



# Maximum Fair Price (MFP) Explanation for NovoLog/Fiasp<sup>1</sup>

## Introduction

In August 2022, President Biden signed the Inflation Reduction Act of 2022 (IRA) (P.L. 117-169) into law. For the first time, the law provides Medicare with the ability to directly negotiate the prices of certain high expenditure, single source drugs without generic or biosimilar competition. On March 15, 2023, the Centers for Medicare & Medicaid Services (CMS) issued [initial guidance](#) for the Medicare Drug Price Negotiation Program (the “Negotiation Program”), including requests for public comment on key elements. On June 30, 2023, CMS issued [revised guidance](#) detailing the requirements and parameters of the Negotiation Program for the first cycle of negotiations.<sup>2</sup> CMS engaged in negotiations with participating manufacturers between October 1, 2023 and August 1, 2024. These negotiations resulted in agreements establishing prices (which the IRA refers to as “maximum fair prices” or “MFPs”) that will be effective beginning in 2026 (the first cycle of negotiations is referred to as negotiations for “initial price applicability year 2026” because any agreed-upon prices will be effective in 2026). CMS published the agreed-upon MFPs on August 15, 2024.

The MFP explanation for NovoLog/Fiasp for the agreed-upon MFP that resulted from the negotiations for initial price applicability year 2026 with Novo Nordisk Inc., the manufacturer of NovoLog/Fiasp (the “Primary Manufacturer”), provides information about the negotiations for NovoLog/Fiasp. This information includes CMS’ perspective on the data considered that had the greatest impact in CMS’ determination of offers and consideration of counteroffers during the negotiation process through which the parties reached agreement on an MFP.<sup>3</sup> In some respects, the Primary Manufacturer had a different perspective on the relevant data. The parties to the negotiation had productive exchanges during the negotiation meetings described below in which they discussed their respective views, and these exchanges resulted in the exchange of offer(s) and counteroffer(s) among the parties and, ultimately, an agreed-upon MFP for NovoLog/Fiasp.

On the basis of the factors described below and the related considerations and evidence, CMS negotiated with the Primary Manufacturer in good faith and consistent with the requirements of the law on behalf of people with Medicare and the Medicare program. Throughout the negotiation process and in accordance with the IRA, CMS’ goal was to achieve agreement with the Primary Manufacturer on the

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<sup>1</sup> For purposes of this MFP explanation, we use this abbreviation to refer to the selected drug with the full name: Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog PenFill.

<sup>2</sup> The [Medicare Drug Price Negotiation Program: Revised Guidance, Implementation of Sections 1191 – 1198 of the Social Security Act for Initial Price Applicability Year 2026](#), is referred to throughout this document as the revised guidance.

<sup>3</sup> Section 1195(a)(2) of the Social Security Act (the “Act”) requires CMS to publish an explanation for the MFP with respect to the factors as applied under section 1194(e) for each selected drug. The MFP explanation is discussed in section 60.6.1 of the [revised guidance](#).

lowest possible MFP for NovoLog/Fiasp that would be consistent with the process defined in the IRA for these price negotiations. CMS believes that the agreed-upon MFP achieves this aim. The negotiation process ended in both parties agreeing to an MFP of \$119.00 for NovoLog/Fiasp by the conclusion of the negotiation period on August 1, 2024.<sup>4</sup> The agreed-upon MFP is set to take effect on January 1, 2026.

The MFP explanation contains the following components:

- MFP Explanation Narrative for NovoLog/Fiasp
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    - Outcomes and Additional Considerations
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- Redacted Negotiation Meeting Summaries for NovoLog/Fiasp
- Redacted Data Submitted by the Primary Manufacturer and Other Interested Parties for NovoLog/Fiasp

## MFP Explanation Narrative for NovoLog/Fiasp

### Summary of the Negotiation Process

CMS followed the negotiation process laid out in the IRA and in the revised guidance. On August 29, 2023, CMS announced the 10 selected drugs for the first cycle of negotiations, which included NovoLog/Fiasp. The Primary Manufacturers of the selected drugs signed agreements to participate in the Negotiation Program by the deadline in the IRA of October 1, 2023 and submitted information on the selected drugs by the deadline in the IRA of October 2, 2023.

CMS collected relevant data from numerous sources, such as written submissions from the Primary Manufacturers and other interested parties in response to an information collection request issued for the Negotiation Program (referred to as the “Negotiation Program information collection request” throughout this document), feedback from patient-focused listening sessions, meetings between CMS and the Primary Manufacturers to discuss the information submitted, and CMS’ literature review.<sup>5</sup>

Using the information collected, CMS then developed initial offers for the selected drugs, which were based on the factors outlined in the IRA for CMS’ determination of offers and which CMS developed in accordance with the process described in the revised guidance.<sup>6</sup> As required by the IRA, CMS’ initial offers each included a concise justification on the range of evidence and other information within the

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<sup>4</sup> The MFP is expressed as the price per 30-days equivalent supply. See section 60.1 of the [revised guidance](#) and the [Negotiated Prices for Initial Price Applicability Year 2026 Fact Sheet](#) for additional information.

<sup>5</sup> The Negotiation Program information collection request is available on the Office of Management and Budget’s (OMB’s) website at the following link: [https://www.reginfo.gov/public/do/PRAViewICR?ref\\_nbr=202306-0938-013](https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202306-0938-013).

<sup>6</sup> Section 1194(e) of the Act requires CMS to consider certain data as the basis for all offers and counteroffers in the negotiation. These data, which are referred to in this document as the “negotiation factors,” are discussed in more detail later in this document. More information on the negotiation factors is also available in sections 50, 60.3 and 60.4 of the [revised guidance](#). CMS’ process for developing the initial offers is described in section 60.3 of the revised guidance.

negotiation factors that CMS found compelling during the development of the initial offer. The Primary Manufacturers each responded by declining CMS' initial offer and providing a written counteroffer and justification for such offer, including considerations based on the negotiation factors.

CMS considered each counteroffer proposed by the Primary Manufacturers and declined each counteroffer. CMS and each Primary Manufacturer then held three negotiation meetings. These meetings included extensive discussion of the negotiation factors, including any new information consistent with the factors that may have become available about the selected drugs or therapeutic alternatives, CMS' initial offer and the Primary Manufacturer's written counteroffer, and, in some cases, additional proposals for an MFP.

Across the first cycle of negotiations for all ten selected drugs, more than 50 revised offers or counteroffers were proposed by CMS or a Primary Manufacturer, not including the ten initial offers CMS made and the ten written counteroffers provided by Primary Manufacturers. During the negotiation meetings, CMS revised its initial offer for each selected drug upwards at least once in response to the discussions with the Primary Manufacturer. While many of the details of the negotiations are confidential between CMS and each Primary Manufacturer, the frequency of revised offers and counteroffers in the first cycle of negotiations indicates the robustness of the negotiations that occurred for each of the ten drugs. CMS' approach to its negotiations with each Primary Manufacturer turned on the particular details relevant to each selected drug and was sensitive to the issues raised during the course of CMS' conversations with the Primary Manufacturer. CMS anticipates this drug-specific approach will continue to inform CMS' negotiations with participating manufacturers in future cycles of negotiation.

Overall, in six of ten negotiations CMS moved more than the Primary Manufacturer during the meetings and for the final offer (if applicable) prior to reaching agreement, and in four of ten negotiations the Primary Manufacturer moved more than CMS prior to reaching agreement. For five of the selected drugs, this process of exchanging revised offers and counteroffers resulted in CMS and the Primary Manufacturer reaching an agreement on a negotiated price for the selected drug in association with a negotiation meeting. In four of these cases, CMS accepted a revised counteroffer proposed by the Primary Manufacturer. For the remaining five selected drugs, CMS sent a written final offer to the Primary Manufacturer, consistent with the process described in the revised guidance, and in each instance, the Primary Manufacturer accepted CMS' offer on or before the statutory deadline. Throughout the negotiation process, CMS and the Primary Manufacturers exchanged perspectives about a range of topics related to the negotiation factors, and while the parties did not always agree, CMS appreciated the Primary Manufacturers' engagement.

A detailed timeline of the negotiation process for NovoLog/Fiasp is below.

- August 29, 2023: CMS announced the 10 selected drugs for initial price applicability year 2026
- October 1, 2023: Deadline for the Primary Manufacturer to sign an agreement to participate in the Negotiation Program
- October 2, 2023: Deadline for the Primary Manufacturer and the public to submit information related to NovoLog/Fiasp in response to the Negotiation Program information collection request
- October 23, 2023: CMS met with the Primary Manufacturer regarding its response to the Negotiation Program information collection request
- November 3, 2023: CMS held a patient-focused listening session for NovoLog/Fiasp
- February 1, 2024: CMS provided the Primary Manufacturer with CMS' initial offer

- March 1, 2024: The Primary Manufacturer rejected CMS' initial offer and provided CMS with a counteroffer
- March 29, 2024: CMS rejected the Primary Manufacturer's counteroffer and invited the Primary Manufacturer to a negotiation meeting
- April 25, 2024: CMS and the Primary Manufacturer met for the first negotiation meeting
- May 28, 2024: CMS and the Primary Manufacturer met for the second negotiation meeting
- June 17, 2024: CMS and the Primary Manufacturer met for the third negotiation meeting
- August 1, 2024: The negotiation period ended
- August 15, 2024: MFP of \$119.00 was published

## Indication for NovoLog/Fiasp

NovoLog/Fiasp is a human insulin analog that may be administered with meals to control blood sugar levels in patients whose bodies do not produce or do not properly use insulin. It is used to treat type 1 and type 2 diabetes mellitus in both adults and pediatric patients.<sup>7</sup>

For NovoLog/Fiasp, CMS included the following indication in its assessment: to improve glycemic control in adults and pediatric patients with diabetes mellitus. CMS refers to this indication as "diabetes mellitus" in this document.<sup>8</sup> CMS' use of this term does not alter the FDA-approved indication for NovoLog/Fiasp.

## Factors Applied

Consistent with the IRA, CMS considered certain negotiation factors as the basis for determining all offers and counteroffers during the negotiation process.

The following negotiation factors are referred to in this document as "manufacturer-specific data"<sup>9</sup>:

- Research and development (R&D) costs of the Primary Manufacturer for NovoLog/Fiasp and the extent to which the Primary Manufacturer has recouped R&D costs;
- Current unit costs of production and distribution of NovoLog/Fiasp;
- Prior Federal financial support for novel therapeutic discovery and development with respect to NovoLog/Fiasp;

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<sup>7</sup> To compose this brief description, CMS used various sources, including MedlinePlus, a free online health information resource for patients and the general public. MedlinePlus is a service of the National Library of Medicine (NLM), a part of the U.S. National Institutes of Health (NIH). For more information about any drugs or conditions mentioned in this document, MedlinePlus can be accessed at: <https://medlineplus.gov/>.

<sup>8</sup> CMS' process for identifying indications for a selected drug was to identify the FDA-approved indication(s) not otherwise excluded from coverage or otherwise restricted under section 1860D-2(e)(2) of the Act for a selected drug, using prescribing information approved by the FDA, in accordance with section 1194(e)(2)(B) of the Act. CMS considered off-label use when identifying indications if such use was included in nationally recognized, evidence-based guidelines and recognized in CMS-approved Part D compendia. CMS included indications that met these criteria during the negotiation period. Indications newly approved by FDA or included in nationally recognized, evidence-based guidelines and recognized in CMS-approved Part D compendia after the end of the negotiation period were not included.

<sup>9</sup> These factors are listed at section 1194(e)(1) of the Act.

- Data on pending and approved patent applications, exclusivities recognized by the FDA, and applications and approvals for New Drug Applications and Biologics License Applications for NovoLog/Fiasp;<sup>10</sup> and
- Market data and revenue and sales volume data for NovoLog/Fiasp in the United States (U.S.).

The following negotiation factors are referred to in this document as “evidence about NovoLog/Fiasp and its therapeutic alternative”<sup>11</sup>:

- The extent to which NovoLog/Fiasp represents a therapeutic advance as compared to its existing therapeutic alternative and the costs of such existing therapeutic alternative;
- Prescribing information approved by the FDA for NovoLog/Fiasp and its therapeutic alternative;
- Comparative effectiveness of NovoLog/Fiasp and its therapeutic alternative, taking into consideration the effects of NovoLog/Fiasp and its therapeutic alternative on specific populations, such as individuals with disabilities, the elderly, the terminally ill, children, and other patient populations; and
- The extent to which NovoLog/Fiasp and its therapeutic alternative address unmet medical needs for a condition for which treatment or diagnosis is not addressed adequately by available therapy.

The below sections describe how CMS considered and applied these factors during the negotiation process. CMS considered these factors, taking into account all data in totality during the negotiation process.

CMS and the Primary Manufacturer did not always agree on the information presented below, and the Primary Manufacturer was not restricted to consideration of these factors during the negotiation process but was free to discuss any topics with CMS it deemed relevant to its consideration of offer(s) and counteroffer(s) for NovoLog/Fiasp.

## Manufacturer-Specific Data

CMS considered the information submitted by the Primary Manufacturer related to the manufacturer-specific data factors. These factors include R&D costs and the extent to which the Primary Manufacturer has recouped R&D costs, current unit costs of production and distribution, prior Federal financial support, data on pending and approved patents and exclusivities recognized by the FDA, and market data, including revenue and sales volume data for the drug in the United States. CMS considered these factors in totality, as part of its application of the negotiation factors during the negotiation process.

The Primary Manufacturer provided CMS with information for each of these factors in response to the Negotiation Program information collection request.<sup>12</sup> For R&D costs, CMS requested information

<sup>10</sup> New Drug Applications are approved under section 505(c) of the Federal Food, Drug, and Cosmetic Act and Biologics License Applications are approved under section 351(a) of the Public Health Service Act.

<sup>11</sup> These factors are listed at section 1194(e)(2) of the Act. In accordance with section 1194(e)(2) and section 1182(e) of Title XI of the Act, CMS did not use evidence from comparative clinical effectiveness research in a manner that treats extending the life of an individual who is elderly, disabled, or terminally ill as of lower value than extending the life of an individual who is younger, non-disabled, or not terminally ill, and, consistent with section 1182(e) of Title XI of the Act, did not use quality adjusted life years (QALYs).

<sup>12</sup> In accordance with the revised guidance, CMS treats R&D costs and the extent to which they are recouped, unit costs of production and distribution, pending patent applications, and market, revenue, and sales volume data as proprietary, unless the information that is provided to CMS is already publicly available. For more information, see section 40.2.1 of the [revised guidance](#).

separated into various categories of costs related to R&D, including acquisition costs, pre-clinical research costs, post-Investigational New Drug costs, costs of failed or abandoned products related to NovoLog/Fiasp, and other allowable direct costs. CMS also requested the global and U.S. total lifetime net revenue for NovoLog/Fiasp to provide insight into the extent to which the Primary Manufacturer has recouped R&D costs. CMS requested current average unit costs of production for NovoLog/Fiasp and current average unit costs of distribution for NovoLog/Fiasp separately, as well as a description of the methodology the Primary Manufacturer used to estimate such costs. For information related to prior Federal financial support, CMS requested the total amount of Federal financial support received, as well as a breakdown by various types of financial support, like tax credits and National Institutes of Health funding. CMS requested information on patents, both expired and unexpired, issued by the U.S. Patent and Trademark Office, patent applications, regulatory exclusivity periods, and active and pending FDA applications and approvals. For market data, CMS requested information about the prices for NovoLog/Fiasp and volume dispensed for other payers in the U.S. market, including commercial payers (e.g., the U.S. commercial average net price), Medicaid (Medicaid Best Price), and other Federal payers (the Federal supply schedule price and the Big Four price).

Throughout the negotiation process, CMS holistically considered the information submitted by the Primary Manufacturer related to the manufacturer-specific data negotiation factors for the purpose of negotiating an MFP for NovoLog/Fiasp. For example, CMS applied information on prices for NovoLog/Fiasp available to other payers in the U.S. market and how they compared to any offers or counteroffers when considering whether a potential price was consistent with CMS' aim to arrive at an agreement on the lowest possible MFP. The totality of CMS' application of these factors, in conjunction with application of the factors described below, informed CMS' negotiation of the MFP with the Primary Manufacturer.

## Evidence about NovoLog/Fiasp and its Therapeutic Alternative

CMS considered information related to the negotiation factors regarding evidence about NovoLog/Fiasp and its therapeutic alternative. CMS' holistic consideration of clinical benefit included evidence from sources such as: pivotal clinical trials, pre-specified subgroup analyses, clinical practice guidelines, expert consensus statements, comparative clinical evidence, published literature reviews, real-world evidence, and FDA prescription drug labeling, among others. CMS evaluated the evidence based on a variety of considerations, including relevance and credibility, giving priority to well-designed and well-conducted studies, as stated in the revised guidance.<sup>13</sup> In general, CMS prioritized direct comparative evidence (e.g., head-to-head randomized controlled trials) when available. CMS also reviewed mixed and/or indirect treatment comparisons (e.g., network meta-analyses) when available and real-world evidence (e.g., observational studies) when available as part of its holistic assessment of comparative evidence.

In addition to information from the Primary Manufacturer, CMS received information from the public, including from patients during the patient-focused listening session held by CMS on November 3,

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<sup>13</sup> In section 50.2 of the [revised guidance](#), CMS stated, "When reviewing the literature from the public and manufacturer submissions as well as literature from CMS' review, CMS will consider the source, rigor of the study methodology, current relevance to the selected drug and its therapeutic alternative(s), whether the study has been through peer review, study limitations, degree of certainty of conclusions, risk of bias, study time horizons, generalizability, study population, and relevance to the negotiation factors listed in section 1194(e)(2) of the Act to ensure the integrity of the contributing data within the negotiation process. CMS will prioritize research, including both observational research and research based on randomized samples, that is methodologically rigorous, appropriately powered (i.e., has sufficient sample size) to answer the primary question of the research, and structured to avoid potential false positive findings due to multiple subgroup analyses."

2023.<sup>14</sup> Patient input was important to CMS’ consideration of the evidence about NovoLog/Fiasp and its therapeutic alternative, including to help identify outcomes of interest for patients and to understand additional considerations such as the impact of insulin analogs on patients’ daily lives. For example, speakers shared that insulin analogs, like NovoLog/Fiasp, helped improve control of their blood sugar levels, reduced their episodes of hypoglycemia, and offered flexibility in administration. This was one consideration among the many that informed CMS’ understanding of the factors regarding evidence about NovoLog/Fiasp and its therapeutic alternative. Throughout all of the patient-focused listening sessions for the first cycle of negotiations, speakers provided insight on the importance of affordability and access, which provided CMS helpful context for the speakers’ described experiences.

## Therapeutic Alternatives

The IRA directs CMS to compare NovoLog/Fiasp to therapeutic alternatives in its determination of offers and consideration of counteroffers for NovoLog/Fiasp.<sup>15</sup> In the revised guidance, CMS defines a therapeutic alternative for the first cycle of negotiations as a pharmaceutical product that is clinically comparable to the selected drug.<sup>16</sup>

Importantly, use of the term “therapeutic alternative” in this MFP explanation is limited to the purposes and definition outlined in the IRA and the revised guidance. Use of this term does not suggest that CMS believes such drug is interchangeable or otherwise universally appropriate to prescribe for an individual in place of NovoLog/Fiasp or that it is the only pharmaceutical treatment that might be used by a person with the indication treated by NovoLog/Fiasp. CMS trusts that patients and health care providers will continue to choose the therapy that best suits a given patient’s needs based on the patient’s health, history, experience, and preferences, the provider’s expertise, FDA-approved prescribing information, and relevant clinical guidelines, as applicable.

During the negotiation process, CMS identified a therapeutic alternative to NovoLog/Fiasp based on a holistic consideration of the available evidence from a range of sources. In addition to the sources listed above, such as data submitted by the Primary Manufacturer and the public and widely accepted clinical guidelines, other examples of data sources used include the following: drug classification systems commonly used in the public and commercial sector for formulary development, indications included in CMS-approved Part D compendia, and drug or drug class reviews.

The following table lists the therapeutic alternative, among all clinically comparable alternatives that CMS reviewed, which was particularly relevant to CMS’ consideration, due to guideline recommendations, utilization in the Medicare population, and other considerations.

Indication	Therapeutic Alternative
Diabetes mellitus	<ul style="list-style-type: none"> <li>• Insulin lispro</li> </ul>

*Table 1.* Use of the term “therapeutic alternative” in this MFP explanation is limited to the purposes and definition outlined in the IRA and the revised guidance. Use of this term does not suggest that CMS believes such drug is interchangeable or otherwise universally appropriate to prescribe for an individual in place of NovoLog/Fiasp or that it is the only pharmaceutical treatment that might be used by a person with the indication treated by NovoLog/Fiasp. CMS trusts that patients and health care providers will continue to choose the therapy that best suits a given patient’s needs based on the patient’s health, history,

<sup>14</sup> The redacted transcript for this patient-focused listening session is available at the following link: <https://www.cms.gov/files/document/fiasp-novolog-transcript-110323.pdf>.

<sup>15</sup> See section 1194(e)(2) of the Act and sections 50, 60.3 and 60.4 of the [revised guidance](#) for additional information.

<sup>16</sup> This definition appears in Appendix C of the [revised guidance](#).

experience, and preferences, the provider’s expertise, FDA-approved prescribing information, and relevant clinical guidelines, as applicable.

## Outcomes and Additional Considerations

Outcomes are measurable effects or impacts of a treatment or intervention. Outcomes can be used to measure differences in the safety or effectiveness of different treatments. Patient-centered outcomes are outcomes identified by patients that are important to how they feel, function, or survive. To consider comparative effectiveness between NovoLog/Fiasp and its therapeutic alternative, CMS identified clinically relevant and patient-centered outcomes of interest from the body of available literature to evaluate for the indication of NovoLog/Fiasp. CMS then identified evidence comparing NovoLog/Fiasp to its therapeutic alternative based on these outcomes. The following table includes a non-exhaustive list of outcomes that were of interest to CMS in its consideration of NovoLog/Fiasp:

Indication	Effectiveness Outcomes	Safety Outcomes
Diabetes mellitus	<ul style="list-style-type: none"> <li>Glycemic control (e.g., hemoglobin A1c)</li> </ul>	<ul style="list-style-type: none"> <li>Serious adverse events</li> <li>Tolerability (e.g., discontinuation due to adverse events)</li> <li>Hypoglycemia</li> </ul>

*Table 2. Outcomes identified in this table were of interest to CMS in its evaluation of NovoLog/Fiasp. Evidence to support an assessment may not have been available for every outcome of interest.*

Outcomes, like those listed above, were identified as being of interest to CMS based on their importance to patients and their ability to measure how effective and safe a drug is when used to treat this indication. For example, glycemic control is an important outcome in the management of diabetes mellitus, as poor glycemic control is associated with increased risk of developing complications related to diabetes like kidney disease and nerve damage, among others. In addition, hypoglycemia, or low blood sugar, is an outcome reflecting an important safety consideration when evaluating drugs for this indication.

Additionally, CMS considered the extent to which NovoLog/Fiasp represents a therapeutic advance as compared to its existing therapeutic alternative, and the extent to which NovoLog/Fiasp and its therapeutic alternative address an unmet medical need. CMS also evaluated access, equity, and health outcomes for specific populations (including individuals with disabilities, the elderly, individuals who are terminally ill, children, and other patient populations).

For the purpose of negotiating the MFP for NovoLog/Fiasp, CMS holistically considered the negotiation factors regarding evidence about NovoLog/Fiasp and its therapeutic alternative, including consideration of the clinical benefit of NovoLog/Fiasp in the context of its therapeutic alternative. For example, CMS applied its understanding of the comparative effectiveness of NovoLog/Fiasp and its therapeutic alternative across patients with type 1 and type 2 diabetes mellitus. CMS’ holistic assessment was informed by additional contextual considerations, such as common comorbidities, patient subgroups (e.g., adults with type 2 diabetes mellitus administering insulin as a subcutaneous injection), treatment complexity, and patient preferences.

Throughout the negotiation process, including the development of the initial offer and in the consideration of any offers and counteroffers, CMS applied these and other factors regarding evidence about NovoLog/Fiasp and its therapeutic alternative. The totality of CMS’ application of these factors, in

conjunction with application of the manufacturer-submitted data negotiation factors described above, informed CMS' negotiation of the MFP with the Primary Manufacturer.

## Citations to Data Reviewed during the Negotiation Process for NovoLog/Fiasp

CMS provides below a list of citations representative of evidence that CMS reviewed during the negotiation process, including citations provided by the Primary Manufacturer and the public in response to the Negotiation Program information collection request, those included in CMS' initial offer concise justification, and other citations which were considered during the evaluation of the Primary Manufacturer's counteroffer and during negotiation meetings.

Consistent with the IRA and section 1182(e) of Title XI of the Act, CMS did not use evidence from comparative clinical effectiveness research in a manner that treats extending the life of an individual who is elderly, disabled, or terminally ill as of lower value than extending the life of an individual who is younger, nondisabled, or not terminally ill, and, consistent with section 1182(e) of Title XI of the Act, did not use quality adjusted life years (QALYs). Inclusion on this list of a citation that contains such evidence does not mean that CMS used such evidence in the course of the negotiation.

This list is intended to provide insight into the range of evidence that various parties, including CMS and the Primary Manufacturer, identified as being relevant to the negotiation. This list does not represent the totality of evidence that CMS reviewed and considered as part of its holistic consideration of the negotiation factors in the determination of any offers and consideration of any counteroffers.

1. American Diabetes Association Professional Practice Committee. 14. Children and Adolescents: Standards of Care in Diabetes-2024. *Diabetes Care*. 2024;47(Suppl 1):S258-S81. doi: 10.2337/dc24-S014. PubMed PMID: 38078582; PubMed Central PMCID: PMC10725814.
2. American Diabetes Association Professional Practice Committee. 2. Diagnosis and Classification of Diabetes: Standards of Care in Diabetes-2024. *Diabetes Care*. 2024;47(Suppl 1):S20-S42. doi: 10.2337/dc24-S002. PubMed PMID: 38078589; PubMed Central PMCID: PMC10725812.
3. American Diabetes Association Professional Practice Committee. 6. Glycemic Goals and Hypoglycemia: Standards of Care in Diabetes-2024. *Diabetes Care*. 2024;47(Suppl 1):S111-S25. doi: 10.2337/dc24-S006. PubMed PMID: 38078586; PubMed Central PMCID: PMC10725808.
4. American Diabetes Association Professional Practice Committee. 9. Pharmacologic Approaches to Glycemic Treatment: Standards of Medical Care in Diabetes-2022. *Diabetes Care*. 2022;45(Suppl 1):S125-s43. doi: 10.2337/dc22-S009. PubMed PMID: 34964831.
5. American Diabetes Association Professional Practice Committee. 9. Pharmacologic Approaches to Glycemic Treatment: Standards of Care in Diabetes-2024. *Diabetes Care*. 2024;47(Suppl 1):S158-S78. doi: 10.2337/dc24-S009. PubMed PMID: 38078590; PubMed Central PMCID: PMC10725810.
6. American Diabetes Association. Economic Costs of Diabetes in the U.S. in 2017. *Diabetes Care*. 2018;41(5):917-28. Epub 20180322. doi: 10.2337/dci18-0007. PubMed PMID: 29567642; PubMed Central PMCID: PMC5911784.
7. Aryangat AV, Gerich JE. Type 2 diabetes: postprandial hyperglycemia and increased cardiovascular risk. *Vasc Health Risk Manag*. 2010;6:145-55. Epub 20100324. doi: 10.2147/vhrm.s8216. PubMed PMID: 20448799; PubMed Central PMCID: PMC2860446.

8. Beisswenger P, Heine RJ, Leiter LA, Moses A, Tuomilehto J. Prandial glucose regulation in the glucose triad: emerging evidence and insights. *Endocrine*. 2004;25(3):195-202. doi: 10.1385/ENDO:25:3:195. PubMed PMID: 15758245.
9. Berget C, Messer LH, Forlenza GP. A Clinical Overview of Insulin Pump Therapy for the Management of Diabetes: Past, Present, and Future of Intensive Therapy. *Diabetes Spectr*. 2019;32(3):194-204. doi: 10.2337/ds18-0091. PubMed PMID: 31462873; PubMed Central PMCID: PMC6695255.
10. Blevins T, Zhang Q, Frias JP, Jinnouchi H, Chang AM, Investigators P-TD. Randomized Double-Blind Clinical Trial Comparing Ultra Rapid Lispro With Lispro in a Basal-Bolus Regimen in Patients With Type 2 Diabetes: PRONTO-T2D. *Diabetes Care*. 2020;43(12):2991-8. Epub 20200702. doi: 10.2337/dc19-2550. PubMed PMID: 32616612; PubMed Central PMCID: PMC7770265.
11. Blonde L, Umpierrez GE, Reddy SS, McGill JB, Berga SL, Bush M, et al. American Association of Clinical Endocrinology Clinical Practice Guideline: Developing a Diabetes Mellitus Comprehensive Care Plan-2022 Update. *Endocr Pract*. 2022;28(10):923-1049. Epub 20220811. doi: 10.1016/j.eprac.2022.08.002. PubMed PMID: 35963508; PubMed Central PMCID: PMC10200071.
12. Bode BW, Iotova V, Kovarenko M, Laffel LM, Rao PV, Deenadayalan S, et al. Efficacy and Safety of Fast-Acting Insulin Aspart Compared With Insulin Aspart, Both in Combination With Insulin Degludec, in Children and Adolescents With Type 1 Diabetes: The onset 7 Trial. *Diabetes Care*. 2019;42(7):1255-62. Epub 20190510. doi: 10.2337/dc19-0009. PubMed PMID: 31076415; PubMed Central PMCID: PMC6973646.
13. Bowering K, Case C, Harvey J, Reeves M, Sampson M, Strzinek R, et al. Faster Aspart Versus Insulin Aspart as Part of a Basal-Bolus Regimen in Inadequately Controlled Type 2 Diabetes: The onset 2 Trial. *Diabetes Care*. 2017;40(7):951-7. Epub 20170508. doi: 10.2337/dc16-1770. PubMed PMID: 28483786.
14. Brod M, Kongso JH, Lessard S, Christensen TL. Psychological insulin resistance: patient beliefs and implications for diabetes management. *Qual Life Res*. 2009;18(1):23-32. Epub 20081128. doi: 10.1007/s11136-008-9419-1. PubMed PMID: 19039679.
15. Brod M, Nikolajsen A, Weatherall J, Pfeiffer KM. The Economic Burden of Post-prandial Hyperglycemia (PPH) Among People with Type 1 and Type 2 Diabetes in Three Countries. *Diabetes Ther*. 2016;7(1):75-90. Epub 20160222. doi: 10.1007/s13300-016-0154-2. PubMed PMID: 26899431; PubMed Central PMCID: PMC4801810.
16. Brod M, Nikolajsen A, Weatherall J, Pfeiffer KM. Understanding Post-Prandial Hyperglycemia in Patients with Type 1 and Type 2 Diabetes: A Web-based Survey in Germany, the UK, and USA. *Diabetes Ther*. 2016;7(2):335-48. Epub 20160527. doi: 10.1007/s13300-016-0175-x. PubMed PMID: 27233285; PubMed Central PMCID: PMC4900984.
17. Brorsson AL, Viklund G, Örtqvist E, Lindholm Olinder A. Does treatment with an insulin pump improve glycaemic control in children and adolescents with type 1 diabetes? A retrospective case-control study. *Pediatr Diabetes*. 2015;16(7):546-53. Epub 20141020. doi: 10.1111/pedi.12209. PubMed PMID: 25327782.
18. Brown A, Kennedy L, Runge A, Close K. Going Beyond A1c – One Outcome Can't Do It All [Internet]. California: the diaTribe Foundation; 2021 Aug 14 [cited 2023 Oct 16]. Available from: <https://diatribe.org/diabetes-management/going-beyond-a1c-one-outcome-cant-do-it-all>.

19. Brunton S. Initiating insulin therapy in type 2 diabetes: benefits of insulin analogs and insulin pens. *Diabetes Technol Ther.* 2008;10(4):247-56. doi: 10.1089/dia.2008.0287. PubMed PMID: 18715198.
20. Bryant W, Greenfield JR, Chisholm DJ, Campbell LV. Diabetes guidelines: easier to preach than to practise? *Med J Aust.* 2006;185(6):305-9. doi: 10.5694/j.1326-5377.2006.tb00583.x. PubMed PMID: 16999670.
21. Burckhardt MA, Smith GJ, Cooper MN, Jones TW, Davis EA. Real-world outcomes of insulin pump compared to injection therapy in a population-based sample of children with type 1 diabetes. *Pediatr Diabetes.* 2018;19(8):1459-66. Epub 20180914. doi: 10.1111/pedi.12754. PubMed PMID: 30129154.
22. Buse JB, Carlson AL, Komatsu M, Mosenzon O, Rose L, Liang B, et al. Fast-acting insulin aspart versus insulin aspart in the setting of insulin degludec-treated type 1 diabetes: Efficacy and safety from a randomized double-blind trial. *Diabetes Obes Metab.* 2018;20(12):2885-93. Epub 20181010. doi: 10.1111/dom.13545. PubMed PMID: 30259644; PubMed Central PMCID: PMC6231963.
23. Cavalot F, Petrelli A, Traversa M, Bonomo K, Fiora E, Conti M, et al. Postprandial blood glucose is a stronger predictor of cardiovascular events than fasting blood glucose in type 2 diabetes mellitus, particularly in women: lessons from the San Luigi Gonzaga Diabetes Study. *J Clin Endocrinol Metab.* 2006;91(3):813-9. Epub 20051213. doi: 10.1210/jc.2005-1005. PubMed PMID: 16352690.
24. Center for Drug Evaluation and Research. Diabetes Mellitus: Efficacy Endpoints for Clinical Trials Investigating Antidiabetic Drugs and Biological Products. U.S. Food and Drug Administration; 2023. Docket Number: FDA-2023-D-0625. Available From: <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/diabetes-mellitus-efficacy-endpoints-clinical-trials-investigating-antidiabetic-drugs-and-biological>.
25. Ceriello A. Postprandial hyperglycemia and diabetes complications: is it time to treat? *Diabetes.* 2005;54(1):1-7. doi: 10.2337/diabetes.54.1.1. PubMed PMID: 15616004.
26. Chiang JL, Kirkman MS, Laffel LM, Peters AL. Type 1 diabetes through the life span: a position statement of the American Diabetes Association. *Diabetes Care.* 2014;37(7):2034-54. doi: 10.2337/dc14-1140. PubMed PMID: 24935775; PubMed Central PMCID: PMC5865481.
27. Dalal MR, Grabner M, Bonine N, Stephenson JJ, DiGenio A, Bieszk N. Are patients on basal insulin attaining glycemic targets? Characteristics and goal achievement of patients with type 2 diabetes mellitus treated with basal insulin and physician-perceived barriers to achieving glycemic targets. *Diabetes Res Clin Pract.* 2016;121:17-26. Epub 20160824. doi: 10.1016/j.diabres.2016.08.004. PubMed PMID: 27616634.
28. Danne T. Flexibility of rapid-acting insulin analogues in children and adolescents with diabetes mellitus. *Clin Ther.* 2007;29 Suppl D:S145-52. doi: 10.1016/j.clinthera.2007.12.014. PubMed PMID: 18191066.
29. Davis EM, Christensen CM, Nystrom KK, Foral PA, Destache C. Patient satisfaction and costs associated with insulin administered by pen device or syringe during hospitalization. *Am J Health Syst Pharm.* 2008;65(14):1347-57. doi: 10.2146/ajhp070636. PubMed PMID: 18593681.
30. Diabetes Control and Complications Trial Research Group, Nathan DM, Genuth S, Lachin J, Cleary P, et al. The effect of intensive treatment of diabetes on the development and progression of

- long-term complications in insulin-dependent diabetes mellitus. *N Engl J Med.* 1993;329(14):977-86. doi: 10.1056/NEJM199309303291401. PubMed PMID: 8366922.
31. Diabetes Control and Complications Trial/Epidemiology of Diabetes Interventions and Complications Research Group, Nathan DM, Zinman B, Cleary PA, et al. Modern-day clinical course of type 1 diabetes mellitus after 30 years' duration: the diabetes control and complications trial/epidemiology of diabetes interventions and complications and Pittsburgh epidemiology of diabetes complications experience (1983-2005). *Arch Intern Med.* 2009;169(14):1307-16. doi: 10.1001/archinternmed.2009.193. PubMed PMID: 19636033; PubMed Central PMCID: PMC2866072.
  32. Diabetes Quick Facts. [Internet]. U.S. Centers for Disease Control and Prevention; 2023 Apr 5. [cited 2023 Oct 16]. Available from: <https://web.archive.org/web/20231010212244/https://www.cdc.gov/diabetes/basics/quick-facts.html>
  33. Dowden H, Munro J. Trends in clinical success rates and therapeutic focus. *Nat Rev Drug Discov.* 2019;18(7):495-6. doi: 10.1038/d41573-019-00074-z. PubMed PMID: 31267067.
  34. Eli Lilly and Company. Humalog (insulin lispro) [package insert]. U.S. Food and Drug Administration. Revised 2013 Mar. Available from: [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2013/020563s115lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2013/020563s115lbl.pdf).
  35. Eli Lilly and Company. Humalog (insulin lispro) [package insert]. U.S. Food and Drug Administration. Revised 2023 Jul. Available from: [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2024/020563Orig1s202,205747Orig1s028Lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/020563Orig1s202,205747Orig1s028Lbl.pdf).
  36. Eli Lilly and Company. Lyumjev (insulin lispro-aabc) [package insert]. U.S. Food and Drug Administration. Revised 2022 Oct. Available from: [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2022/761109s004lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/761109s004lbl.pdf).
  37. ElSayed NA, Aleppo G, Aroda VR, Bannuru RR, Brown FM, Bruemmer D, et al. 13. Older Adults: Standards of Care in Diabetes-2023. *Diabetes Care.* 2023;46(Suppl 1):S216-S29. doi: 10.2337/dc23-S013. PubMed PMID: 36507638; PubMed Central PMCID: PMC9810468.
  38. ElSayed NA, Aleppo G, Aroda VR, Bannuru RR, Brown FM, Bruemmer D, et al. 6. Glycemic Targets: Standards of Care in Diabetes-2023. *Diabetes Care.* 2023;46(Suppl 1):S97-S110. doi: 10.2337/dc23-S006. PubMed PMID: 36507646; PubMed Central PMCID: PMC9810469.
  39. ElSayed NA, Aleppo G, Aroda VR, Bannuru RR, Brown FM, Bruemmer D, et al. 9. Pharmacologic Approaches to Glycemic Treatment: Standards of Care in Diabetes-2023. *Diabetes Care.* 2023;46(Suppl 1):S140-S57. doi: 10.2337/dc23-S009. PubMed PMID: 36507650; PubMed Central PMCID: PMC9810476.
  40. ElSayed NA, Aleppo G, Aroda VR, Bannuru RR, Brown FM, Bruemmer D, et al. 11. Chronic Kidney Disease and Risk Management: Standards of Care in Diabetes-2023. *Diabetes Care.* 2023;46(Suppl 1):S191-S202. doi: 10.2337/dc23-S011. PubMed PMID: 36507634; PubMed Central PMCID: PMC9810467.
  41. ElSayed NA, Aleppo G, Aroda VR, Bannuru RR, Brown FM, Bruemmer D, et al. 7. Diabetes Technology: Standards of Care in Diabetes-2023. *Diabetes Care.* 2023;46(Suppl 1):S111-S27. doi: 10.2337/dc23-S007. PubMed PMID: 36507635; PubMed Central PMCID: PMC9810474.
  42. Esposito K, Chiodini P, Bellastella G, Maiorino MI, Giugliano D. Proportion of patients at HbA1c target <7% with eight classes of antidiabetic drugs in type 2 diabetes: systematic review of 218

- randomized controlled trials with 78 945 patients. *Diabetes Obes Metab.* 2012;14(3):228-33. Epub 20111103. doi: 10.1111/j.1463-1326.2011.01512.x. PubMed PMID: 21958121.
43. Fiasp [Internet]. Good Rx [cited 2023 Oct 2]. Available from: <https://www.goodrx.com/fiasp>.
  44. Foster NC, Beck RW, Miller KM, Clements MA, Rickels MR, DiMeglio LA, et al. State of Type 1 Diabetes Management and Outcomes from the T1D Exchange in 2016-2018. *Diabetes Technol Ther.* 2019;21(2):66-72. Epub 20190118. doi: 10.1089/dia.2018.0384. PubMed PMID: 30657336; PubMed Central PMCID: PMC7061293.
  45. Garber AJ. Treat-to-target trials: uses, interpretation and review of concepts. *Diabetes Obes Metab.* 2014;16(3):193-205. Epub 20130614. doi: 10.1111/dom.12129. PubMed PMID: 23668598; PubMed Central PMCID: PMC4237121.
  46. Gillani SW, Sulaiman, SAS, Baig, M, Oktavia Sari, Y, Ghadzi, SMS, Noor Haroon, S Hanafiah, NH. Pharmacist intervention in home care program for diabetes patients. *Journal of Diabetes Mellitus.* 2012;2:279-93. doi: 10.4236/jdm.2012.23045.
  47. Glucose tolerance and mortality: comparison of WHO and American Diabetes Association diagnostic criteria. The DECODE study group. European Diabetes Epidemiology Group. *Diabetes Epidemiology: Collaborative analysis Of Diagnostic criteria in Europe.* *Lancet.* 1999;354(9179):617- PubMed PMID: 10466661.
  48. Govan L, Wu O, Briggs A, Colhoun HM, Fischbacher CM, Leese GP, et al. Achieved levels of HbA1c and likelihood of hospital admission in people with type 1 diabetes in the Scottish population: a study from the Scottish Diabetes Research Network Epidemiology Group. *Diabetes Care.* 2011;34(9):1992-7. Epub 20110725. doi: 10.2337/dc10-2099. PubMed PMID: 21788623; PubMed Central PMCID: PMC3161268.
  49. Hahr AJ, Molitch ME. Management of Diabetes Mellitus in Patients With CKD: Core Curriculum 2022. *Am J Kidney Dis.* 2022;79(5):728-36. Epub 20210930. doi: 10.1053/j.ajkd.2021.05.023. PubMed PMID: 34600745.
  50. Hashmi MF, Benjamin O, Lappin SL. End-Stage Renal Disease. Florida: StatPearls Publishing; 2023 Aug 28. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK499861>.
  51. Heinemann L, Muchmore DB. Ultrafast-acting insulins: state of the art. *J Diabetes Sci Technol.* 2012;6(4):728-42. Epub 20120701. doi: 10.1177/193229681200600402. PubMed PMID: 22920797; PubMed Central PMCID: PMC3440142.
  52. Heise T, Hövelmann U, Brøndsted L, Adrian CL, Nosek L, Haahr H. Faster-acting insulin aspart: earlier onset of appearance and greater early pharmacokinetic and pharmacodynamic effects than insulin aspart. *Diabetes Obes Metab.* 2015;17(7):682-8. Epub 20150508. doi: 10.1111/dom.12468. PubMed PMID: 25846340; PubMed Central PMCID: PMC5054830.
  53. Heise T, Pieber TR, Danne T, Erichsen L, Haahr H. A Pooled Analysis of Clinical Pharmacology Trials Investigating the Pharmacokinetic and Pharmacodynamic Characteristics of Fast-Acting Insulin Aspart in Adults with Type 1 Diabetes. *Clin Pharmacokinet.* 2017;56(5):551-9. doi: 10.1007/s40262-017-0514-8. PubMed PMID: 28205039; PubMed Central PMCID: PMC5385193.
  54. Hershon KS, Hirsch BR, Odugbesan O. Importance of Postprandial Glucose in Relation to A1C and Cardiovascular Disease. *Clin Diabetes.* 2019;37(3):250-9. doi: 10.2337/cd18-0040. PubMed PMID: 31371856; PubMed Central PMCID: PMC6640888.
  55. Holman RR, Paul SK, Bethel MA, Matthews DR, Neil HA. 10-year follow-up of intensive glucose control in type 2 diabetes. *N Engl J Med.* 2008;359(15):1577-89. Epub 20080910. doi: 10.1056/NEJMoa0806470. PubMed PMID: 18784090.

56. Holmes G, Galitz L, Hu P, Lyness W. Pharmacokinetics of insulin aspart in obesity, renal impairment, or hepatic impairment. *Br J Clin Pharmacol*. 2005;60(5):469-76. doi: 10.1111/j.1365-2125.2005.02476.x. PubMed PMID: 16236036; PubMed Central PMCID: PMC1884947.
57. Home PD. Plasma insulin profiles after subcutaneous injection: how close can we get to physiology in people with diabetes? *Diabetes Obes Metab*. 2015;17(11):1011-20. Epub 20150923. doi: 10.1111/dom.12501. PubMed PMID: 26041603; PubMed Central PMCID: PMC4744667.
58. Huang L, Zhu M, Ji J. Association between hypoglycemia and dementia in patients with diabetes: a systematic review and meta-analysis of 1.4 million patients. *Diabetol Metab Syndr*. 2022;14(1):31. Epub 20220214. doi: 10.1186/s13098-022-00799-9. PubMed PMID: 35164844; PubMed Central PMCID: PMC8842524.
59. International Diabetes Federation Guideline Development Group. Guideline for management of postmeal glucose in diabetes. *Diabetes Res Clin Pract*. 2014;103(2):256-68. Epub 20130226. doi: 10.1016/j.diabres.2012.08.002. PubMed PMID: 23481145.
60. Jack's story: "I never thought I had a heart problem" [Internet]. International Diabetes Federation; 2018 Apr 3. Available from: <https://diabetesvoice.org/en/living-with-diabetes/jacks-story/>.
61. Ketema EB, Kibret KT. Correlation of fasting and postprandial plasma glucose with HbA1c in assessing glycemic control; systematic review and meta-analysis. *Arch Public Health*. 2015;73:43. Epub 20150925. doi: 10.1186/s13690-015-0088-6. PubMed PMID: 26413295; PubMed Central PMCID: PMC4582842.
62. Klaff L, Cao D, Dellva MA, Tobian J, Miura J, Dahl D, et al. Ultra rapid lispro improves postprandial glucose control compared with lispro in patients with type 1 diabetes: Results from the 26-week PRONTO-T1D study. *Diabetes Obes Metab*. 2020;22(10):1799-807. Epub 20200628. doi: 10.1111/dom.14100. PubMed PMID: 32488923; PubMed Central PMCID: PMC7539952.
63. Klonoff DC, Evans ML, Lane W, Kempe HP, Renard E, DeVries JH, et al. A randomized, multicentre trial evaluating the efficacy and safety of fast-acting insulin aspart in continuous subcutaneous insulin infusion in adults with type 1 diabetes (onset 5). *Diabetes Obes Metab*. 2019;21(4):961-7. Epub 20190113. doi: 10.1111/dom.13610. PubMed PMID: 30537180; PubMed Central PMCID: PMC6590130.
64. Korytkowski M, Bell D, Jacobsen C, Suwannasari R, FlexPen Study Team. A multicenter, randomized, open-label, comparative, two-period crossover trial of preference, efficacy, and safety profiles of a prefilled, disposable pen and conventional vial/syringe for insulin injection in patients with type 1 or 2 diabetes mellitus. *Clin Ther*. 2003;25(11):2836-48. doi: 10.1016/s0149-2918(03)80337-5. PubMed PMID: 14693308.
65. Kurtzhals P, Gough SCL. The contributions of insulin to science in medicine. *Diabet Med*. 2021;38(12):e14623. Epub 20210708. doi: 10.1111/dme.14623. PubMed PMID: 34133769; PubMed Central PMCID: PMC9292759.
66. Laiteerapong N, Huang ES. Diabetes in Older Adults. In: Cowie CC, Casagrande SS, Menke A, Cissell MA, Eberhardt MS, Meigs JB, et al., editors. *Diabetes in America*. 3rd ed. Bethesda (MD) 2018. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK567980/>.

67. Lane W, Lambert E, George J, Rathor N, Thalange N. Exploring the Burden of Mealtime Insulin Dosing in Adults and Children With Type 1 Diabetes. *Clin Diabetes*. 2021;39(4):347-57. doi: 10.2337/cd20-0117. PubMed PMID: 34866778; PubMed Central PMCID: PMC8603317.
68. Lane WS, Favaro E, Rathor N, Jang HC, Kjaersgaard MIS, Oviedo A, et al. A Randomized Trial Evaluating the Efficacy and Safety of Fast-Acting Insulin Aspart Compared With Insulin Aspart, Both in Combination With Insulin Degludec With or Without Metformin, in Adults With Type 2 Diabetes (ONSET 9). *Diabetes Care*. 2020;43(8):1710-6. Epub 20200324. doi: 10.2337/dc19-2232. PubMed PMID: 32209647; PubMed Central PMCID: PMC7372057.
69. Lee WC, Balu S, Cobden D, Joshi AV, Pashos CL. Medication adherence and the associated health-economic impact among patients with type 2 diabetes mellitus converting to insulin pen therapy: an analysis of third-party managed care claims data. *Clin Ther*. 2006;28(10):1712-25; discussion 0-1. doi: 10.1016/j.clinthera.2006.10.004. PubMed PMID: 17157128.
70. Litton J, Rice A, Friedman N, Oden J, Lee MM, Freemark M. Insulin pump therapy in toddlers and preschool children with type 1 diabetes mellitus. *J Pediatr*. 2002;141(4):490-5. doi: 10.1067/mpd.2002.127500. PubMed PMID: 12378187.
71. Madsbad S. Impact of postprandial glucose control on diabetes-related complications: How is the evidence evolving? *J Diabetes Complications*. 2016;30(2):374-85. Epub 20151009. doi: 10.1016/j.jdiacom.2015.09.019. PubMed PMID: 26541075.
72. Mameli C, Scaramuzza AE, Ho J, Cardona-Hernandez R, Suarez-Ortega L, Zuccotti GV. A 7-year follow-up retrospective, international, multicenter study of insulin pump therapy in children and adolescents with type 1 diabetes. *Acta Diabetol*. 2014;51(2):205-10. Epub 20130517. doi: 10.1007/s00592-013-0481-y. PubMed PMID: 23681558.
73. McAdams BH, Rizvi AA. An Overview of Insulin Pumps and Glucose Sensors for the Generalist. *J Clin Med*. 2016;5(1). Epub 20160104. doi: 10.3390/jcm5010005. PubMed PMID: 26742082; PubMed Central PMCID: PMC4730130.
74. McMahan SK, Airey FL, Marangou DA, McElwee KJ, Carne CL, Clarey AJ, et al. Insulin pump therapy in children and adolescents: improvements in key parameters of diabetes management including quality of life. *Diabet Med*. 2005;22(1):92-6. doi: 10.1111/j.1464-5491.2004.01359.x. PubMed PMID: 15606698.
75. Monnier L, Colette C, Dunseath GJ, Owens DR. The loss of postprandial glycemic control precedes stepwise deterioration of fasting with worsening diabetes. *Diabetes Care*. 2007;30(2):263-9. doi: 10.2337/dc06-1612. PubMed PMID: 17259492.
76. Monnier L, Colette C. Contributions of fasting and postprandial glucose to hemoglobin A1c. *Endocr Pract*. 2006;12 Suppl 1:42-6. doi: 10.4158/EP.12.S1.42. PubMed PMID: 16627379.
77. Monnier L, Lapinski H, Colette C. Contributions of fasting and postprandial plasma glucose increments to the overall diurnal hyperglycemia of type 2 diabetic patients: variations with increasing levels of HbA(1c). *Diabetes Care*. 2003;26(3):881-5. doi: 10.2337/diacare.26.3.881. PubMed PMID: 12610053.
78. Mudaliar S. The Evolution of Diabetes Treatment Through the Ages: From Starvation Diets to Insulin, Incretins, SGLT2-Inhibitors and Beyond. *J Indian Inst Sci*. 2023:1-11. Epub 20230221. doi: 10.1007/s41745-023-00357-w. PubMed PMID: 36845885; PubMed Central PMCID: PMC9942084.
79. Nathan DM, Cleary PA, Backlund JY, Genuth SM, Lachin JM, Orchard TJ, et al. Intensive diabetes treatment and cardiovascular disease in patients with type 1 diabetes. *N Engl J Med*.

- 2005;353(25):2643-53. doi: 10.1056/NEJMoa052187. PubMed PMID: 16371630; PubMed Central PMCID: PMC2637991.
80. Nathan DM, Zinman B, Cleary PA, Backlund JY, Genuth S, Miller R, Orchard TJ. Modern-day clinical course of type 1 diabetes mellitus after 30 years' duration: the diabetes control and complications trial/epidemiology of diabetes interventions and complications and Pittsburgh epidemiology of diabetes complications experience (1983-2005). *Arch Intern Med*. 2009;169(14):1307-16. doi: 10.1001/archinternmed.2009.193. PubMed PMID: 19636033; PubMed Central PMCID: PMC2866072.
81. Novo Nordisk Inc. Fiasp (insulin aspart) [package insert]. U.S. Food and Drug Administration. Revised 2019 Dec. Available from:  
[https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2019/208751s010s0111bl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/208751s010s0111bl.pdf).
82. Novo Nordisk Inc. NovoLog (insulin aspart) [package insert]. U.S. Food and Drug Administration. Revised 2023 Feb. Available from:  
[https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2023/020986s0961bl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/020986s0961bl.pdf).
83. Novo Nordisk. Novo Nordisk Announces U.S. Launch of New Insulin Injection Device NovoPen Echo® [Internet]. PR Newswire; 2014 [cited 2023 Oct 2]. Available from:  
<https://www.prnewswire.com/news-releases/novo-nordisk-announces-us-launch-of-new-insulin-injection-device-novopen-echo-241292341.html>.
84. Pańkowska E, Błazik M, Dziechciarz P, Szypowska A, Szajewska H. Continuous subcutaneous insulin infusion vs. multiple daily injections in children with type 1 diabetes: a systematic review and meta-analysis of randomized control trials. *Pediatr Diabetes*. 2009;10(1):52-8. Epub 20080827. doi: 10.1111/j.1399-5448.2008.00440.x. PubMed PMID: 18761648.
85. Pearson TL. Practical aspects of insulin pen devices. *J Diabetes Sci Technol*. 2010;4(3):522-31. Epub 20100501. doi: 10.1177/193229681000400304. PubMed PMID: 20513316; PubMed Central PMCID: PMC2901027.
86. Peters A, Van Name MA, Thorsted BL, Piltoft JS, Tamborlane WV. Postprandial Dosing of Bolus Insulin in Patients with Type 1 Diabetes: A Cross-Sectional Study Using Data from the T1D Exchange Registry. *Endocr Pract*. 2017;23(10):1201-9. Epub 20170713. doi: 10.4158/ep171813.Or. PubMed PMID: 28704103.
87. Qiao Q, Dekker JM, de Vegt F, Nijpels G, Nissinen A, Stehouwer CD, et al. Two prospective studies found that elevated 2-hr glucose predicted male mortality independent of fasting glucose and HbA1c. *J Clin Epidemiol*. 2004;57(6):590-6. doi: 10.1016/j.jclinepi.2003.10.007. PubMed PMID: 15246127.
88. Racska PN, Meah Y, Ellis JJ, Saverno KR. Comparative Effectiveness of Rapid-Acting Insulins in Adults with Diabetes. *J Manag Care Spec Pharm*. 2017;23(3):291-8. doi: 10.18553/jmcp.2017.23.3.291. PubMed PMID: 28230457; PubMed Central PMCID: PMC10397578.
89. Raskin P, Guthrie RA, Leiter L, Riis A, Jovanovic L. Use of insulin aspart, a fast-acting insulin analog, as the mealtime insulin in the management of patients with type 1 diabetes. *Diabetes Care*. 2000;23(5):583-8. doi: 10.2337/diacare.23.5.583. PubMed PMID: 10834413.
90. Reid T, Gao L, Gill J, Stuhr A, Traylor L, Vlajnic A, Rhinehart A. How much is too much? Outcomes in patients using high-dose insulin glargine. *Int J Clin Pract*. 2016;70(1):56-65. Epub 20151113. doi: 10.1111/ijcp.12747. PubMed PMID: 26566714; PubMed Central PMCID: PMC4738456.

91. Retnakaran R, Hochman J, DeVries JH, Hanaire-Broutin H, Heine RJ, Melki V, Zinman B. Continuous subcutaneous insulin infusion versus multiple daily injections: the impact of baseline A1c. *Diabetes Care*. 2004;27(11):2590-6. doi: 10.2337/diacare.27.11.2590. PubMed PMID: 15504991.
92. Rex J, Jensen KH, Lawton SA. A review of 20 years' experience with the NovoPen family of insulin injection devices. *Clin Drug Investig*. 2006;26(7):367-401. doi: 10.2165/00044011-200626070-00001. PubMed PMID: 17163272.
93. Russell-Jones D, Bode BW, De Block C, Franek E, Heller SR, Mathieu C, et al. Fast-Acting Insulin Aspart Improves Glycemic Control in Basal-Bolus Treatment for Type 1 Diabetes: Results of a 26-Week Multicenter, Active-Controlled, Treat-to-Target, Randomized, Parallel-Group Trial (onset 1). *Diabetes Care*. 2017;40(7):943-50. Epub 20170329. doi: 10.2337/dc16-1771. PubMed PMID: 28356319.
94. Russell-Jones D, Herring R. 100 years of physiology, discrimination and wonder. *Diabet Med*. 2021;38(12):e14642. Epub 20210817. doi: 10.1111/dme.14642. PubMed PMID: 34251695; PubMed Central PMCID: PMC9292016.
95. Rys P, Pankiewicz O, Lach K, Kwaskowski A, Skrzekowska-Baran I, Malecki MT. Efficacy and safety comparison of rapid-acting insulin aspart and regular human insulin in the treatment of type 1 and type 2 diabetes mellitus: a systematic review. *Diabetes Metab*. 2011;37(3):190-200. Epub 20110217. doi: 10.1016/j.diabet.2010.12.003. PubMed PMID: 21333580.
96. Samson SL, Vellanki P, Blonde L, Christofides EA, Galindo RJ, Hirsch IB, et al. American Association of Clinical Endocrinology Consensus Statement: Comprehensive Type 2 Diabetes Management Algorithm - 2023 Update. *Endocr Pract*. 2023;29(5):305-40. doi: 10.1016/j.eprac.2023.02.001. PubMed PMID: 37150579.
97. sanofi-aventis. Admelog (insulin lispro) [package insert]. U.S. Food and Drug Administration. Revised 2017 Dec. Available from: [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2017/209196s000lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/209196s000lbl.pdf).
98. Schaper NC, Nikolajsen A, Sandberg A, Buchs S, Bøgelund M. Timing of Insulin Injections, Adherence, and Glycemic Control in a Multinational Sample of People with Type 2 Diabetes: A Cross-Sectional Analysis. *Diabetes Ther*. 2017;8(6):1319-29. Epub 20171023. doi: 10.1007/s13300-017-0317-9. PubMed PMID: 29063510; PubMed Central PMCID: PMC5688983.
99. Smaje A, Weston-Clark M, Raj R, Orlu M, Davis D, Rawle M. Factors associated with medication adherence in older patients: A systematic review. *Aging Med (Milton)*. 2018;1(3):254-66. Epub 20181130. doi: 10.1002/agm2.12045. PubMed PMID: 31410389; PubMed Central PMCID: PMC6692164.
100. Statistics About Diabetes [Internet]. Virginia: American Diabetes Association [cited 2023 Oct 16]. Available from: <https://diabetes.org/about-diabetes/statistics/about-diabetes>.
101. Steedman M TK, Taylor K, Stockbridge M, Cruz MJ, Shah S, Miranda W. Ten years on: Measuring the return from pharmaceutical innovation. Deloitte; 2020. Available from: <https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/life-sciences-health-care/deloitte-uk-ten-years-on-measuring-return-on-pharma-innovation-report-2019.pdf>.
102. Steinberger B. My Diabetes Journey: A Cautionary Tale [Internet]. *Yale Medicine*; 2023 Oct 27. Available from: <https://www.yalemedicine.org/news/diabetes-management>.

103. Stevens PE, O'Donoghue DJ, de Lusignan S, Van Vlymen J, Klebe B, Middleton R, et al. Chronic kidney disease management in the United Kingdom: NEOERICA project results. *Kidney Int.* 2007;72(1):92-9. Epub 20070418. doi: 10.1038/sj.ki.5002273. PubMed PMID: 17440495.
104. Taking Fiasp [Internet]. Novo Nordisk [cited 2023 Oct 2]. Available from: <https://www.mynovoinsulin.com/insulin-products/fiasp/how-to-take-fiasp/taking-fiasp.html>.
105. Taking NovoLog [Internet]. Novo Nordisk [cited 2023 Oct 2]. Available from: <https://www.mynovoinsulin.com/insulin-products/novolog/taking-novolog.html>.
106. Tamborlane WV, Pfeiffer KM, Brod M, Nikolajsen A, Sandberg A, Peters AL, Van Name M. Understanding bolus insulin dose timing: the characteristics and experiences of people with diabetes who take bolus insulin. *Curr Med Res Opin.* 2017;33(4):639-45. Epub 20170124. doi: 10.1080/03007995.2016.1275937. PubMed PMID: 28008782.
107. The History of a Wonderful Thing We Call Insulin [Internet]. Virginia: American Diabetes Association; 2019 Jul 1; Available from: <https://diabetes.org/blog/history-wonderful-thing-we-call-insulin>.
108. Thompson R, Christie D, Hindmarsh P. The role for insulin analogues in diabetes care. *Current Paediatrics.* 2006;16(2):117-22. doi:10.1016/j.cupe.2005.12.011.
109. Toschi E, Munshi MN. Benefits and Challenges of Diabetes Technology Use in Older Adults. *Endocrinol Metab Clin North Am.* 2020;49(1):57-67. Epub 20191118. doi: 10.1016/j.ecl.2019.10.001. PubMed PMID: 31980121; PubMed Central PMCID: PMC6983469.
110. UK Prospective Diabetes Study (UKPDS) Group. Intensive blood-glucose control with sulphonylureas or insulin compared with conventional treatment and risk of complications in patients with type 2 diabetes (UKPDS 33). *Lancet.* 1998;352(9131):837-53. PubMed PMID: 9742976.
111. Umpierrez GE, Kovatchev BP. Glycemic Variability: How to Measure and Its Clinical Implication for Type 2 Diabetes. *Am J Med Sci.* 2018;356(6):518-27. Epub 20181002. doi: 10.1016/j.amjms.2018.09.010. PubMed PMID: 30447705; PubMed Central PMCID: PMC6709582.
112. Weinzimer SA, Ternand C, Howard C, Chang CT, Becker DJ, Laffel LM, Insulin Aspart Pediatric Pump Study Group. A randomized trial comparing continuous subcutaneous insulin infusion of insulin aspart versus insulin lispro in children and adolescents with type 1 diabetes. *Diabetes Care.* 2008;31(2):210-5. Epub 20071105. doi: 10.2337/dc07-1378. PubMed PMID: 17989308.
113. Weissberg-Benchell J, Antisdell-Lomaglio J, Seshadri R. Insulin pump therapy: a meta-analysis. *Diabetes Care.* 2003;26(4):1079-87. doi: 10.2337/diacare.26.4.1079. PubMed PMID: 12663577.
114. What is Diabetes?. [Internet]. U.S. Centers for Disease Control and Prevention; 2023 Sep 5 [cited 2023 Oct 16]. Available from: <https://web.archive.org/web/20231016043841/https://www.cdc.gov/diabetes/basics/diabetes.html>.
115. Wittlin SD, Marcus AO, Weng CS, Howard CP, Schorr AB, CONTROL Study Group. Evaluation of treatment satisfaction associated with the use of insulin aspart in continuous subcutaneous insulin infusion. *Diabetes Technol Ther.* 2008;10(1):1-10. doi: 10.1089/dia.2007.0234. PubMed PMID: 18275357.
116. Woerle HJ, Neumann C, Zschau S, Tenner S, Irsigler A, Schirra J, et al. Impact of fasting and postprandial glycemia on overall glycemic control in type 2 diabetes Importance of postprandial

- glycemia to achieve target HbA1c levels. *Diabetes Res Clin Pract.* 2007;77(2):280-5. Epub 20070122. doi: 10.1016/j.diabres.2006.11.011. PubMed PMID: 17240473.
117. Wright BM, Bellone JM, McCoy EK. A review of insulin pen devices and use in the elderly diabetic population. *Clin Med Insights Endocrinol Diabetes.* 2010;3:53-63. Epub 20101122. doi: 10.4137/CMED.S5534. PubMed PMID: 22879787; PubMed Central PMCID: PMC3411523.
118. Writing Group for the DCCT/EDIC Research Group, Orchard TJ, Nathan DM, Zinman B, Cleary P, Brillon D, et al. Association between 7 years of intensive treatment of type 1 diabetes and long-term mortality. *JAMA.* 2015;313(1):45-53. doi: 10.1001/jama.2014.16107. PubMed PMID: 25562265; PubMed Central PMCID: PMC4306335.
119. Yacoub T. Impact of improving postprandial glycemic control with intensifying insulin therapy in type 2 diabetes. *Postgrad Med.* 2017;129(8):791-800. Epub 20171014. doi: 10.1080/00325481.2017.1389601. PubMed PMID: 29032696.
120. Zhuo X, Zhang P, Hoerger TJ. Lifetime direct medical costs of treating type 2 diabetes and diabetic complications. *Am J Prev Med.* 2013;45(3):253-61. doi: 10.1016/j.amepre.2013.04.017. PubMed PMID: 23953350.

## Redacted Negotiation Meeting Summaries for NovoLog/Fiasp

Below are summaries of the negotiation meetings between CMS and the Primary Manufacturer, which include redacted information regarding the negotiation meetings and exchange of offers and counteroffers in the meetings.



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**SUBJECT:** Meeting Summary from Negotiation Meeting between the Centers for Medicare & Medicaid Services (CMS) and Novo Nordisk Inc. regarding Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog PenFill on April 25, 2024

**Background:** Sections 11001 and 11002 of the Inflation Reduction Act of 2022 (IRA) (P.L. 117-169), signed into law on August 16, 2022, established the Medicare Drug Price Negotiation Program (hereafter the “Negotiation Program”) to enable the Centers for Medicare & Medicaid Services (CMS) to negotiate maximum fair prices (MFPs) with willing manufacturers for certain high expenditure, single source drugs and biological products. Novo Nordisk Inc. (hereafter “the Primary Manufacturer”) chose to enter into an agreement to participate in the Negotiation Program for Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog PenFill (hereafter “the Selected Drug”).

In accordance with revised guidance and in the course of negotiation for the Selected Drug, CMS invited the Primary Manufacturer to a negotiation meeting when rejecting the Primary Manufacturer’s counteroffer, and the Primary Manufacturer accepted CMS’ invitation. CMS shared a proposed meeting agenda with the Primary Manufacturer approximately two weeks before the meeting. The Primary Manufacturer had the opportunity to request additions or edits to the agenda at least one week ahead of the meeting. This document includes a summary prepared by CMS of the first negotiation meeting, which was held on April 25, 2024 between 1:00 PM ET and 3:30 PM ET.

**CMS Attendees:**

1. Kristie Gurley, Representative from the Office of the General Counsel
2. Dan Heider, Director, Division of Rebate Agreements and Drug Price Negotiation
3. Ji Lee, Division of Rebate Agreements and Drug Price Negotiation
4. Tina Li, Medicare Drug Rebate and Negotiations Group
5. Corey Rosenberg, Deputy Director, Division of Rebate Agreements and Drug Price Negotiation
6. Lara Strawbridge, Deputy Director of Policy, Medicare Drug Rebate and Negotiations Group

**Primary Manufacturer Attendees:**

1. Rose Berardi McKenna, representing Novo Nordisk Inc.
2. Jennifer Duck, representing Novo Nordisk Inc.
3. Nathan Laney, representing Novo Nordisk Inc.
4. Michael Radin, representing Novo Nordisk Inc. (virtual attendance)
5. Kate Taylor, representing Novo Nordisk Inc.
6. Ryan Urgo, representing Novo Nordisk Inc.

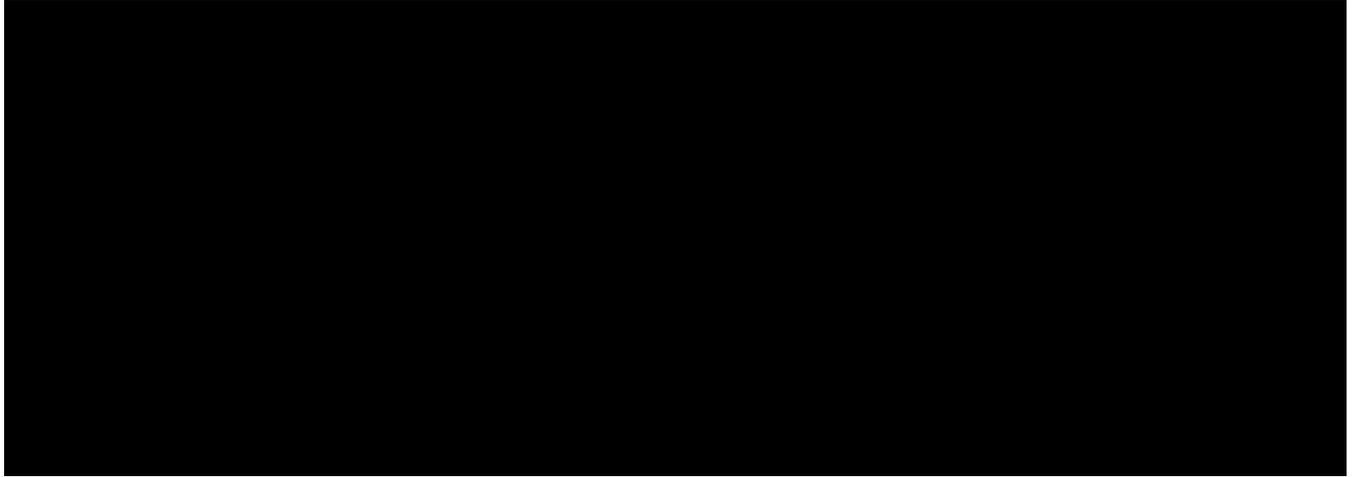
**Topics:** The discussion focused on topics outlined in the final agenda for the meeting, which was as follows:<sup>1</sup>

- Introductions and meeting reminders
- Discussion of initial offer and any questions from the Primary Manufacturer
- Context and rationale for the counteroffer
- Discussion of counteroffer and any questions from CMS
- Any other considerations that CMS and the Primary Manufacturer would like to discuss
- Next steps

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<sup>1</sup> Note: This agenda may be inclusive of topics proposed by the Primary Manufacturer.

**Offers/Counteroffers Exchanged:**





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**SUBJECT:** Meeting Summary from Negotiation Meeting between the Centers for Medicare & Medicaid Services (CMS) and Novo Nordisk Inc. regarding Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog PenFill on May 28, 2024

**Background:** Sections 11001 and 11002 of the Inflation Reduction Act of 2022 (IRA) (P.L. 117-169), signed into law on August 16, 2022, established the Medicare Drug Price Negotiation Program (hereafter the “Negotiation Program”) to enable the Centers for Medicare & Medicaid Services (CMS) to negotiate maximum fair prices (MFPs) with willing manufacturers for certain high expenditure, single source drugs and biological products. Novo Nordisk Inc. (hereafter “the Primary Manufacturer”) chose to enter into an agreement to participate in the Negotiation Program for Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog PenFill (hereafter “the Selected Drug”).

In accordance with revised guidance and in the course of negotiation for the Selected Drug, because CMS and the Primary Manufacturer did not reach agreement on an MFP in the first negotiation meeting held on April 25, 2024, each party had the opportunity to request one additional negotiation meeting, resulting in a maximum of three meetings. CMS requested a second negotiation meeting, and the Primary Manufacturer accepted the invitation. CMS shared a proposed meeting agenda with the Primary Manufacturer approximately two weeks before the meeting. The Primary Manufacturer had the opportunity to request additions or edits to the agenda at least one week ahead of the meeting. This document includes a summary prepared by CMS of the second negotiation meeting, which was held on May 28, 2024 between 1:30 PM ET and 4:00 PM ET.

**CMS Attendees:**

1. Kristie Gurley, Representative from the Office of the General Counsel
2. Dan Heider, Director, Division of Rebate Agreements and Drug Price Negotiation
3. Ji Lee, Division of Rebate Agreements and Drug Price Negotiation
4. Tina Li, Medicare Drug Rebate and Negotiations Group
5. Max Linder, Division of Rebate Agreements and Drug Price Negotiation
6. Lara Strawbridge, Deputy Director of Policy, Medicare Drug Rebate and Negotiations Group

**Primary Manufacturer Attendees:**

1. Rose Berardi McKenna, representing Novo Nordisk Inc.
2. Jennifer Duck, representing Novo Nordisk Inc.
3. Nathan Laney, representing Novo Nordisk Inc.
4. Michael Radin, representing Novo Nordisk Inc.
5. Kate Taylor, representing Novo Nordisk Inc.
6. Ryan Urgo, representing Novo Nordisk Inc.

**Topics:** The discussion focused on topics outlined in the final agenda for the meeting, which was as follows:<sup>1</sup>

- Introductions and meeting reminders
- Further discussion of insulin market dynamics consistent with 1194(e) factors
- Any other considerations that CMS or the Primary Manufacturer would like to discuss
- Next steps

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<sup>1</sup> Note: This agenda may be inclusive of topics proposed by the Primary Manufacturer.

**Offers/Counteroffers Exchanged:**





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**SUBJECT:** Meeting Summary from Negotiation Meeting between the Centers for Medicare & Medicaid Services (CMS) and Novo Nordisk Inc. regarding Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog PenFill on June 17, 2024

**Background:** Sections 11001 and 11002 of the Inflation Reduction Act of 2022 (IRA) (P.L. 117-169), signed into law on August 16, 2022, established the Medicare Drug Price Negotiation Program (hereafter the “Negotiation Program”) to enable the Centers for Medicare & Medicaid Services (CMS) to negotiate maximum fair prices (MFPs) with willing manufacturers for certain high expenditure, single source drugs and biological products. Novo Nordisk Inc. (hereafter “the Primary Manufacturer”) chose to enter into an agreement to participate in the Negotiation Program for Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog PenFill (hereafter “the Selected Drug”).

In accordance with revised guidance and in the course of negotiation for the Selected Drug, because CMS and the Primary Manufacturer did not reach agreement on an MFP in the second negotiation meeting which was requested by CMS and held on May 28, 2024, the Primary Manufacturer had the opportunity to request one additional negotiation meeting, resulting in a maximum of three meetings. The Primary Manufacturer requested a third negotiation meeting and CMS accepted the invitation. CMS shared a proposed meeting agenda with the Primary Manufacturer approximately two weeks before the meeting. The Primary Manufacturer had the opportunity to request additions or edits to the agenda at least one week ahead of the meeting. This document includes a summary prepared by CMS of the third negotiation meeting, which was held on June 17, 2024 between 1:30 PM ET and 4:00 PM ET.

**CMS Attendees:**

1. Kristie Gurley, Representative from the Office of the General Counsel
2. Dan Heider, Director, Division of Rebate Agreements and Drug Price Negotiation
3. Ji Lee, Division of Rebate Agreements and Drug Price Negotiation
4. Tina Li, Medicare Drug Rebate and Negotiations Group
5. Corey Rosenberg, Deputy Director, Division of Rebate Agreements and Drug Price Negotiation
6. Lara Strawbridge, Deputy Director of Policy, Medicare Drug Rebate and Negotiations Group

**Primary Manufacturer Attendees:**

1. Rose Berardi McKenna, representing Novo Nordisk Inc.
2. Jennifer Duck, representing Novo Nordisk Inc.
3. Kate Taylor, representing Novo Nordisk Inc.

**Topics:** The discussion focused on topics outlined in the final agenda for the meeting, which was as follows:<sup>1</sup>

- Introductions and meeting reminders
- Revised offer/counteroffer price discussion, including specific topics requested by Primary Manufacturer
- Any other considerations that CMS and the Primary Manufacturer would like to discuss
- Next steps

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<sup>1</sup> Note: This agenda may be inclusive of topics proposed by the Primary Manufacturer.

**Offers/Counteroffers Exchanged:**

