



**Oregon Prescription Drug Affordability Board (PDAB) Regular Meeting**  
**Wednesday, July 16, 2025**  
**Minutes approved by the board on Aug. 20, 2025**

**Web link to the meeting video:** <https://youtu.be/wAl1u10eAM4>

**Web link to the meeting materials:** <https://dfr.oregon.gov/pdab/Documents/20250716-PDAB-document-package.pdf>

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**Call to order:** Chair Shelley Bailey called the meeting to order at 9:03 a.m. and roll was called.

**Board members present:** Chair Shelley Bailey, Dan Hartung, Vice Chair Amy Burns, Lauri Hoagland, Dan Kennedy, Chris Laman, John Murray

**Absent:** None

The board provided American Sign Language during the meeting. View at video minute [00:00:55](#).

**Declaration of conflict of interest, meetings with entities or individuals related to board activities, or testifying before the Legislature:** John Murray provided a statement. View at video minute [00:01:13](#).

Chair Bailey announced that PDAB meetings will start at 8 a.m. beginning Aug. 20, 2025 to provide more time for drug reviews. View at video minute [00:02:19](#).

**Approval of board minutes:** Chair Bailey asked for a motion and second to approve the board minutes as shown on [Pages 3-5](#) of the agenda materials. John Murray made a motion to approve the minutes and Lauri Hoagland provided a second. View the vote at video minute [00:02:54](#).

**MOTION to approve the June 18, 2025, minutes**

**Board Vote:**

Yes: Dan Hartung, Lauri Hoagland, Chris Laman, John Murray, Chair Shelley Bailey

No: None

Abstain: Vice Chair Amy Burns, Dan Kennedy (due to being absent for the 6/18 meeting)

Absent: None

**Motion passed 5-0**

**PDAB program update:** Alex Cheng, deputy administrator, Division of Financial Regulation, provided a program update. View the video at minute [00:04:04](#).

**General public comment:** Chair Bailey called on the people who signed up in advance to speak to the board: Ranier Simons, Community Access National Network, Lorren Sandt, Caring Ambassadors Program, Anne E Murray, Bristol Myers Squibb, Primo Castro, Biotechnology



Innovation Organization (BIO), Vanessa Lathan, Patient Inclusion Council (PIC) / Ensuring Access through Collaborative Health (EACH) Coalition, and Dharja McGrew, PhRMA. The board received 11 written comments, which are posted on the [PDAB website](#). View the speakers at video minute [00:08:26](#).

**Board discussion about a process for measuring affordability to determine drug review cost impact:** Cortnee Whitlock, senior policy analyst, led the board a discussion about the drug review process. View the [slide presentation](#) on Pages 6-12. View the discussion at video minute [00:27:35](#).

**Drug review: Antipsychotics & Antimanic agents – Vraylar:** The board began discussions about drug reviews. View the Vraylar report on [Pages 13-44](#) posted on the PDAB website. View the discussion at video minute [00:40:06](#).

**Drug review: Migraine products – Ajovy, Emgality, Nurtec, Ubrovelvy:** The board continued the discussions about drug reviews. View the migraine products reports for Ajovy on [Page 75](#), for Emgality on [Page 109](#), for Nurtec on [Page 143](#), and for Ubrovelvy on [Page 178](#) posted on the PDAB website. View the discussion at video minute [01:26:50](#).

**Drug review: Cardiovascular agents – Entresto:** The board continued the discussions about drug reviews. View the Entresto report on [Page 45](#) posted on the PDAB website. View the discussion at video minute [02:11:18](#).

See board comments below.

**Drug review public comment periods:** Chair Bailey announced public comment periods for people who signed up in advance to speak specifically about the drugs under review. The chair also read the list of letters received regarding the drugs under review. See table below.

**Announcements:** Chair Bailey announced the next meeting will be Aug. 20, 2025, at 8 a.m.

**Adjournment:** Chair Bailey adjourned the meeting at 11:30 a.m. with all board members in agreement. View at minute [02:27:26](#).



**Public comment speakers for review group 1 (Vraylar, Entresto, Ajovy, Emgality, Nurtec, and Ubrelvy)**

<b>Name of speaker</b>	<b>Association to drug under review</b>	<b>Drug</b>	<b>Format</b>	<b>Date</b>	<b>Exhibit website link</b>
Lorren Sandt	Caring Ambassadors	Vraylar	Letter and speaking	7/16/2025	<a href="#">Exhibit A – letter</a> <a href="#">Exhibit B – speaking</a>
Courtney Piron	Novartis	Entresto	Letter	5/21/2025	<a href="#">Exhibit C</a>
Sarah Hoffman	Partnership to Advance Cardiovascular Health	Entresto	Letter	5/21/2025	<a href="#">Exhibit D</a>
Alyss Patel	Novartis	Entresto	Letter	7/11/2025	<a href="#">Exhibit E</a>
Sarah Hoffman	Partnership to Advance Cardiovascular Health	Entresto	Letter	7/14/2025	<a href="#">Exhibit F</a>
Sue Koob	Preventive Cardiovascular Nurses Association	Entresto	Letter	7/14/2025	<a href="#">Exhibit G</a>
Lindsay Cox	The Headache & Migraine Policy Forum	Ajovy, Nurtec, Ubrelvy	Letter	7/14/2025	<a href="#">Exhibit H</a>
Cynthia Ransom	Eli Lilly	Emgality	Letter	4/25/2025	<a href="#">Exhibit I</a>
Lindsay Videnieks	The Headache & Migraine Policy Forum	Emgality	Letter	7/15/2025	<a href="#">Exhibit J</a>
Tom Brown	Pfizer	Nurtec	Letter	6/18/25	<a href="#">Exhibit K</a>
Tom Brown	Pfizer	Nurtec	Letter	7/11/25	<a href="#">Exhibit L</a>
Dresden Skees-Gregory	PhD Candidate, Principal & CEO, Sustainable Environmental Services Corp	Nurtec	Letter	7/7/2025	<a href="#">Exhibit M</a>
Katie Lukins	Public school teacher	Nurtec	Letter	7/8/2025	<a href="#">Exhibit N</a>
David Gross	Pfizer, Inc	Nurtec	Speaking	7/16/2025	<a href="#">Exhibit O</a>



### Board comments about report

- Board could focus on a high-level summary of out-of-pocket costs for the drug compared with its therapeutic alternatives. – Dan Hartung
- It would be helpful to have a simple table with the average 30 day or annual price of the drug and its therapeutic alternatives. – Dan Hartung, Shelley Bailey
- Look at other state reports and how they have organized data. – Dan Hartung
- Board concern about review packets, process and volume of drugs. Review packets are overwhelming for board members. Some things in the packet are not relevant and should be removed. – Dan Hartung, Chris Laman
- Front load the report with critical information and put all the rest in an appendix. – Dan Hartung
- Have a summary section at the top of each review using APAC data showing number of patients on the prescription, number of claims, prescriptions dispensed, total cost to the system, total cost to patients, WAC over the last 3-5 years. – Chris Laman
- Patient quotes were very helpful. – Dan Hartung, John Murray
- The graphs about patient surveys were not as helpful and could be removed. – Dan Hartung
- In Tables 3 and 4, averages were miscalculated. In some places in the report, net cost was higher than the gross cost. – Dan Hartung
- Tables about CCO fee for service seem to be redundant with APAC summary data in multiple other tables. This is an example of ways to make the report more concise. – Dan Hartung
- Will the board have another meeting to discuss the drugs reviewed today? – Chris Laman
- Appreciates report information that sheds light on barriers to care, an important piece when looking at affordability. – Lauri Hoagland
- The Triptans have been omitted from the reports and they are an important comparison for migraine treatment. – Dan Hartung
- The reports could use WAC estimates of the monthly cost for migraine treatment versus prophylaxis based on WAC for a benchmark – Dan Hartung
- Narrow down what we think causes affordability issues for Oregonians and make that a focus in our packets. What is affecting the patient and out of pocket costs? – John Murray

### Board comments about data

- How do we organize the data to help us make decisions? – Dan Hartung
- Board should lean on APAC data and use it mostly for review. The data call information has limitations. – Dan Hartung, Amy Burns
- Use APAC as the broader umbrella and refer to DPT in reviewing the drugs. – Shelley Bailey
- Use APAC and data call information. It will help see where the payments are going and how patients are impacted – John Murray
- I think it's important to include carrier data when we have it available. It sheds light on an important part of the state cost. – Lauri Hoagland



- Medicaid needs to be carved out of the overall, out-of-pocket estimate and presented separately in the reports – Dan Hartung

### **Board comments about drug reviews**

#### **Vraylar, Antipsychotics & Antimanic agents**

- The board could use the three metrics it used to narrow the subset list: 1. Data call payer paid drug column filtered largest to smallest costs 2. APAC number of enrollees for all APAC claim line of business (Medicare, Medicaid, commercial) 3. Drugs with less than 1,000 APAC enrollees were removed. – Shelley Bailey
- Focus on cost to the healthcare system versus cost to patients. – Dan Hartung, Lauri Hoagland, Shelley Bailey
- Remember, payer expenses also impact patient costs. – Shelley Bailey
- Comparing prices with generics is important. – Dan Hartung
- The dashboard page showing APAC alternatives and biosimilars was helpful in reviewing each drug. – Shelley Bailey
- Entresto and Vraylar have substantially lower price concessions. Their small price concessions reflect the competitive environment of these drugs. – Dan Hartung

#### **Entresto, cardiovascular agents – misc.**

- Entresto has no drugs that have similar, therapeutic alternatives. The price concession is 11.5 percent, which is significantly less than the migraine products (in the mid-20s, with one being 41.2 percent.) Entresto and Vraylar have substantially lower price concessions. Their small price concessions reflect the competitive environment of these drugs. – Dan Hartung
- Entresto is not getting good rebates relative to the other drugs we've looked at. – Dan Hartung

#### **Ajovy, migraine product**

- Board should not be comparing and contrasting the four migraine products because we should be thinking about the world of therapeutic alternatives for each drug. – Dan Hartung

#### **Emgality, migraine product**

#### **Nurtec, migraine product**

- I was struck by how few people from minority groups are treated for migraine. It would be good to have a migraine product that was available to a broader group of patients. Nurtec, used to prevent migraines and also for acute pain, has a broader possible use. Oral medicines are perhaps a little more available for a broader population than injectables. – Lauri Hoagland
- There are differences in medications, some are injectable, some oral, and in dosing, and use. It's important to compare them accurately and to compare apples to apples. – Shelley Bailey, Amy Burns, Dan Hartung



- Nurtec dosing will be hard to tease out in a chart because patients take it both for prevention and pain relief. – Amy Burns
- Using a WAC cost per unit might be the best way to look at Nurtec, which has different dosing indications. – Amy Burns
- Another element of cost is looking at prior authorization (PA) requirements and percentage of approvals and the cost that goes out in the healthcare system with that. – Lauri Hoagland
- Most of the migraine products are on the non-preferred formulary and require prior authorization, which can be an access issue for those that need the medication. – Lauri Hoagland
- What's the difference in large group and small group in the descriptive titles? Is one a high-deductible type plan? It seems there are structural differences about those plans that led to vastly different out-of-pocket costs for employees or enrollees. – Dan Hartung

#### **Ubrelvy, migraine product**