Oregon Prescription Drug Affordability Board

350 Winter Street NE, Salem, OR 97304 | 971-374-3724 | pdab@dcbs.oregon.gov | dfr.oregon.gov/pdab

Agenda

This is a draft agenda and subject to change.
Wednesday, **February 18, 2026 – 8:00 a.m.**
Register for meeting: **Zoom link**

Table 1 Board agenda details.

Subject	Presenter	Purpose
Call to order and roll call	Acting Chair Dan Hartung	*Informational and vote*
Board declarations of conflict of interest and meetings with entities or individuals related to board activities	Acting Chair Dan Hartung	*Informational*
Board review of 1/21/2026 minutes	Acting Chair Dan Hartung	*Review*
PDAB program update	Sarah Young, executive director	*Informational*
General public comment: limited to 3 minutes per speaker	Acting Chair Dan Hartung	*Informational*
Executive session for legal advice pursuant to ORS 192.660(2)(f)	Oregon Department of Justice	*Information*
Annual policy review: Board review and vote on amended PDAB Policies and Procedures	Cortnee Whitlock, senior policy analyst	*Discussion and vote*
House Bill 4040 (2026): Section 38-39	Cortnee Whitlock, senior policy analyst	*Discussion*
Recommendations to include in the 2025 drug review report	Cortnee Whitlock, senior policy analyst	*Discussion*
2026 drug review: Discussion and review of the updated prescription drugs and insulin products preliminary lists	Acting Chair Dan Hartung	*Discussion and review*
The board will take a break around 10:30 a.m.	Acting Chair Dan Hartung	*Break*
Announcements	Acting Chair Dan Hartung	*Informational*
Adjournment	Acting Chair Dan Hartung	*Vote*

Accessibility: Anyone needing assistance due to a disability or language barrier can contact Melissa Stiles at least 48 hours ahead of the meeting at pdab@dcbs.oregon.gov or 971-374-3724. American Sign Language will be available during the Feb. 18 board meeting.

Oregon Prescription Drug Affordability Board

Oregon Prescription Drug Affordability Board Regular Meeting

Wednesday, January 21, 2026
Draft Minutes

Web link to the meeting video: https://youtu.be/cbykiLL17YE
Web link to the meeting materials: https://dfr.oregon.gov/pdab/Documents/20260121-PDAB-document-package.pdf

Call to order: Chair Shelley Bailey called the meeting to order at 8:03 a.m.
Roll call:
Present: Chair Shelley Bailey, Vice Chair Dan Hartung, Lauri Hoagland, Dan Kennedy, Michele Koder, Chris Laman, and John Murray
Absent: None

Board declarations of conflict of interest and meetings with entities or individuals related to board activities: John Murray provided a statement. View at video minute 00:00:53.

Approval of board minutes: Chair Bailey approved by consensus the Dec. 17, 2025, minutes as shown on Pages 2-3 of the agenda materials. View at video minute 00:01:47.

PDAB program update: Sarah Young, PDAB executive director, provided a program update. View the video at minute 00:02:12.

General public comment: The board received public comment from the following individuals who signed up in advance: Dharia McGrew, PhRMA; and Ranier Simons, Community Access National Network. The board received 10 written comments, which are posted on the PDAB website. View at video minute 00:10:30.

2025 drug review: Votes to identify up to nine prescription drugs and at least one insulin product that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in Oregon, pursuant to ORS 646A.694: See the scoring rubric on Pages 5-7 of the agenda materials. Board members voted on each of the 23 prescription drugs on the final 2025 subset list. They identified four prescription drugs that may create affordability challenges (three other drugs and one insulin product): Vraylar; Cosentyx; Trulicity; and Lantus SoloStar. See vote count below. See Table 1 on Page 9 of these minutes for the final prescription drug list for Oregon PDAB 2025 review. View the votes at video minute 00:15:22.

MOTION to identify Vraylar as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Dan Kennedy
Second: Michele Koder
Yes: Lauri Hoagland, Dan Kennedy, Michele Koder, John Murray, Vice Chair Dan Hartung, Chair Shelley Bailey
No: Chris Laman
MOTION PASSED 6-1

MOTION to identify Entresto as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Dan Kennedy
Second: Michele Koder
Yes: Dan Kennedy
No: Lauri Hoagland, Michele Koder, Chris Laman, John Murray, Vice Chair Dan Hartung, Chair Shelley Bailey
MOTION FAILED 1-6

MOTION to identify Ajovy as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Dan Kennedy
Second: Lauri Hoagland
Yes: None
No: Lauri Hoagland, Dan Kennedy, Michele Koder, Chris Laman, John Murray, Vice Chair Dan Hartung, Chair Shelley Bailey
MOTION FAILED 0-7

MOTION to identify Emgality as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Dan Kennedy
Second: Michele Koder
Yes: Dan Kennedy, John Murray
No: Lauri Hoagland, Michele Koder, Chris Laman, Vice Chair Dan Hartung, Chair Shelley Bailey
MOTION FAILED 2-5

MOTION to identify Nurtec ODT as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:

Motion: Dan Kennedy
Second: Michele Koder
Yes: Dan Kennedy, John Murray, Vice Chair Dan Hartung
No: Lauri Hoagland, Michele Koder, Chris Laman, Chair Shelley Bailey
MOTION FAILED 3-4

MOTION to identify Ubrelvy as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Dan Kennedy
Second: Michele Koder
Yes: Lauri Hoagland, Dan Kennedy, Michele Koder
No: Chris Laman, John Murray, Vice Chair Dan Hartung, Chair Shelley Bailey
MOTION FAILED 3-4

MOTION to identify Trelegy Ellipta as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Dan Kennedy
Second: John Murray
Yes: None
No: Lauri Hoagland, Dan Kennedy, Michele Koder, Chris Laman, John Murray, Vice Chair Dan Hartung, Chair Shelley Bailey
MOTION FAILED 0-7

MOTION to identify Eliquis as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Dan Kennedy
Second: Lauri Hoagland
Yes: Dan Kennedy
No: Lauri Hoagland, Michele Koder, Chris Laman, John Murray, Vice Chair Dan Hartung, Chair Shelley Bailey
MOTION FAILED 1-6

MOTION to identify Xarelto as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Dan Kennedy
Second: Michele Koder
Yes: Dan Kennedy

No: Lauri Hoagland, Michele Koder, Chris Laman, John Murray, Vice Chair Dan Hartung, Chair Shelley Bailey
MOTION FAILED 1-6

MOTION to identify Cosentyx as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Dan Kennedy
Second: John Murray
Yes: Lauri Hoagland, Dan Kennedy, Michele Koder, Chris Laman, John Murray, Vice Chair Dan Hartung, Chair Shelley Bailey
No: None
MOTION PASSED 7-0

MOTION to identify Creon as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Dan Kennedy
Second: John Murray
Yes: Lauri Hoagland, Michele Koder, John Murray
No: Dan Kennedy, Chris Laman, Vice Chair Dan Hartung, Chair Shelley Bailey
MOTION FAILED 3-4

MOTION to identify Jardiance as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Dan Kennedy
Second: Lauri Hoagland
Yes: None
No: Lauri Hoagland, Dan Kennedy, Michele Koder, Chris Laman, John Murray, Vice Chair Dan Hartung, Chair Shelley Bailey
MOTION FAILED 0-7

MOTION to identify Mounjaro as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Dan Kennedy
Second: Michele Koder
Yes: Dan Kennedy
No: Lauri Hoagland, Michele Koder, Chris Laman, John Murray, Vice Chair Dan Hartung, Chair Shelley Bailey
MOTION FAILED 1-6

MOTION to identify Ozempic as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Dan Kennedy
Second: Michele Koder
Yes: None
No: Lauri Hoagland, Dan Kennedy, Michele Koder, Chris Laman, John Murray, Vice Chair Dan Hartung, Chair Shelley Bailey
MOTION FAILED 0-7

MOTION to identify Rybelsus as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Dan Kennedy
Second: Michele Koder
Yes: Dan Kennedy
No: Lauri Hoagland, Michele Koder, Chris Laman, John Murray, Vice Chair Dan Hartung, Chair Shelley Bailey
MOTION FAILED 1-6

MOTION to identify Trulicity as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Dan Kennedy
Second: Michele Koder
Yes: Lauri Hoagland, Dan Kennedy, Michele Koder, Chris Laman, John Murray, Vice Chair Dan Hartung, Chair Shelley Bailey
No: None
MOTION PASSED 7-0

MOTION to identify Basaglar KwikPen as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Dan Kennedy
Second: Michele Koder
Yes: None
No: Lauri Hoagland, Dan Kennedy, Michele Koder, Chris Laman, John Murray, Vice Chair Dan Hartung, Chair Shelley Bailey
MOTION FAILED 0-7

MOTION to identify Insulin Glargine-yfgn as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Dan Kennedy
Second: Michele Koder
Yes: None
No: Lauri Hoagland, Dan Kennedy, Michele Koder, Chris Laman, John Murray, Vice Chair Dan Hartung, Chair Shelley Bailey
MOTION FAILED 0-7

MOTION to identify Lantus as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Dan Kennedy
Second: Michele Koder
Yes: Dan Kennedy
No: Lauri Hoagland, Michele Koder, Chris Laman, John Murray, Vice Chair Dan Hartung, Chair Shelley Bailey
MOTION FAILED 1-6

MOTION to identify Lantus SoloStar as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Dan Kennedy
Second: Michele Koder
Yes: Dan Kennedy
No: Lauri Hoagland, Michele Koder, Chris Laman, John Murray, Vice Chair Dan Hartung, Chair Shelley Bailey
MOTION FAILED 1-6

Note: The board voted twice on motions for Lantus SoloStar. The motion failed in the first vote. After the board's additional discussion, the motion passed in the second vote. The second vote count is recorded below.

MOTION to identify Semglee as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Dan Kennedy
Second: Michele Koder
Yes: None

No: Lauri Hoagland, Dan Kennedy, Michele Koder, Chris Laman, John Murray, Vice Chair Dan Hartung, Chair Shelley Bailey
MOTION FAILED 0-7

MOTION to identify Toujeo Max SoloStar as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Dan Kennedy
Second: Michele Koder
Yes: Chair Shelley Bailey
No: Lauri Hoagland, Dan Kennedy, Michele Koder, Chris Laman, John Murray, Vice Chair Dan Hartung
MOTION FAILED 1-6

MOTION to identify Toujeo SoloStar as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Dan Kennedy
Second: John Murray
Yes: Dan Kennedy, John Murray
No: Lauri Hoagland, Michele Koder, Chris Laman, Vice Chair Dan Hartung, Chair Shelley Bailey
MOTION FAILED 2-5
Note: Chair Bailey clarified later in the meeting that she intended to vote no on Toujeo SoloStar.

After additional discussion, the board voted a second time on Lantus SoloStar and the motion passed.

MOTION to identify Lantus SoloStar as a drug that may create affordability challenges for the health care systems or high out-of-pocket costs for patients in this state, pursuant to ORS 646A.694.
Board Vote:
Motion: Lauri Hoagland
Second: Michele Koder
Yes: Lauri Hoagland, Dan Kennedy, Michele Koder, Chris Laman, John Murray, Vice Chair Dan Hartung, Chair Shelley Bailey
No: None
MOTION PASSED 7-0

Recommendations to include in the 2025 drug review report: The board discussed recommendations as shown on **Pages 8-11** of the agenda materials. The report will go to the Oregon Legislature in March. View the discussion at video minute **00:54:33**.

Executive session for legal advice pursuant to ORS 192.660(2)(f): The board adjourned to executive session for legal advice pursuant to ORS 192.660(2)(f). No decisions were made in executive session.

Return to open session: The board returned to open session and took a five-minute break as listed on the agenda. The board returned from break, took a roll call, and determined the board met quorum.

2026 drug review: Discussion and review of the prescription drugs and insulin products preliminary lists: The board continued discussion about the preliminary lists of prescription drugs and insulin products for the 2026 drug reviews, based on commercial insurer reporting from calendar year 2024. The **preliminary lists** of drugs are posted on the PDAB website. View at video minute **01:44:00**.

Announcements: Chair Bailey announced the next board meeting will be Feb. 18, 2026, at 8 a.m. View at video minute **03:01:36**.

Adjournment: Chair Bailey adjourned the meeting at 11:44 a.m. with all board members in agreement. View at video minute **03:01:45**.

Table 1: Final prescription drug list for Oregon PDAB 2025 review

On Jan. 21, 2026, the board identified the drugs marked '**Yes'** in Table 1 as drugs that may create affordability challenges for the health care systems or patient out-of-pocket costs pursuant to ORS 646A.694.

Review grouping number	Therapy class	Drug name	Non-proprietary name	Identified
1	Antipsychotics & Antimanic agents	Vraylar	Cariprazine HCl	**YES**
1	Cardiovascular agents – misc.	Entresto	Sacubitril; Valsartan	No
1	Migraine product	Ajovy	Fremanezumab-vfrm	No
1	Migraine product	Emgality	Galcanezumab-gnlm	No
1	Migraine product	Nurtec	Rimegepant/rimegepant sulfate	No
1	Migraine product	Ubrelvy	Ubrogepant	No
2	Antiasthmatic and bronchodilator	Trelegy	Fluticasone furoate; Umeclidinum bromide; Vilanterol trifenatate	No
2	Anticoagulants	Eliquis	Apixaban	No
2	Anticoagulants	Xarelto	Rivaroxaban	No
2	Dermatological	Cosentyx	Secukinumab	**YES**
2	Digestive Aids	Creon	Pancrelipase (Amylase; Lipase; Protease)	No
3	Antidiabetics	Jardiance	Empagliflozin	No
3	Antidiabetics	Mounjaro	Tirzepatide	No
3	Antidiabetics	Ozempic	Semaglutide	No
3	Antidiabetics	Rybelsus	Semaglutide	No
3	Antidiabetics	Trulicity	Dulaglutide	**YES**
4	Insulin product	Basaglar KwikPen	Insulin Glargine	No
4	Insulin product	Insulin Glargine-yfgn	Insulin Glargine	No
4	Insulin product	Lantus	Insulin Glargine	No
4	Insulin product	Lantus SoloStar	Insulin Glargine	**YES**
4	Insulin product	Semglee	Insulin Glargine	No
4	Insulin product	Toujeo Max SoloStar	Insulin Glargine	No
4	Insulin product	Toujeo SoloStar	Insulin Glargine	No

Oregon Prescription Drug Affordability Board

Title: Policies and Procedures Policy Number 01

Annual approval date: July 20, 2022; Jan. 15, 2025; Feb. 19, 2025, Feb. 18, 2026
Date issued: June 23, 2022
Dates reviewed: June 23, 2022; Aug. 23, 2023; Jan. 15, 2025; Feb. 19, 2025, Feb. 18, 2026
Amendment date approved: July 20, 2022; Aug. 23, 2023; Jan. 15, 2025; Feb. 19, 2025

1. Statutory authority

The Prescription Drug Affordability Board is convened under ORS 646A.693 through ORS 646A.697. Nothing in this document is intended to be contrary to these, or any, rules, statutes, constitutional provisions, or relevant judicial decisions. To the extent there is any inconsistency, the rules, statutes, Constitution, and judicial decisions govern.

2. Purpose

The Prescription Drug Affordability Board (PDAB) is established by statute to protect residents of Oregon, state and local governments, commercial health plans, health care providers, pharmacies licensed in this state, and other stakeholders within the health care system in this state from the high costs of prescription drugs.

The board is directed to collect and evaluate information concerning the cost of prescription drugs in Oregon; perform affordability reviews of those prescription drugs; study the entire prescription drug distribution and payment system in this state and polices adopted by other states and countries that are designed to lower the list price of prescription drugs; and make recommendations to the legislative assembly to make prescription drugs more affordable in the state.

The board is required to provide an annual report~~s~~ to the Legislative Assembly on the following ~~schedules~~:

~~No later than June 1 of each calendar year, the board shall submit a report to the legislative assembly on the generic drug marketplace.~~

No later than December 31 ~~of each calendar year~~, the board shall submit a report to both the Legislative Assembly and the Health Care Cost Growth Target program at the Oregon Health Authority that includes:

(1) Price trends for the list of drugs provided by Department of Consumer and Business Services (DCBS) to the board;
(2) The prescription drugs that were reviewed under the ~~for~~ annual affordability ~~reviews~~determination criteria;
~~(2)~~(3) The status of the generic drug market; and
~~(3)~~(4) Any recommendations for legislative changes necessary to make prescription drugs more affordable in Oregon.

The board has rulemaking authority to adopt criteria for drug affordability reviews and to provide consultation to DCBS in the adoption of annual fees to be paid by manufacturers to meet the cost of program and board administration costs.

3. Board member selection process

Individuals interested in serving on the board may apply through the Oregon Boards and Commissions website.[1] Applicants must be residents of Oregon with expertise in health care economics and clinical medicine. Openings will be communicated to the public through a notice or other consumer alerts. The board application process is open to the public at all times.

4. Term length and vacancies

The board consists of eight members appointed by the Governor under ORS 646A.693 ~~to 646A.697~~, and who are subject to Senate confirmation. The term duration for each member of the board is four years after the first appointed terms. Terms for the first appointed board are as follows:

(1) Two board members shall serve for a term ending December 31, 2024.
(2) Three board members shall serve for a term ending December 31, 2025.
(3) Three board members, including the chairperson, shall serve for a term ending December 31, 2026.

5. Conflict of interest

The board's conflict of interest policy is set forth in the Prescription Drug Affordability Board Policy No. 03.

6. Responsibilities of the chairperson and vice chairperson

The members of the board will elect one member to serve as chairperson and one member to serve as vice chairperson for the duration of their appointment. The chairperson provides leadership for the board, presides over all board meetings, and provides strategic planning to help the board comply with its statutory duties and responsibilities. The vice chairperson presides over a board meeting in their absence. The chairperson works with board staff to develop board meeting agendas as set forth in Section 8. The chairperson also ensures member compliance with the Conflict of Interest Policy No. 03.

7. Open records, ~~and~~ meetings and trade secret information voluntarily submitted

The board activities are subject to the Oregon Public Meetings Law, ORS Chapter 192. Consistent with those laws, board activities generally will be conducted in public pursuant to public notice requirements, unless public meetings laws permit particular matters to be discussed in executive session, including to receive legal advice from the Oregon

[1] Boards & Commissions, Office of Oregon Governor Tina Kotek. https://www.oregon.gov/gov/Pages/board-list.aspx

Department of Justice~~, to consider trade secret, confidential, or proprietary data that is not otherwise available to the public~~ or other grounds found in ORS 192.660.

The board records are generally subject to the Oregon's Public Records Laws, subject to any exclusions from disclosure contained in ORS 192.340 through ORS 192.390.

Due to the public nature of the board's activities and the inclusion of representatives of the media in executive sessions under ORS 192.660, ~~T~~the board will not review information that is claimed to be trade secret or confidential. Therefore, the board will not accept, review, or retain ~~trade secret~~ information voluntarily submitted by anyone, including pharmaceutical manufacturers, distributors, or other entities, that is designated or claimed as trade secret, confidential, or proprietary. Any ~~trade secret~~ such information submitted to the board ~~received~~ will not be presented to board members and will be deleted if sent via email or destroyed if sent via hardcopy.~~ returned to sender.~~

8. Meetings

The board will hold meetings at least every six weeks. The chairperson of the board may decide to cancel or postpone a meeting when there are no prescription drugs to review whether as a result of incomplete data or the need for further analysis and no other board business to conduct. The meetings may be referred to as meetings or hearings depending on what types of business the board plans to conduct. The board has discretion to set the time for its meetings. The board may decide to adjourn a meeting or hearing to the next available day because a meeting or hearing is running long or for any other reason. A member can participate in person, by phone, or virtually. Board meetings are broadcast live over the internet, other than executive sessions.

The board will provide the opportunity for public comments at each meeting. Public comments can be submitted in writing or given orally during the designated time. ~~Persons~~ People who ~~giving~~ give oral comments should introduce themselves with their name and affiliation. The board is not obligated to respond to comments. The amount of time allocated for public comment will be determined by the board chairperson in consultation with board staff.

Unless otherwise invited to speak or present by the board, persons or organizations wanting to offer public oral comment shall identify themselves no later than 24 hours before the PDAB meeting through a sign-up process administered by board staff. The board's public comment policy is set forth in the Prescription Drug Affordability Board Policy No. 04.

9. Meeting agendas, materials, and recordings

Board staff will post notices of upcoming meetings, meeting agendas, packets, minutes, and recordings on the Prescription Drug Affordability Board website. The meeting agenda will be designed to ensure the board meets its statutory obligations. The board chairperson in collaboration with the staff will prepare a draft agenda and provide it to the members prior to the board meeting or hearing.

10. Quorum, decisions, and voting

A majority of the eight (8) person board constitutes a quorum. Five members must be present to have a quorum. Voting will be conducted by a member roll call. Motions to conduct board business should flexibly follow the processes set forth in Robert's Rules of Order (e.g. motion, second, discussion, vote). ORS 174.130 requires a majority of board members to concur ~~for~~ with the motion to pass. If a vote ends in a tie, the motion fails.[2]

When a board member abstains from voting on any matter or section under consideration, the declaration of abstention may include a brief explanation such as a potential conflict of interest or other relevant reason, to ensure transparency and maintain trust in the decision-making process.

11. Executive session

The board may, at any time, retire into executive session to consult with the assigned assistant attorney(s) general at the Oregon Department of Justice or as permitted by ORS 192.660. ~~The board will meet in executive session to discuss trade secret information.~~ The board will not ~~deliberate concerning whether to subject a prescription drug to an affordability review, or otherwise~~ make any decision in executive session.

Upon reconvening the open meeting at the conclusion of the executive session, all members will maintain the confidentiality of the information discussed and/or legal advice provided in executive session.[3]

12. Meeting attendance, absences, and participation

Board members are expected to make every effort to attend all board meetings. Members may participate in a meeting in person, by telephone, computer, or any other means of electronic communication by which all ~~persons~~ people participating in the meeting can hear each other at the same time. If a member is unable to attend a meeting, the member must notify the chairperson and executive director prior to the meeting. Under ORS 182.010 through ORS 182.020, any member of a state board or commission appointed by the governor who fails to attend two consecutive meetings of the board or commission, whether regular, adjourned or special, shall forfeit office unless the member is prevented from attending by the serious illness of a member or the family of the member or for any other cause that in the judgment of the governor constitutes a valid reason for failing to attend. The governor shall immediately appoint a successor.

[2] Attorney General's Public Records and Meetings Manual 2019, Appendix K – Parliamentary Procedure, Quorums and Voting. Oregon Department of Justice. https://www.doj.state.or.us/oregon-department-of-justice/public-records/public-records-and-meetings-law/

[3] Attorney General's Public Records and Meetings Manual 2019, II. Public Meetings, E. Executive (Closed Sessions). Oregon Department of Justice. https://www.doj.state.or.us/oregon-department-of-justice/public-records/attorney-generals-public-records-and-meetings-manual/ii-public-meetings/#_Toc11743475

Members on average are expected to have approximately 10-15 hours of work participation per month including board meetings, meetings with board staff, and review of board materials.[4]

13. Board members are public representatives

Members of the board are public representatives, appointed by the governor to protect residents of this state, state and local governments, commercial health plans, health care providers, pharmacies licensed in this state and other stakeholders within the health care system in this state from the high costs of prescription drugs. Members accept appointments to the board with the understanding that they will represent the public interest in their actions and decisions on the board.

14. Use of state email accounts

State email accounts should be used only to send or receive information to or from the board staff. When sending or replying to board staff, members should not reply all ~~so as~~ to avoid ~~a~~ the situation of appearance of board business being discussed in a setting that should otherwise be public. If board members receive communications from the public about board business, board member should forward those communications to the PDAB Executive Director ~~Ralph Magrish at Ralph.M.Magrish@dcbs.oregon.gov~~.

15. Board Issued iPads

Board members are provided with state-issued iPads that should be used only to conduct board business. Board members are required to log into their iPads at least every 45 days, change passwords every 90 days and comply with security procedures and instructions to update systems when notified through email or text messages. If a member has login issues, or if the iPad is damaged or stolen, they are to contact DFR techs or PDAB staff as soon as possible.

Members are to return their iPads to DFR techs or PDAB staff once their service term ends.

16. Coordinating with other entities

The board may, from time to time, coordinate with other boards, commissions, industry, educational institutions, and state agencies where the responsibilities and interests overlap in creating transparency for the cost of prescription drugs and determining the affordability of prescription drugs for Oregon consumers.

Board members are not obliged to speak about board business outside of board meetings and may delegate the request to staff.

[4] Boards & Commissions, Office of Oregon Governor Tina Kotek. https://www.oregon.gov/gov/Pages/board-list.aspx

Board members are to disclose at the beginning of each board meeting any meetings or work conducted with entities or individuals related to board activities since the last board meeting. This includes serving on other boards or committees.

17. Interaction with the media and lobbyists

Unless otherwise delegated to them by the board chairperson and the executive director, individual board members do not have the authority to speak on behalf of the board. The board operates as a single entity when communicating with external parties. If board members receive media or lobbyist requests related to their board work and participation, they should notify the PDAB Executive Director ~~Ralph Magrish at Ralph.M.Magrish@dcbs.oregon.gov~~.

18. Department of Consumer and Business Services staff

Board staff shall provide support to the board including serving as the recording secretary for the board; coordinating board meeting times, location (virtual or otherwise), materials, and other logistics; compiling information necessary for the board to conduct affordability reviews, administrative rule development, drafting and filing, policy issue brief development, data analysis, and additional tasks as delegated by the board.

The staff may also provide support to the board in preparing policy recommendations to the Legislative Assembly and preparation of reports to the Legislative Assembly (pursuant to ORS 646A.693 through ORS 646A.697).

On behalf of the board, DCBS may enter into contracts with qualified, independent third parties for services necessary to carry out the powers and duties of the board. All contractors are required to enter into a nondisclosure agreement to protect trade secret, confidential, or proprietary information.

The board may also delegate particular tasks to DCBS on a case-by-case basis to perform its duties.

19. Annual review

The board will review this policy and the conflict of interest policy at least annually.

Oregon Prescription Drug Affordability Board

House Bill 4040 (2026): Section 38-39

Feb. 18, 2026

Oregon Prescription Drug
Affordability Board

Overview of House Bill 4040 (2026)

- Is a broad health care reform bill
- Relevant to the board: Changes how the chairperson of PDAB is selected (Section 38-39)
- Under current law (ORS 646A.693): PDAB members elect the chairperson
- Under HB 4040 (proposed): The governor selects the chairperson
  - This is the only PDAB governance change in the bill text as introduced

HB 4040 -14 amendment

- Provides additional language in ORS 646A.694 that PDAB "**may identify**" at least one insulin product from the provided lists under review.

Oregon Prescription Drug Affordability Board

Recommendations to include in the 2025 drug review report

Feb. 18, 2026

Oregon Prescription Drug
Affordability Board

Bucket A: Policy options related to selected drugs

- No specialty tiers for high-cost chronic drugs
- Limit on specialty classification absent REMS (Risk Evaluation and Mitigation Strategy) /clinical necessity
- Charitable pharmacy access improvement
- Formulary stability: no mid-year negative changes
- SVI (Social Vulnerability Index) to inform copay affordability considerations

Bucket B: Areas for further study & investigation

- Competition effects
- PBM conduct and rebate dynamics
- Vertical integration
- Payment model reform
- Copay accumulators/maximizers

Suggestions from other members

- Targeted caps on out-of-pocket costs for drugs identified through affordability reviews where not already considered (i.e. insulin).
- Restrictions on co-insurance type cost-sharing arrangements. Consider severing ties between list price and co-insurance, essentially linking any cost-sharing to net pricing. Also, may consider restricting the use of co-insurance to copayment arrangements where cost liability is more limited.
- Explore enactment of state law that delinks PBM payments with list prices.
- Evaluate the feasibility of creating state inflationary rebate penalties similar to Medicare and Medicaid using APAC data as the benchmark.

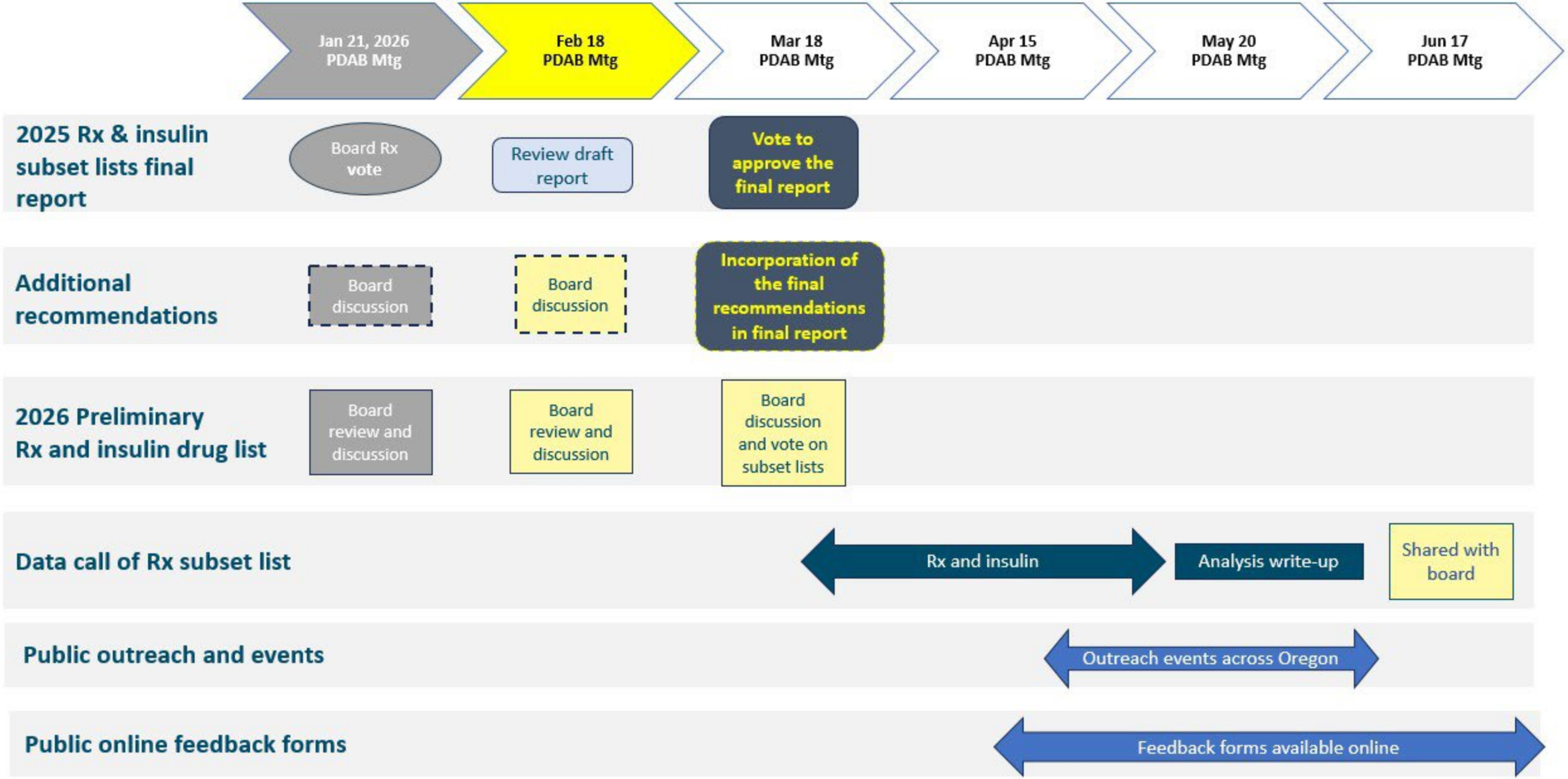
Oregon Prescription Drug
Affordability Board

Prescription Drug Affordability Board

2026 drug review roadmap

Feb. 18, 2026

Draft 2025-2026 drug review & annual report calendar



Oregon Prescription Drug Affordability Board

Web links to preliminary drug lists for 2026 drug review

Agenda item: 2026 drug review: Discussion and review of the updated prescription drugs and insulin products preliminary lists.

Data Dashboard: Click on the file name below to view the data dashboard for the prescription drugs and insulin products.

- **2026 Oregon PDAB Preliminary List Dashboard – v01**

Data Spreadsheets: Click on the file name below to view the prescription drugs and insulin products preliminary lists in Excel spreadsheets. The lists are for the 2026 drug review using data information from 2024.

- **Prescription drugs preliminary list:** **https://dfr.oregon.gov/pdab/Documents/2026_Drug_Review_Preliminary_List_v02.xlsx**
- **Insulin products preliminary list:** **https://dfr.oregon.gov/pdab/Documents/2026_Drug_Review_Insulin_Preliminary_List_v02.xlsx**

This information is also available on the **Prescription Drug Affordability Board drug review page**.

2025

Drug Review Report for the Oregon Legislature

Prescription drug review process: Identifying affordability challenges

March 18, 2026

Oregon Prescription Drug
Affordability Board

Acknowledgments

This report is a work product of the Oregon Prescription Drug Affordability Board.

Board members

Shelley Bailey, chairperson

Daniel Hartung, vice chairperson

Lauri Hoagland

Michele Koder

Dan Kennedy

Christopher Laman

John Murray

Prescription Drug Affordability Board staff:

Sarah Young, executive director, Prescription Drug Affordability Board and Drug Price Transparency Program

Cortnee Whitlock, program and policy analyst

Stephen Kooyman, project manager

Melissa Stiles, administrative specialist

Heather Doyle, data analyst

Pei Choo, data researcher

Other contributors of this report:

Pramela Reddi, counsel, Oregon Department of Justice

Jason Horton, public information officer, DCBS

Michael Plett, communications officer/editor, DCBS

Jessica Knecht, lead designer, DCBS

For more information:

Prescription Drug Affordability Board
350 Winter St. NE
Salem, OR 97309-0405
971-374-3724
pdab@dcbs.oregon.gov
dfr.oregon.gov/pdab

Table of Contents

Statutory authority and scope of the review

The Oregon Prescription Drug Affordability Board (PDAB) conducts annual affordability reviews under the authority granted by Senate Bill 844 (2021) and codified in ORS 646A.693 to 646A.697.[1] The board was established to protect Oregon residents, state and local governments, commercial health plans, health care providers, and pharmacies from the high cost of prescription drugs by analyzing cost trends, conducting evidence-based drug reviews, and making recommendations to the Oregon Legislature.

Since the board's establishment, the Legislature has enacted subsequent legislation to refine the board's governance structure and review responsibilities. Senate Bill 192 (2023) expanded the board's membership from five voting members to eight seated members, strengthening the board's capacity to conduct affordability reviews.[2] Senate Bill 290 (2025) further clarified the board's annual review obligations by specifying that, for each calendar year, the board shall identify up to nine prescription drugs for affordability review, providing flexibility and meaningful evaluation of high-impact products.[3]

The board conducted reviews using criteria established in Oregon Administrative Rules (OAR) 925-200-0010 and OAR 925-200-0020.[4] These rules guide the identification of prescription drugs and insulin products that may pose affordability challenges and direct the board to consider utilization, total and per-patient costs, patient out-of-pocket costs, availability and costs of therapeutic alternatives, and impacts on equity and access when determining cost and affordability concerns.

Overview of the 2025 review process

The 2025 drug review cycle began with the board's examination of 2023 prescription drug cost and utilization data submitted through the Drug Price Transparency (DPT) Program and the Oregon Health Authority All Payer All Claims (APAC) database. These datasets provided the foundation for understanding cost and utilization patterns and payer segments, including commercial, Medicaid, and Medicare markets.[5]

Using these data, board staff developed a preliminary list of 158 high-impact prescription drugs and 71 insulin products. During public board meetings in early 2025, members reviewed

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[1] Senate Bill 844 (2021) https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/SB844/Enrolled.
[2] Senate Bill 193 (2023) https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB192/Enrolled
[3] Senate bill 289 (2025) https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB289/Enrolled
[4] Refer to criteria in Oregon Secretary of State Administrative Rules.
[5] Oregon Prescription Drug Affordability Board, "PDAB Annual Report 2025," Oregon Department of Consumer and Business Services, January 2026. https://dfr.oregon.gov/pdab/Documents/reports/PDAB-Annual-Report-2025.pdf.

utilization trends, cost metrics, and other indicators and applied the criteria in OAR 925-200-0010 to prioritize products warranting further evaluation.[6]

The board then refined the preliminary list into a subset of prescription drugs and insulin products for deeper review. They focused on products with higher total spending, greater use, and indications of significant patient cost exposure. The board considered public comment alongside quantitative analysis during this phase.

Following selection of the subset list, DCBS issued a data call to commercial health care insurers to obtain detailed information on net drug costs, rebates and discounts, utilization management practices, and patient out-of-pocket costs. The board compared insurer-reported data with APAC data to evaluate both gross and net cost perspectives.[7]

The board conducted structured affordability reviews for products on the subset list. A scoring rubric was developed as a tool to support consistency in evaluating concerns such as cost trends, patient burden, access restrictions, and utilization. While the rubric was used as a support tool, board members retained full discretion in their review determination.

Based on this comprehensive review, the board identified three prescription drugs and one insulin product that may create affordability challenges for the Oregon health care system or high patient out-of-pocket costs. These products demonstrated higher spending, significant utilization, and meaningful patient cost exposure relative to other products reviewed.

Subset list of drug and insulin products reviewed in 2025

As part of the 2025 drug review process, PDAB reviewed a subset of prescription drugs and insulin products identified through its data-driven selection process. The subset list reflected products that met initial criteria for further evaluation based on cost, utilization, and other affordability-related indications established in statute and rule.

Table 1 lists the drugs and insulin products included in the subset review and the board's determination of whether each product may create affordability challenges. Products marked "Yes" were identified by the board to meet the criteria. Products marked "No" were reviewed but were not identified as creating a significant affordability challenge at this time.

[6] Oregon Prescription Drug Affordability Board, "PDAB Annual Report 2025," Oregon Department of Consumer and Business Services, January 2026. https://dfr.oregon.gov/pdab/Documents/reports/PDAB-Annual-Report-2025.pdf.
[7] Ibid.

Table 1 - Final prescription drug list for Oregon PDAB 2025 review: voted on by the board Jan. 21, 2026 2

Review grouping number	Therapeutic class	Proprietary name	Nonproprietary name	Identified
1	Antipsychotics & Antimanic agents	Vraylar	*Cariprazine/cariprazine HCl*	**Yes**
1	Cardiovascular agents – misc.	Entresto	*Sacubitril; valsartan*	No
1	Migraine product	Ajovy	*Fremanezumab-vfrm*	No
1	Migraine product	Emgality	*Galcanezumab-gnlm*	No
1	Migraine product	Nurtec	*Rimegepant/rimegepant sulfate*	No
1	Migraine product	Ubrelvy	*Ubrogepant*	No
2	Antiasthmatic and bronchodilator	Trelegy	*Fluticasone furoate; umeclidinum bromide; vilanterol trifenatate*	No
2	Anticoagulants	Eliquis	*Apixaban*	No
2	Anticoagulants	Xarelto	*Rivaroxaban*	No
2	Dermatological	Cosentyx	*Secukinumab*	**Yes**
2	Digestive Aids	Creon	*Pancrelipase (amylase; lipase; protease)*	No
3	Antidiabetics	Jardiance	*Empagliflozin*	No
3	Antidiabetics	Mounjaro	*Tirzepatide*	No
3	Antidiabetics	Ozempic	*Semaglutide*	No
3	Antidiabetics	Rybelsus	*Semaglutide*	No
3	Antidiabetics	Trulicity	*Dulaglutide*	**Yes**
4	Insulin product	Basaglar KwikPen	*Insulin glargine*	No
4	Insulin product	Insulin Glargine-yfgn	*Insulin glargine*	No
4	Insulin product	Lantus	*Insulin glargine*	No
4	Insulin product	Lantus SoloStar	*Insulin gargine*	**Yes**
4	Insulin product	Semglee	*Insulin glargine*	No
4	Insulin product	Toujeo Max SoloStar	*Insulin glargine*	No
4	Insulin product	Toujeo SoloStar	*Insulin glargine*	No

Product specific cost and affordability determination

This section presents the board's product-specific cost and affordability determinations for the prescription drugs and insulin products identified through the 2025 review process. For each product, the board evaluated utilization, system level spending, pricing trends, and patient out-of-pocket costs, consistent with the statutory and rule-based criteria.

The following analyses summarize the factors supporting the board's determinations that each selected product may create affordability challenges for the Oregon health care system or high patient out-of-pocket costs.

Cosentyx

The board identified Cosentyx (*secukinumab*) as meeting the criteria for cost and affordability impacts based on high utilization, substantial system-level spending, and sustained wholesale acquisition cost (WAC) increases over multiple years.

Cosentyx is a biologic immunomodulator approved for the treatment of several chronic inflammatory conditions, including plaque psoriasis, psoriatic arthritis, ankylosing spondylitis, and non-radiographic axial spondylarthritis. These conditions typically require long-term or maintenance therapy, resulting in continued use over time. Cosentyx is administered via injection and is classified as a specialty drug.

As a biologic therapy, Cosentyx is associated with high per-patient costs and limited availability of lower-cost therapeutic alternatives. While other biologic agents exist within the same therapeutic class, price competition has not substantially reduced overall system spending for the product.

Affordability impact on the Oregon health care system

Based on 2023 APAC data, Cosentyx accounted for more than $74 million in gross prescription drug spending in Oregon and 1,382 Oregonians filled a prescription for the drug, reflecting broad utilization across payer types.[8] While utilization alone does not indicate affordability concerns, the extent of use across Oregon's insured population materially influences aggregate system-level spending and patient cost exposure. The combination of high utilization and high per-patient cost contributes to substantial aggregated spending pressure for both public and private purchasers.

The board also reviewed historical WAC pricing trends and found sustained increases averaging 6.7 percent annually from 2018 through 2024, exceeding general inflation benchmarks in several years reviewed.[9]

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[8] Oregon Prescription Drug Affordability Board, "Cosentyx (*secukinumab*) Drug Review Packet," Oregon Department of Consumer and Business Services, January 2026. https://dfr.oregon.gov/pdab/Documents/Cosentyx.pdf.
[9] Ibid.

In addition to gross system costs, the board reviewed net cost information reported by commercial carriers. While the data indicates that rebates and discounts reduced net expenditures relative to gross spending, net cost for Cosentyx remained substantial, and the impact of system-level spending raised affordability concerns. The board considered the differences in data scope between APAC and insurer reported information when evaluating total system impact. Taken together, the board found that Cosentyx's high total spending, broad utilization, and sustained price growth makes it a meaningful driver of prescription drug spending in Oregon.

Affordability impact on patient out-of-pocket costs

Based on 2023 APAC data, the average annual out-of-pocket cost for a patient using Cosentyx was approximately $2,422 across Medicare and commercial payers.[10] These costs reflect deductibles, coinsurance, and cost-sharing associated with specialty tier placement and may pose ongoing financial burden for patients requiring long-term therapy.

The board also considered that reliance on manufacturer patient assistance programs does not eliminate affordability concerns for all patients. Eligibility restrictions, changes in coverage, or gaps in assistance may leave some patients exposed to significant cost-sharing obligations, potentially affecting access to, or continuity of, care.

The board considered these system-level and patient-level impacts together and determined that Cosentyx may create affordability challenges for the Oregon health care system or high patient out-of-pocket costs.

This determination was based on:

- ✓ More than $74 million in gross prescription drug spending in Oregon
- ✓ 1,382 Oregonians using Cosentyx
- ✓ WAC increases averaging approximately 6.7 percent annually over multiple years
- ✓ Substantial net cost to commercial payers after manufacturer rebates and discounts
- ✓ Annual patient out-of-pocket cost was approximately $2,422

[10] Oregon Prescription Drug Affordability Board, "Cosentyx (*secukinumab*) Drug Review Packet," Oregon Department of Consumer and Business Services, January 2026. https://dfr.oregon.gov/pdab/Documents/Cosentyx.pdf.

Trulicity

The board identified Trulicity (*dulaglutide*) as meeting the criteria for cost and affordability impacts based on substantial system-level spending, high utilization, and sustained price increases.

Trulicity is a glucagon-like peptide-1 (GLP-1) receptor agonist used for the ongoing management of type 2 diabetes and is commonly used as chronic maintenance therapy. Because diabetes is a long-term condition, utilization and spending associated with Trulicity may persist over time.[11]

Affordability impact on the Oregon health care system

Based on Oregon's 2023 APAC data, Trulicity accounted for $152 million in total gross prescription drug spending in Oregon and 18,659 Oregonians filled a prescription for the drug.[12] Utilization and spending were observed across all payer types, with Medicare representing the largest share of gross expenditures, followed by commercial and Medicaid payers.

The average annual percent change in the WAC was five percent, exceeding the general consumer price index inflation rate from 2018 to 2024.[13]

The board also reviewed commercial insurer data reflecting net costs after all price concessions and other applied price reductions. This information was considered alongside APAC gross spending to evaluate overall system impact.

Affordability impact on patient out-of-pocket costs

Based on APAC data, patient out-of-pocket costs associated with Trulicity averaged approximately $528 annually across Medicare and commercial payers.[14] The board also considered access-related factors, including utilization management requirements such as prior authorization, reported by a majority of commercial plans.

After reviewing these factors, the board determined that Trulicity may create affordability challenges for the Oregon health care system or high patient out-of-pocket costs.

This determination was based on:

- ✓ Total gross spending of $152,767,272
- ✓ 18,659 Oregonians using Trulicity
- ✓ WAC trend averaging five percent annually and exceeding inflation in multiple years
- ✓ Annual out-of-pocket patient cost was approximately $528
- ✓ A majority of commercial plans included access-related factors

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[11] Oregon Prescription Drug Affordability Board, "Trulicity (*dulaglutide*) Drug Review Packet," Oregon Department of Consumer and Business Services, January 2026. https://dfr.oregon.gov/pdab/Documents/Trulicity.pdf.
[12] Ibid.
[13] Ibid.
[14] Ibid.

Vraylar

The board identified Vraylar (*capriprazine/capriprazine HCl*) as meeting the criteria for cost and affordability impacts based on high utilization, significant system-level spending, and elevated enrollee out-of-pocket costs.

Vraylar is an atypical antipsychotic used in the treatment of serious mental health conditions, including schizophrenia and bipolar disorder. These conditions often require ongoing pharmacotherapy and may involve sustained use over time.

The board's review identified several marketed alternatives for Vraylar and included pricing and utilization context for those alternatives as part of the affordability review.

Affordability impact on the Oregon health care system

Based on 2023 APAC data, Vraylar accounted for $37,017,240 in total gross prescription drug spending in Oregon and 3,897 Oregonians filled a prescription for the drug.[15] This level of utilization, combined with high per-enrollee cost, contributes to meaningful system-level financial impact across payer types.

The board also reviewed commercial insurer data, which reflect net cost after manufacturer rebates and other price concessions. Commercial data indicate rebates provided for Vraylar were relatively modest (about 10 percent) and net prices per claim remain high.

Affordability impact on patient out-of-pocket costs

The board identified enrollee cost burden as a key affordability concern for Vraylar. Commercial enrollees paid an average of $1,659 annually, while Medicare enrollees paid an average of $458 annually.[16] When weighted across populations, the mean annual out-of-pocket cost exceeded $1,000 per enrollee.

While the median out-of-pocket costs were lower, the mean enrollee burden reflects that a subset of patients experienced substantial cost-sharing exposure. The board considered these out-of-pocket costs in the context of utilization patterns and system-level spending and found that enrollee cost burden associated with Vraylar may pose access and affordability challenges for some patients.

The board considered these utilization, spending, and patient cost factors together and determined that Vraylar may create affordability challenges for the Oregon health care system or high patient out-of-pocket costs.

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[15] Oregon Prescription Drug Affordability Board, "Vraylar (*cariprazine/capriprazine HCl*) Drug Review Packet," Oregon Department of Consumer and Business Services, January 2026. https://dfr.oregon.gov/pdab/Documents/Vraylar.pdf.

[16] Ibid.

This determination was based on:

- ✓ Total gross prescription drug spending collected through APAC indicated $37 million spending in 2023
- ✓ 3,897 Oregonians using Vraylar with 29,623 total claims reported in Oregon in 2023, indicating sustained use across payer types
- ✓ Annual out-of-pocket patient cost was approximately $1,046

Lantus SoloStar

The board identified Lantus SoloStar (*insulin glargine*) as meeting the criteria for cost and affordability impacts based on high utilization, substantial system-level spending, and patient cost-sharing exposure.

Insulin glargine is a long-acting recombinant insulin analog indicated to improve glycemic control in type-1 and type-2 diabetes. It is administered via subcutaneous injection and is typically used as basal (long-acting) insulin as part of ongoing diabetes management. The insulin glargine market includes multiple proprietary products with some insulin glargine products approved as interchangeable biosimilars to Lantus.

Affordability impact on the Oregon health care system

Based on 2023 APAC data, 17,503 Oregonians were prescribed Lantus SoloStar, resulting in 77,732 claims and $44,425,416 in total gross prescription drug spending.[17] While utilization alone does not indicate affordability concerns, the breadth of use across payer types amplifies the total system-level spending impact, contributing to higher aggregate gross expenditure. Insurer reporting indicated total commercial payer net spending was $2,966,945, reflecting costs after price concession and other applied price reductions.[18] The board found that this level of utilization and spending across payer types contributes to affordability pressure for the Oregon health care system.

Affordability impact on patient out-of-pocket costs

Based on 2023 APAC data, the average annual out-of-pocket costs for a patient using Lantus SoloStar was approximately $208 across Medicare and commercial payers. Patient out-of-pocket costs averaged approximately $44 per claim, with total gross enrollee cost-sharing exceeding $3.4 million across all payer types.[19] Commercial insurer data further indicated $417,965 in enrollee out-of-pocket costs, the highest among insulin glargine products reviewed.[20]

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[17] Oregon Prescription Drug Affordability Board, "Insulin Glargine Drug Review Packet," Oregon Department of Consumer and Business Services, January 2026. https://dfr.oregon.gov/pdab/Documents/insulin-glargine.pdf.
[18] Oregon Prescription Drug Affordability Board, "Insulin Glargine Drug Review Packet," Oregon Department of Consumer and Business Services, January 2026. https://dfr.oregon.gov/pdab/Documents/insulin-glargine.pdf..
[19] Ibid.
[20] Ibid.

The board considered the out-of-pocket measures alongside insulin's clinical necessity and recurring use, recognizing that ongoing cost-sharing for an essential medication can contribute to patient affordability challenges.

Given insulin's essential and recurring use, the board determined that Lantus SoloStar's utilization, system-level spending, and patient cost exposure may create affordability challenges for the Oregon health care system or high patient out-of-pocket costs.

This determination was based on:

- ✓ Total gross spending of $44,425,416
- ✓ 17,503 Oregonians using Lantus SoloStar
- ✓ Annual out-of-pocket patient cost was approximately $208

Recommendations

[Will be provided after board discussion.]

Conclusion

[Will be written after recommendation considerations.]

DO YOU THINK YOUR PRESCRIPTION DRUGS COST TOO MUCH?

Learn why drug costs are so high

Oregon Prescription Drug Affordability Board helps to protect Oregonians and the health care system from the high cost of prescription drugs. The board wants to reduce financial burdens for patients.

Help us identify solutions to high drug costs

Please come share your story at a community forum with board staff about how prescription drug prices and medication costs have affected you.

In-person forums

Salem – Tuesday, May 5, 5 to 6:30 p.m.
Salem Public Library
585 Liberty St. SE
Salem

Redmond – Wednesday, May 6, 5 to 6:30 p.m.
Redmond Public Library
827 SW Deschutes Ave.
Redmond

Portland – Tuesday, May 12, 6 to 7:30 p.m.
Asian Health Center
9035 SE Foster Road
Portland

Beaverton – Monday, May 18, 5 to 6:30 p.m.
Beaverton Public Library
12375 SW Fifth St.
Beaverton

Online forums

Join any ZoomGov meeting at the scheduled time at zoomgov.com/join.

Enter the meeting ID and passcode

Passcode: OregonPDAB
Dial in by phone: 669-254-5252

Tuesday, April 28, 7 to 8:30 p.m.
Join ZoomGov Meeting
Meeting ID: 161 635 9753

Monday, May 11, noon to 1:30 p.m.
Join ZoomGov Meeting
Meeting ID: 160 556 2737

Wednesday, May 13, 6:30 to 8:30 p.m.
Join ZoomGov Meeting
Meeting ID: 160 948 4958
En Español

PDAB board meeting:

Wednesday, May 20, 8 a.m. to noon
Join ZoomGov Meeting
Meeting ID: 161 233 0328
American Sign Language, Spanish interpretation available

Oregon Prescription Drug
Affordability Board

Learn more on the PDAB website:
dfr.oregon.gov/pdab/

¿CREE USTED QUE EL COSTO DE SUS MEDICAMENTOS RECETADOS ES MUY ALTO?

Conozca por qué los costos de los medicamentos son tan altos
La Junta de Asequibilidad de Medicamentos Recetados ayuda a proteger a los habitantes de Oregon y al sistema del cuidado de la salud de los altos precios de medicamentos recetados. La junta quiere reducir las cargas financieras para los pacientes.

Ayúdenos a identificar soluciones al alto costo de los medicamentos
Por favor, comparta su historia en un foro comunitario con el personal de la junta acerca de cómo los precios de los medicamentos recetados y los costos de los medicamentos le han afectado.

Foros en línea

Únase a cualquier reunión en zoomgov.com/join durante el tiempo agendado
Ingrese el código de identificación de la reunión y la clave

Código de acceso: OregonPDAB
Llame por teléfono: 669-254-5252

Martes, 28 de abril, 7 - 8:30 p.m.
Interpretación en español disponible
Únase a la reunión en Zoomgov
Código de identificación para la reunión:
161 635 9753

Lunes, 11 de mayo, 12 - 1:30 p.m.
Interpretación en español disponible
Únase a la reunión en Zoomgov
Código de identificación para la reunión:
160 556 2737

Miércoles 13 de mayo, 6:30 - 8:30 p.m.
En Español
Únase a la reunión en Zoomgov
Código de identificación para la reunión:
160 948 4958

Reunión de la Junta de PDAB

Miércoles, 20 de mayo, 8 a.m. - 12:00 p.m.
Interpretación en español disponible
Únase a la reunión en Zoomgov
Código de identificación para la reunión:
161 233 0328

Oregon Prescription Drug **Affordability Board**

Aprende más en el sitio web de PDAB: dfr.oregon.gov/pdab/