usage due to data reliability issues. While this analysis captures scripts/claims data for county pharmacies with a mix of Medi-Cal, Medicare, and commercial payers, if a patient is using cash payments, discount cards, or rebates, they are not captured in the HPD.

CalRx demonstrated an internal dashboard that includes diabetes prevalence, social determinants of health (SDOH), and pharmacy access data. The dashboard allows for viewing detailed data by specific counties and zip codes. Trends include higher diabetes prevalence in areas with lower pharmacy access and higher social determinants of health risks.

Insulin Market Data Discussion

Council members suggested including language as a dashboard filter as well as data on patients who lose their GLP-1 coverage. Several members noted that the primary difference in vial vs. pen usage is in patients with Type 1 diabetes, since vials are used to fill pumps. This would also account for the large preference for vials with rapid-acting insulin.

Regarding specific populations that CalRx should improve insulin access for, one member discussed increased community fears about leaving home for anything but work due to federal immigration operations. Concerns were also raised regarding cold-chain storage for the unhoused population with diabetes. Council members emphasized the need for outreach to caregiving groups for effective distribution plans, especially for those who rely on caregivers to administer medications.

Mail Order vs. Community Pharmacy Preferences:

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), CalRx asked the Council members about insulin access preferences.

Council members discussed the importance of understanding user preferences for mail order and other delivery methods. Members noted that many county pharmacies do not mail out medications requiring refrigeration due to temperature control concerns. The members also highlighted the challenges faced by rural communities in accessing pharmacies and the need for tailored solutions. The members discussed newer innovations to continuously monitor temperature during transit, such as refrigerated Amazon lockers for insulin delivery.

Next Meeting: November 4, 2025, at 2:30 – 4:30 p.m. PST