December 15, 2025

Oregon Prescription Drug Affordability Review Board

Labor & Industry Building

350 Winter Street, NE

Salem, OR 97309-0405

RE: Selection of Cardiovascular Medications by the Oregon Prescription Drug Affordability Board

Dear Members of the Board,

The Partnership to Advance Cardiovascular Health (PACH) is a nonprofit cardiovascular stakeholder coalition of patient, provider, and advocacy organizations dedicated to advancing public policies and practices that accelerate innovation and improve cardiovascular health for heart patients. As a platform for the 20 member organizations that collaborate with us, PACH advocates at the federal, state, and health plan levels for reforms that increase access to care for patients with cardiovascular and related conditions.

As an organization committed to improving patient access and outcomes, we appreciate the Oregon PDAB's commitment to ensuring that medication is accessible and affordable for Oregon residents. We write today to respectfully encourage the Oregon PDAB to remove apixaban and rivaroxaban from its list of drugs to be formally considered in January for an affordability review.

The Cardiovascular Disease Burden:

Cardiovascular disease remains the second leading cause of death in Oregon, killing anywhere from seven to nine thousand Oregonians annually.[1] Despite the remarkable innovation that has been developed in cardiovascular medicine, cardiovascular disease still kills more Americans annually than anything else. Furthermore, these innovations are not relevant unless patients have adequate access to them; the protection of this access is of the utmost importance to PACH and our partners.

Why These Drugs Matter:

Apixaban and rivaroxaban are two of the most important, widely used medications in cardiovascular medicine. These two drugs are both factor Xa inhibitors and direct oral anticoagulants (DOACs).

Apixaban:

Apixaban is a treatment for Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE), reducing the risk of recurrence. Apixaban is also approved for reducing the risk of stroke and systemic embolism for patients with atrial fibrillation (AFib).

Rivaroxaban:

Rivaroxaban is a treatment for Deep Vein Thrombosis (DVT). Rivaroxaban is also used to prevent blood clots after surgery, to prevent stroke in patients with atrial fibrillation, and as secondary prevention of acute coronary syndrome and peripheral artery disease.

Studies have found that DOACs, like apixaban and rivaroxaban, have resulted in a 60% reduction in intercranial hemorrhage, a nearly 30% risk reduction for thromboembolic stroke, and a 34% reduction in mortality compared to current generic drugs of the same class.[2] A separate study on the cost-effectiveness of DOACs found that DOAC usage directly results in less medical spending long-term. The improved medical outcomes,

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[1] *Heart Disease Mortality*, Centers for Disease Control and Prevention, www.cdc.gov/nchs/state-stats/deaths/heart-disease.html

[2] Graham DJ, Baro E, Zhang R, Liao J, Wernecke M, Reichman ME, Hu M, Illoh O, Wei Y, Goulding MR, Chillarige Y, Southworth MR, MaCurdy TE, Kelman JA. Comparative Stroke, Bleeding, and Mortality Risks in Older Medicare Patients Treated with Oral Anticoagulants for Nonvalvular Atrial Fibrillation. *Am J Med*. 2019 May;132(5):596-604.e11. doi: 10.1016/j.amjmed.2018.12.023. Epub 2019 Jan 9. PMID: 30639551.

decreased risk for major bleeding, and reduced drug monitoring that DOACs provide compared to warfarin and generics result in lower expenditures over time.3

Comprehensive Approach to Affordability and Access:

It is worth noting that apixaban and rivaroxaban have already been subjected to the Centers for Medicare and Medicaid Services "Maximum Fair Price" (MFP) drug negotiations that were authorized by the Inflation Reduction Act. During the comment period of those negotiations, we at PACH supported the broad aim of making medications more affordable for Medicare recipients, as we always have. However, we also recognized that the price caps set by MFP drug negotiations likely would not actually result in patients paying less for these drugs and that, without a comprehensive assessment of the medication pipeline, true affordability for patients would not be achieved.

We are also concerned with the possibility of increased utilization management for these medications. Delays and access issues that are often associated with utilization management are particularly hazardous for patients on anticoagulant therapy. Cardiovascular medicine has seen remarkable increases in prior authorization and step therapy protocols in recent years, far outpacing other disease states. Clinicians and patients bear the majority of the burden of these oftentimes unnecessary administrative hurdles.

We believe that these same concerns translate to the state level and that Oregon's PDAB could frustrate both access and affordability for patients.

Actions to Protect Patients and Increase Affordability and Access

In order to truly increase drug affordability for patients, the PDAB should review health insurer and pharmacy benefit manager practices like step-therapy and prior authorization protocols, work to prohibit spread pricing, prohibit co-pay accumulator or "maximizer" programs, and require pass-through savings directly to patients. In order for the Oregon PDAB to effectively achieve their stated goal it is necessary to create a more transparent medication supply chain and until that happens affordability will remain a goal and not an outcome.

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[3] Duvalyan, A., Pandey, A., Vaduganathan, M., Essien, U. R., Halm, E. A., Fonarow, G. C., & Sumarsono, A. (2021). Trends in anticoagulation prescription spending among Medicare Part D and Medicaid beneficiaries between 2014 and 2019. *Journal of the American Heart Association*, *10*(24). https://doi.org/10.1161/jaha.121.022644

We would like to thank the board for their work to improve prescription drug affordability for patients. At this time, we ask that the board remove apixaban and rivaroxaban from its list of drugs to be formally considered in January for an affordability review. These drugs have already been subjected to MFP negotiations in the Inflation Reduction Act and have been proven to lower healthcare expenditures over time. Evidence suggests that further review will not achieve the PDAB's stated goal of affordability. We advise consideration of the actions listed above to increase transparency in the medication delivery pipeline, which would more effectively support patient affordability.

Respectfully Submitted,

Sarah Hoffman

Senior Director

Partnership to Advance Cardiovascular Health

COMMUNITY ACCESS NATIONAL NETWORK

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December 12, 2025

Oregon Prescription Drug Affordability Board
Department of Consumer and Business Services
350 Winter Street NE
Salem, OR 97309-0405

RE: Policy Proposals and Drug Reviews

Dear Honorable Members of the Oregon Prescription Drug Affordability Board,

The **Community Access National Network (CANN)** is a 501(c)(3) national nonprofit organization focusing on public policy issues relating to HIV/AIDS and viral hepatitis. CANN's mission is to define, promote, and improve access to healthcare services and support for people living with HIV/AIDS and/or viral hepatitis through advocacy, education, and networking.

Patient Experience Policy Proposals Whose Motions Passed are Encouraging

The results of the voting process on the potential policy recommendations for inclusion in the 2025 annual legislative report are encouraging. While not the result of a unanimous vote, it is encouraging that recommending the implementation of upper payment limit (UPL) authority is not being included. This decision aligns with the Board's renewed and evolving focus on evidence-based, patient-centered initiatives to improve patient affordability and healthcare access. It is not in the state's fiscal best interests to recommend pursuing expensive, unproven, and poorly conceived actions such as UPLs. State expenditures are already strained, and future federal legislation and other factors threaten state budgets further. Additionally, in states where the UPL process is further along, its development is problematic on multiple fronts, and the start of implementation is still far in the future. Oregonians deserve more thoughtful and timely solutions.

We are encouraged by the inclusion of policy recommendation "1a" concerning PBM reform and pricing transparency, as it aims to engage in PBM reform at the state level, independent of waiting for federal reforms to be formulated and executed. Suggesting the elimination of spread pricing in all state health care market plans is a forceful modification to the status quo of Oregon law, which just requires PBMs licensed in the state to report "monies received through spread

pricing" (along with other payments/fees) to the state's Drug Price Transparency Program. Additionally, the recommendation of PBM delinking and the utilization of data such as Average Actual Acquisition Cost and National Average Drug Acquisition Cost (NADAC) for reimbursement benchmarking will help address Oregon-specific pharmacy needs.

Passing recommendation "2a" will improve patient access and pharmacy fiscal solvency. Adopting an "any-willing-provider" standard would prohibit pharmacy steering and give patients options to use pharmacies that are geographically accessible to communities in need. For pharmacies, passing recommendation "4b" is an additional fiscal remedy. Point-of-sale rebate models also hold potential to directly benefit patients, rather than relying on optimistic hopes of effective passive pass-through.

The passage of recommendations "3a" and "3b" positively affects patient access and strengthens state bargaining power and contract negotiation with PBMs.

The passage of policy recommendations "7a" and "7b" also directly addresses the Board's desire to explore means of effective, evidence-based change. Expanding the PDAB's authority to allow broader review of Oregon's prescription drug delivery system opens avenues for investigating solutions that are not entirely possible under the present statutory language. The suggestion to bar media from the discussion of trade secret or proprietary information in executive session will protect confidential data and strengthen the relationship between the Board and other entities, such as manufacturers. Quality data enables beneficial outcomes. The free flow of some necessary data cannot occur if media is present.

Ongoing Drug Reviews

As we mentioned previously, we encourage clear explanations of how the scoring rubric and domains are used in final determinations. Without a transparent methodology of how determinations are decided, public trust is at risk and would weaken the legislature's ability to confidently support actions based on your findings.

HIV Medications are listed on the Draft 2026 Drug Review Preliminary List

We are concerned that multiple medications used for the treatment and prevention of HIV are listed on the 2026 draft of the preliminary drug list: Biktarvy, Descovy, and Emtricitabine-Tenofovir. Extensive board discussions in the past resulted in not including HIV medications in cost reviews for questions of affordability due to their public-health benefit status and proven status of not posing affordability challenges for patients. In particular, Biktarvy and Descovy are also highly-utilized first-line therapies.

To date, ***all*** other state PDABs have removed consideration of antiretroviral medications for affordability review or imposition of an upper payment after affordability review because of the unique nature of HIV as a health condition and because of the robust public health programs ensuring both fiscal responsibility of program entities (including state budgets) and patient access and affordability. Thus, again, we encourage you to remove these HIV antiviral medications from the 2026 preliminary review list.

While CANN is primarily focused on policy matters affecting access to care for people living with and affected by HIV, we stand in firm support of all people living with chronic and rare diseases and recognize the very reality of those living with multiple health conditions and the necessity of timely, personalized care for every one of those health conditions. State Prescription Drug Affordability Boards are of profound importance to our community.

We thank you for all of your thoughtful and deliberate work and discourse this year.

Respectfully submitted,

Ranier Simons
Director of State Policy, PDABs
Community Access National Network (CANN)

On behalf of
Jen Laws
President & CEO
Community Access National Network