DEPARTMENT OF HEALTH

Drugs of Substantial Public Interest

LIST METHODOLOGY & SUMMARY—APRIL 2026

Public interest drug list: Medicare Drug Price Negotiation Program's First Round of Negotiated Drugs

This Minnesota Department of Health (MDH) list of drugs of substantial public interest is based on the drugs selected by the Centers for Medicare & Medicaid Services (CMS) for their first round of negotiations under the Medicare Drug Price Negotiation Program. The negotiated prices for these drugs went into effect in January 2026.

The drug families included in MDH's list of drugs of substantial public interest require reporting by drug manufacturers, wholesalers, pharmacy benefit managers (PBMs), and pharmacies pursuant to Minnesota Statutes, section 62J.84.[1,2]

The Medicare Drug Price Negotiation Program

The Inflation Reduction Act (IRA) passed in 2022 directed the Center for Medicare and Medicaid Services (CMS) to negotiate drug prices on prescription drugs. The first list, which was negotiated in the summer of 2023, consisted of ten drugs—listed below. The IRA has several criteria for identifying candidate drugs for negotiation each year, including:

- Drugs must be covered under Medicare Part D (or Part B for prices that go into effect in and beyond 2028).
- Drugs must have more than $200 million of Medicare spending annually.
- Drugs with at least one approval for a rare disease or that are plasma-derived are exempted.
- "Small biotech" drugs are eligible for exemption upon application by the manufacturer for the first three years of negotiations.
- Drugs must be single-source.
- Drugs must not have generic or biosimilar competition.
- If a small-molecule drug, it must have received first approval at least seven years prior to selection for negotiation, and if a biologic, it must have received first approval at least 11 years prior.

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[1] Distinct drug products are identified by their National Drug Code (NDC), and a drug family consists of all drugs that share a unique generic drug description or nontrade name. Centers for Medicare & Medicaid Services (CMS) negotiated at the drug family level. Minnesota data are collected at the drug product (NDC) level and a full list of NDCs for this list is available at on MDH's web page: Drugs of Substantial Public Interest Lists - Prescription Drug Price Transparency - MN Dept. of Health (https://www.health.state.mn.us/data/rxtransparency/pilists.html)

[2] Reporting entities will have approximately 90 days to report (notifications will be sent 30 or more days after the list release date; reports are due 60 days after notifications are sent).

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- If a biologic, there must not be a "high likelihood" of biosimilar market entry within two years of publication date of the selected drug list.

CMS used these criteria and a ranking methodology to identify the top 10 drug families by total Medicare Part D expenditures for the first round of negotiations:

1. Eliquis (apixaban)—blood thinner
2. Farxiga (dapagliflozin propanediol)—diabetes, heart failure *
3. Jardiance (empagliflozin)—diabetes, heart failure
4. Enbrel (etanercept)—rheumatoid arthritis, psoriasis
5. Imbruvica (ibrutinib)—blood cancers
6. Fiasp/NovoLog (insulin aspart)—diabetes
7. Xarelto (rivaroxaban)—blood thinner *
8. Entresto (sacubitril-valsartan)—heart failure *
9. Januvia (sitagliptin phosphate)—diabetes
10. Stelara (ustekinumab)—psoriasis, ulcerative colitis *

**Medicare negotiated the prices of the brand versions of these drugs, though the FDA has approved generic or biosimilar versions of Farxiga, Xarelto, Entresto, and Stelara since 2023.*

Medicare's negotiations with the pharmaceutical manufacturers of these drugs resulted in agreed-upon Maximum Fair Prices (MFPs), which are the maximum payment amounts Medicare agreed to pay per unit or 30-day supply.[3]

These drugs in Minnesota

For the brand versions of these ten drug families, Minnesota payers and patients spent **$1.5 billion** on more than one million claims in calendar year 2024—an average of **over $1,300 *per claim***—based on claims submitted to the Minnesota All Payer Claims Database (MN APCD).[4] Of that $1.5 billion, patients in Minnesota spent $145 million directly out-of-pocket.

To illustrate the potential impact of the CMS-negotiated prices, MDH estimated 2024 spending if payments *by all insurers* had been capped at the new 2026 negotiated MFPs:[5]

- It would have saved more than $1 billion in gross health care expenditures.
- Minnesotans would have saved almost $100 million in direct out-of-pocket costs.

[3] These negotiated MFPs are effective only for Medicare claims and do not directly impact commercial or Medicaid products.

[4] These amounts are for gross claims payments and do not include rebate agreements between insurers/PBMs and drug manufacturers.

[5] These values are based on claims submitted to the MN APCD for calendar year 2024 and assume that all insurers—Medicare, commercial, and Medicaid—adhered to the MFPs negotiated by Medicare.

- Minnesota Health Care Programs, including Medical Assistance and MinnesotaCare, would have saved around $120 million in gross payments, though rebate agreements between manufacturers and insurers mean that the net realized savings would be considerably lower.
- Gross savings for commercial plans that submitted data to the MN APCD (which includes all fully insured plans and limited self-insured plans) would have been nearly $250 million.[6]

Altogether, applying the MFP caps to 2024 spending in Minnesota would have reduced gross spending by about two-thirds and would have saved patients millions of dollars in out-of-pocket costs.

Drug list and methodology

MDH identified the drug products (by national drug code or NDCs) associated with the drug families on the first Medicare Drug Negotiation list using Medi-Span reference data. **These are the drugs for which reporting will be required as a part of this list of drugs of substantial public interest.** The drug families and NDC counts are summarized in Table 1.

Although MDH has articulated an intention to survey drugs multiple times, for this list MDH excluded one of the drug families on CMS' list—insulin aspart, sold under the brand names NovoLog and Fiasp—because MDH collected data on insulin aspart recently in the Drugs of Substantial Public Interest List published in March 2025. Additionally, the Food and Drug Administration (FDA) has approved new generic or biosimilar versions of Farxiga, Xarelto, Entresto, and Stelara since the original list was released in 2023. MDH included these generic and biosimilar versions in the list of drugs requiring Minnesota reporting.[7]

MDH is requesting data for the period of January 1, 2025, to December 31, 2025.

Table 1. Drugs of Substantial Public Interest 2026.04 List

Brand/Biologic or Biosimilar Name	Drug Family	Brand Status	Number of Active NDCs
Eliquis	Apixaban	Brand	24
Farxiga	Dapagliflozin Propanediol	Brand	9
--	Dapagliflozin Propanediol	Authorized Generic	5
Jardiance	Empagliflozin	Brand	21
Enbrel	Etanercept	Brand (Biologic)	11
Imbruvica	Ibrutinib	Brand	7

[6] These potential savings are related specifically to the reduction in ingredient cost and do not account for the additional administrative expenses required to implement the program.

[7] The inclusion of biosimilars and generics is why the total number of NDCs collected is more than the number of NDCs for which CMS negotiated prices.

Brand/Biologic or Biosimilar Name	Drug Family	Brand Status	Number of Active NDCs
Xarelto	Rivaroxaban	Brand	23
--	Rivaroxaban	Generic	23
Entresto	Sacubitril-Valsartan	Brand	13
--	Sacubitril-Valsartan	Generic	104
Januvia	Sitagliptin Phosphate	Brand	24
Stelara	Ustekinumab	Brand (Biologic)	6
Otulfi	Ustekinumab-aauz	Biosimilar	6
Selarsdi	Ustekinumab-aekn	Biosimilar	9
Wezlana	Ustekinumab-auub	Biosimilar	7
Starjemza	Ustekinumab-hmny	Biosimilar	4
Yesintek	Ustekinumab-kfce	Biosimilar	4
Imuldosa	Ustekinumab-srlf	Biosimilar	6
Steqeyma	Ustekinumab-stba	Biosimilar	3
Ustekinumab-ttwe	Ustekinumab-ttwe	Biosimilar	12
Total NDCs	--	--	321

References

- Factsheet: Medicare Drug Price Negotiation Program (PDF) (https://www.cms.gov/files/document/fact-sheet-medicare-selected-drug-negotiation-list-ipay-2026.pdf)
- FAQs about the Inflation Reduction Act's Medicare Drug Price Negotiation Program | KFF (https://www.kff.org/medicare/faqs-about-the-inflation-reduction-acts-medicare-drug-price-negotiation-program/)
- Medicare Drug Price Negotiations: All You Need to Know | Commonwealth Fund (https://www.commonwealthfund.org/publications/explainer/2025/may/medicare-drug-price-negotiations-all-you-need-know)
- Medicare Drug Price Negotiation Program: Negotiated Prices for Initial Price Applicability Year 2026 | CMS (https://www.cms.gov/newsroom/fact-sheets/medicare-drug-price-negotiation-program-negotiated-prices-initial-price-applicability-year-2026)
- Selected Drugs and Negotiated Prices | CMS (https://www.cms.gov/priorities/medicare-prescription-drug-affordability/overview/medicare-drug-price-negotiation-program/selected-drugs-negotiated-prices)
- Medi-Span: Drug Data Solutions for Healthcare | Wolters Kluwer (https://www.wolterskluwer.com/en/solutions/medi-span)
- Minnesota All Payer Claims Database | MN Dept. of Health (https://www.health.state.mn.us/data/apcd/index.html)
- Implementation of the Medicare Drug Price Negotiation Program: Centers for Medicare and Medicaid Guidance and Legal Considerations | Congress.gov | Library of Congress (https://www.congress.gov/crs-product/R47555)

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