



May 20, 2025

Oregon Prescription Drug Affordability Board
350 Winter Salem St NE
Room 410
Salem, Oregon 97309

RE: Proposed Drugs for Affordability Review

Dear Members of the Oregon Prescription Drug Affordability Board:

On behalf of the Alliance for Patient Access (AfPA) I am writing regarding the proposed list of medications to be reviewed for potential inclusion in affordability reviews. As you are considering the spend on prescription drugs, we would encourage you to take a holistic view of the drug pricing ecosystem and ensure that improving the lives of Oregon patients remains a focus.

Founded in 2006, AfPA is a national network of policy-minded health care providers who advocate for patient-centered care. AfPA supports health policies that reinforce clinical decision-making, promote personalized care and protect the provider-patient relationship. Motivated by these principles, AfPA members participate in clinician working groups, advocacy initiatives, stakeholder coalitions and the creation of educational materials.

The proposed list of potential therapies to consider for a potential affordability review is far-reaching and could have a significant impact on Oregon patients across a number of disease states. Similarly structured reviews and evaluations of prescription drugs have already shown concerning unintended consequences. For instance, as a result of the Inflation Reduction Act's Drug Price Negotiation Program, the National Community Pharmacists Association has stated that a third of community pharmacies will not carry or stock drugs that have been negotiated.¹

While recognizing the need to manage state spending on prescription drugs, it is critical that the board continue to prioritize patient cost and patient access. Throughout the treatment selection and affordability review process, AfPA would encourage the board to incorporate the following provisions:

- Solicit meaningful input from patients, providers and other stakeholders
- Account for individual patient differences and ban the use of discriminatory metrics like the QALY
- Take a holistic approach to the prescription drug supply chain by incorporating the role that other entities, like pharmacy benefit managers, play in driving up patient cost

¹ <https://ncpa.org/newsroom/news-releases/2025/01/27/ncpa-cms-third-independent-pharmacies-wont-carry-drugs-negotiated>

Patient-centric care is built upon a foundation of trust between the patient and his or her health care provider. Only through open discussion and shared decision making can this relationship effectively develop to provide the patient with the most appropriate care. When treatment options are limited, providers are left to choose from therapies that may not be the best option for that particular patient. Patients are often left with unmet needs and outcomes may suffer as a result. We urge you to consider the above perspective as you are continuing forward with selection and review of these therapies.

Thank you for the opportunity to provide comment and we appreciate your attention to this matter. If AfPA can provide further details or be of assistance, please contact us at 202-951-7097 or cmcpherson@allianceforpatientaccess.org.

Sincerely,

A handwritten signature in cursive script that reads "Josie Cooper".

Josie Cooper
Executive Director
Alliance for Patient Access



COMMUNITY ONCOLOGY ALLIANCE

Dedicated to Advocating for Community Oncology Patients and Practices

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May 21, 2025

Oregon Prescription Drug Affordability Board

350 Winter Street NE

Salem, OR

Via pdab@dcbs.oregon.gov

Dear Members,

On behalf of the Community Oncology Alliance (COA) and our members across Oregon, we thank you for the opportunity to provide comments regarding the Oregon Prescription Drug Affordability Board's selection of oncology medications for affordability review. The Community Oncology Alliance represents independent cancer practices across the United States and is dedicated to preserving access to high-quality, affordable, and locally delivered cancer care. We appreciate the state's interest in addressing the cost of prescription drugs and share the state's vision of reducing financial burdens placed on patients.

With this shared vision in mind, we respectfully urge the Board to approach the affordability review process with caution, especially when it involves complex medications that are essential to cancer care. Drugs like Ibrance, Verzenio, and Perjeta are often irreplaceable in a patient's treatment plan. These therapies are selected based on the unique clinical characteristics of the patient and their disease. Even small disruptions in access to these medications can have significant consequences for patients managing a life-threatening illness.

Although the Oregon Prescription Drug Affordability Board does not currently have the authority to implement upper payment limits, the public review process and resulting reports carry influence across the country. Health plans, pharmacy benefit managers (PBMs), and other payers may use PDAB determinations to justify coverage restrictions or apply greater utilization management on patients in need of expedient care. These actors may in turn steer patients toward alternative treatments that are less effective or inappropriate for their specific clinical profile. The result could be delayed care, worsened health outcomes, and increased costs throughout the healthcare system.

In addition, independent oncology practices operate in an already challenging financial environment. These practices often procure, store, and administer complex drugs in-office, offering convenience to patients and better care coordination. However, they must do so at increased financial risk. If affordability reviews prompt changes in reimbursement or acquisition practices that do not account for the full costs of delivering, storing, and administering these medications, practices may be forced to consider significant financial burdens or ultimately succumb to consolidated market pressures. As you may be aware, consolidated markets increase

overall healthcare costs, reduce patient choice, and disproportionately impacting patients in rural and underserved communities who rely on local practices for timely care.

To ensure patient access to local and affordable cancer care is protected, we encourage the Board to incorporate the voices of independent community oncologists into its deliberations moving forward. Our physicians and pharmacists understand firsthand the clinical decision-making and logistical realities involved in administering oncology therapies and how the Board's proposed changes could impact access or disrupt care for patients across the state.

We urge the Board to ensure that any policy recommendations resulting from the review process lead to tangible reductions in patient out-of-pocket costs and do not result in unintended barriers to accessing the best possible cancer treatments available.

Thank you for the opportunity to share these comments. We welcome further dialogue and would be pleased to facilitate connections with our members across the state. If you have any questions, please contact jlee@coacancer.org.

Sincerely,

James Lee

Director, State Regulation & Policy
Community Oncology Alliance (COA)