



### Agenda

This is a draft agenda and subject to change.

Wednesday, **March 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	Chair Shelley Bailey	<i>Informational and vote</i>
Board declarations of conflict of interest and meetings with entities or individuals related to board activities	Chair Shelley Bailey	<i>Informational</i>
<a href="#"><u>Board review of 2/18/2026 minutes</u></a>	Chair Shelley Bailey	<i>Review</i>
PDAB program update	Sarah Young, executive director	<i>Informational</i>
General public comment: limited to 3 minutes per speaker	Chair Shelley Bailey	<i>Informational</i>
<a href="#"><u>Legislative session policy update</u></a>	Jesse O’Brien, policy manager, DFR	<i>Informational</i>
<a href="#"><u>Vote on final 2025 drug review report with recommendations</u></a>	Cortnee Whitlock, senior policy analyst	<i>Discussion and vote</i>
<a href="#"><u>2026 drug review: Select a subset of drugs to prioritize for review under OAR 925-200-0020</u></a>	Chair Shelley Bailey	<i>Discussion and vote</i>
The board will take a break around 10:30 a.m.	Chair Shelley Bailey	<i>Break</i>
Announcements	Chair Shelley Bailey	<i>Informational</i>
Adjournment	Chair Shelley Bailey	<i>Vote</i>

**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](mailto:pdab@dcbs.oregon.gov) or 971-374-3724. American Sign Language will be available during the March 18 board meeting.



**Oregon Prescription Drug Affordability Board Regular Meeting  
Wednesday, Feb. 18, 2026  
Draft Minutes**

**Web link to the meeting video:** <https://youtu.be/LIUdgtiA4Mw>

**Web link to the meeting materials:** <https://dfr.oregon.gov/pdab/Documents/20260218-PDAB-document-package.pdf>

**Call to order:** Acting Chair Dan Hartung called the meeting to order at 8:04 a.m.

**Roll call:**

Present: Acting Chair Dan Hartung, Lauri Hoagland, Dan Kennedy, Michele Koder, Chris Laman

Absent: Chair Shelley Bailey, John Murray

**Board declarations of conflict of interest and meetings with entities or individuals related to board activities:** There were no board declarations. View at video minute [00:01:32](#).

**Approval of board minutes:** Acting Chair Hartung approved by consensus the Jan. 21, 2026, minutes as shown on [Pages 2-10](#) of the agenda materials. View at video minute [00:02:20](#).

**PDAB program update:** Sarah Young, Oregon PDAB executive director, provided a program update. View the video at minute [00:03:13](#).

**General public comment:** Public comment was received from the following individuals who signed up in advance: Dharia McGrew, PhRMA; Primo Castro, Biotechnology Innovation Organization; John Mullin, Oregon Coalition for Affordable Prescriptions; Mary Anne Cooper, Regence; Lorren Sandt, Caring Ambassadors; and Charlie Fisher, OSPIRG. The board received 11 written comments, which are posted on the [PDAB website](#). View at video minute [00:10:57](#).

**Executive session:** The board adjourned to executive session for legal advice pursuant to ORS 192.660(2)(f). No decisions were made in executive session. The board returned to open session and roll was called to determine a quorum.

**Roll call:**

Present: Acting Chair Dan Hartung, Lauri Hoagland, Dan Kennedy, Michele Koder, Chris Laman

Absent: Chair Shelley Bailey, John Murray

**Annual policy review:** The board reviewed and voted on the amended PDAB Policies and Procedures 1. View the revisions on [Pages 11-16](#) of the agenda materials. The amended [Policies and Procedures 1 document](#) has been posted on the PDAB website. View the discussion and vote at video minute [00:33:53](#).



**MOTION to accept the revisions to our policy (Policies and Procedures 01) as amended.**

**Board Vote:**

Motion: Dan Kennedy

Second: Michele Koder

Yes: Lauri Hoagland, Dan Kennedy, Michele Koder, Chris Laman, Acting Chair Dan Hartung

No: None

Absent: Chair Shelley Bailey, John Murray

**MOTION PASSED 5-0**

**House Bill 4040 (2026): Section 38-39:** The board discussed Sections 38-39, which relate to Oregon PDAB, in House Bill (2026), a proposed health care reformed bill. Amendment 14 would provide additional language in ORS 646A.694 that PDAB may identify at least one insulin product from the provided lists under review. Read the PowerPoint slides on [Pages 17-19](#) in the agenda materials. View at video minute [00:41:11](#).

**Policy recommendations to include in the 2025 drug review report:** The board discussed policy recommendations for including in the 2025 drug review report, which will be submitted to the Oregon Legislature in March. The board will vote on both the recommendations and final drug review report at the March meeting. Read the recommendations on [Pages 20-23](#) and the draft drug review report on [Pages 27-38](#) of the agenda materials. View at video minute [00:57:55](#).

**2026 drug review:** The board discussed the updated preliminary lists of prescription drugs and insulin products for the 2026 drug review, based on commercial insurer reporting from calendar year 2024. The [data dashboard and preliminary list](#) of drugs are posted on the PDAB website. View at video minute [02:02:15](#).

**Announcements:** Acting Chair Hartung announced the next board meeting will be March 18, 2026 at 8 a.m. View at video minute [03:09:40](#).

**Adjournment:** Acting Chair Hartung adjourned the meeting at 11:49 a.m. with all board members in agreement. View at video minute [03:09:47](#).

# 2026 Legislative recap for PDAB

**Presenter:**

Jesse O'Brien, DFR policy manager



Department of Consumer  
and Business Services

# 2026 short Legislative session

- Opening day: Feb.2
- Sine Die: March 6
- No agency bills
- Session summary
  - Total bills: 304
  - Total DFR tracked bills: 104
  - Tracked bills that passed: 50

# Key Rx bills

- **HB 4040**: Health omnibus (passed)
  - PDAB insulin review changes
  - PSAO licensure changes
  - Health benefit mandate review
  - Originally included changes to PDAB chair selection process, but these provisions were removed by amendment
- **HB 4131**: Mobile pharmacy licensure (passed)
- **SB 1528**: Patient assistance program reporting to Drug Price Transparency Program (did not pass)
- **SB 1598**: Immunizations and preventive services (passed)

# Questions?

**Jesse O'Brien**

[jesse.e.obrien@dcbs.oregon.gov](mailto:jesse.e.obrien@dcbs.oregon.gov)



Department of Consumer  
and Business Services

# Oregon Prescription Drug Affordability Board

Policy concepts to include in the 2025 drug review report

March 18, 2026

Cortnee Whitlock, program and senior policy analyst



Oregon Prescription Drug  
Affordability Board



# Policy concepts

Considerations	1. Patient out-of-pocket cap	2. Point-of-sale rebate pass-through
Policy mechanism	Limit the maximum amount a patient can pay for a prescription drug at the pharmacy counter.	Require patient cost-sharing to be calculated using the drug's net price after rebates and price concessions rather than the list price.
Primary objective	Provide predictable and immediate financial protection for patients using high-cost medications	Ensure patients benefit directly from negotiated rebates and discounts that lower the net price of drugs
How patient costs change	Patient liability is capped at a fixed dollar amount per prescription (e.g. per 30-day supply)	Patient cost-sharing varies depending on the negotiated net price of the drug and the plan's benefit design.
Impact on underlying drug price	Does not change the drug price, limits patient share of the cost	Does not change the drug price but aligns patient cost-sharing with the drug net price rather than the list price.



# Policy concepts

Considerations	1. Patient out-of-pocket cap	2. Point-of-sale rebate pass-through
Potential benefits	<ul style="list-style-type: none"><li>• Clear and predictable patient costs</li><li>• Simple to understand for patients</li><li>• Greater transparency around net price</li></ul>	<ul style="list-style-type: none"><li>• Immediate financial protection</li><li>• Patients directly benefit from negotiated rebates</li><li>• Aligns incentive with negotiated discounts.</li></ul>
Patient concerns	<ul style="list-style-type: none"><li>• Costs may shift to premiums or plan liability</li><li>• Does not address rebate transparency</li></ul>	<ul style="list-style-type: none"><li>• Patient costs may vary across plans depending on rebate negotiations</li><li>• Operational complexity in estimating rebates at point-of-sale</li></ul>



# DRAFT

## 2025

### Drug Review Report for the Oregon Legislature

March 18, 2026



Oregon Prescription Drug  
Affordability Board

## **Acknowledgments**

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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 senior policy analyst

**Stephen Kooyman**, project manager

**Melissa Stiles**, administrative specialist

**Heather Doyle**, data analyst

**Pei Choo**, data researcher

### **Other contributors of this report:**

**Jason Horton**, public information officer, DCBS

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# Statutory authority and scope of the review

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The Oregon Prescription Drug Affordability Board (PDAB) conducts annual affordability reviews under the authority granted by Senate Bill (SB) 844 (2021) and codified in Oregon Revised Statute (ORS) 646A.693 to ORS 646A.697.<sup>1</sup> 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 Oregon Legislature has enacted legislation to refine the board's governance structure and review responsibilities. SB 192 (2023) expanded the board's membership from five members to eight, strengthening the board's capacity to conduct

affordability reviews.<sup>2</sup> SB 289 (2025) further clarified the board's annual review obligations by specifying that, for each calendar year, the board will identify up to nine prescription drugs for affordability review, providing flexibility and meaningful evaluation of high-impact products.<sup>3</sup>

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

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1 SB 844 (2021) <https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/SB844/Enrolled>.

2 SB 192 (2023) <https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB192/Enrolled>

3 SB 289 (2025) <https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB289/Enrolled>

4 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>.

## Overview of the 2025 review process

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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. These data from plan year 2023, submitted to DPT in 2024, were the most recent data available at the beginning of calendar year 2025.<sup>5</sup>

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, board members reviewed utilization trends, cost metrics, and other indicators and applied the criteria in OAR 925-200-0010 to prioritize products warranting further evaluation.<sup>6</sup>

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 of the review.

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.<sup>7</sup>

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.



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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>.

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.

# 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.

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

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

# Product-specific cost and affordability determination

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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 effects 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 through 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 effect 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.<sup>8</sup> 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.<sup>9</sup>

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, the net cost for Cosentyx remained substantial, and the effect 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 effect. 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.

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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.

## **Affordability effect on patient out-of-pocket costs**

Based on 2023 APAC data, the average annual out-of-pocket cost for a patient using Cosentyx was about \$2,422 across Medicare and commercial payers.<sup>10</sup> These costs reflect deductibles, coinsurance, and cost-sharing associated with specialty tier placement and may pose an 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 effects 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 about 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 about \$2,422

## **Trulicity**

The board identified Trulicity (*dulaglutide*) as meeting the criteria for cost and affordability effects 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.<sup>11</sup>

## **Affordability effect on the Oregon health care system**

Based on Oregon's 2023 APAC data, Trulicity accounted for more than \$152 million in total gross prescription drug spending in Oregon, and 18,659 Oregonians filled a prescription for the drug.<sup>12</sup> 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 WAC was 5 percent, exceeding the general consumer price index inflation rate from 2018 to 2024.<sup>13</sup>

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 effect.

## **Affordability effect on patient out-of-pocket costs**

Based on APAC data, patient out-of-pocket costs associated with Trulicity averaged about \$528

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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>.

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.

annually across Medicare and commercial payers.<sup>14</sup> 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 more than \$152 million
- ✓ 18,659 Oregonians using Trulicity
- ✓ WAC increases averaging 5 percent annually and exceeding inflation in multiple years
- ✓ Annual out-of-pocket patient cost was about \$528
- ✓ A majority of commercial plans included access-related factors

## Vraylar

The board identified Vraylar (*capripazine/capripazine HCl*) as meeting the criteria for cost and affordability effects 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 effect on the Oregon health care system

Based on 2023 APAC data, Vraylar accounted for about \$37 million in total gross prescription drug spending in Oregon, and 3,897 Oregonians filled a prescription for the drug.<sup>15</sup> This level of utilization, combined with high per-enrollee cost, contributes to a meaningful system-level financial effect across payer types.

The board also reviewed commercial insurance 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 effect 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.<sup>16</sup> 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 the 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

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14 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>.

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

16 Ibid.

the Oregon health care system or high patient out-of-pocket costs.

This determination was based on:

- ✓ Total gross prescription drug spending of about \$37 million
- ✓ 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 about \$1,046

## Lantus SoloStar

Consistent with statutory requirements under ORS 646A.694, the board identified Lantus SoloStar (*insulin glargine*) as one insulin product for inclusion 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 through 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 effect on the Oregon health care system

Based on 2023 APAC data, 17,503 Oregonians were prescribed Lantus SoloStar, resulting in 77,732 claims and more than \$44 million in total gross prescription drug spending.<sup>17</sup> While utilization alone does not indicate affordability concerns, the breadth of use across payer types amplifies the total system-level spending effect, contributing to a higher aggregate gross expenditure. Insurer

reporting indicated total commercial payer net spending was about \$2.9 million, reflecting costs after price concession and other applied price reductions.<sup>18</sup> The board found that this level of utilization and spending across payer types contributes to affordability pressure for the Oregon health care system.

### Affordability effect 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 about \$208 across Medicare and commercial payers. Patient out-of-pocket costs averaged about \$44 per claim, with total gross enrollee cost-sharing exceeding \$3.4 million across all payer types.<sup>19</sup> Commercial insurer data further indicated \$417,965 in enrollee out-of-pocket costs, the highest among insulin glargine products reviewed.<sup>20</sup>

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 more than \$44 million
- ✓ 17,503 Oregonians using Lantus SoloStar
- ✓ Annual out-of-pocket patient cost was about \$208

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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 Ibid.

19 Ibid.

20 Ibid.

## Recommendations

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Targeted caps on out-of-pocket costs for drugs identified through affordability reviews where not already considered (i.e., insulin).

## Conclusion

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PDAB's 2025 drug review applied a structured, evidence-based methodology grounded in statutory criteria, rule guidance, and multiple data sources, including APAC gross spending and commercial health insurer reporting net cost information. Through this process, the board identified Cosentyx, Trulicity, Vraylar, and Lantus SoloStar as products that may create affordability challenges due to a combination of utilization, system-level spending, continued price growth, and patient cost exposure. While rebates and other price concessions reduce net expenditures for some payers, the reviews indicated that these deductions do not fully offset the aggregate financial burden experienced across the health care system or certain patient populations requiring ongoing therapy.

Taken together, the findings highlight that affordability concerns are not driven by a single metric, but by the intersection of high per-patient

costs, continuing use patterns, and cumulative spending across public and private payers. For essential and maintenance therapies in particular, even moderate cost-sharing can create recurring financial strain that may affect patient adherence and access over time. The board's determination therefore reflects both the system-level fiscal effect and the lived cost burden experienced by Oregonians who rely on these medications for long term disease management.

These results support a targeted policy approach that prioritizes products associated with affordability challenges while preserving flexibility for future reviews as market conditions evolve. Continued monitoring of utilization, price trends, net cost dynamics, and patient out-of-pocket costs will ensure that policy reviews remain evidence-based and responsive to emerging cost pressures.





Oregon Prescription Drug  
Affordability Board

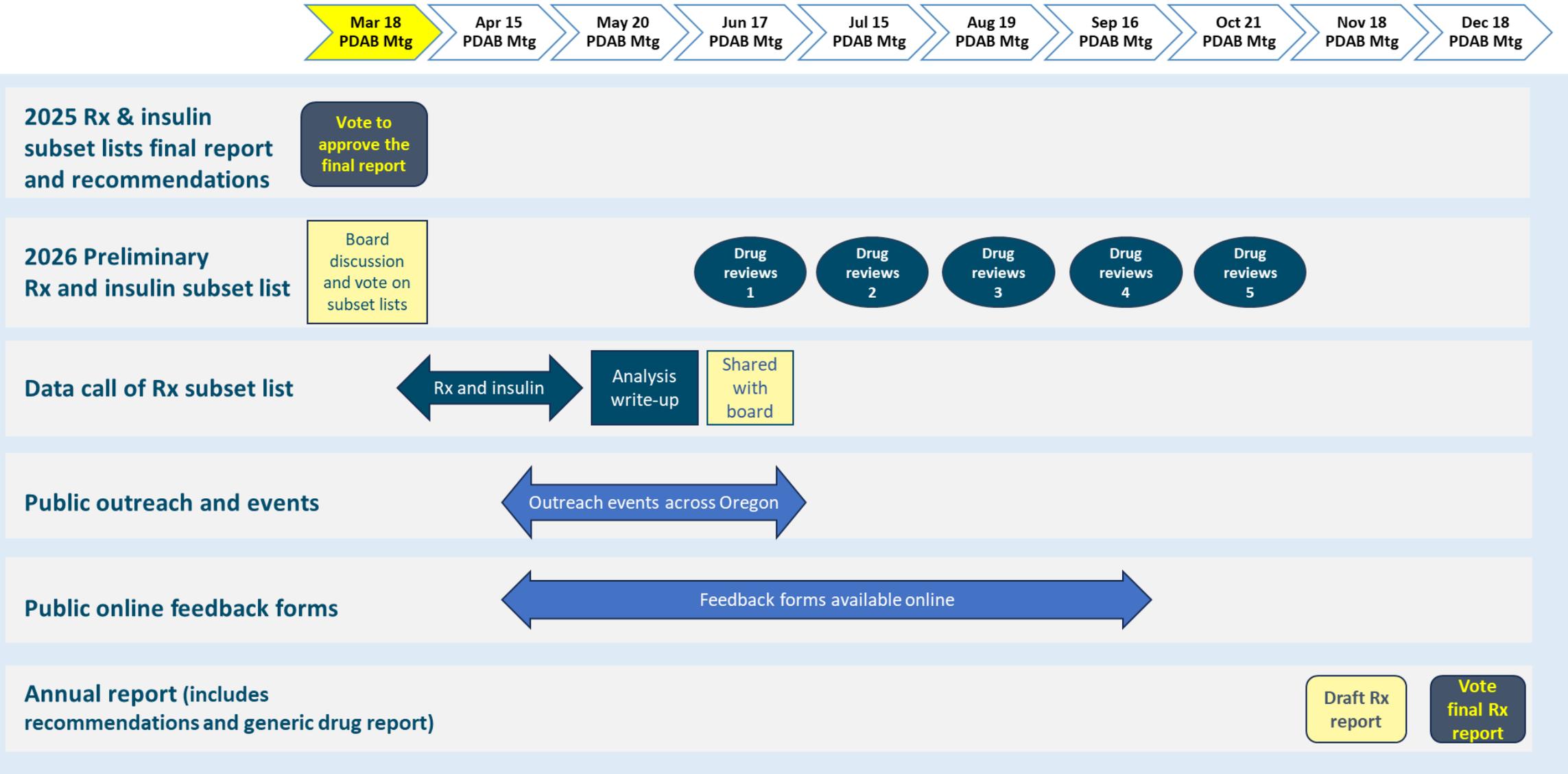


# Prescription Drug Affordability Board

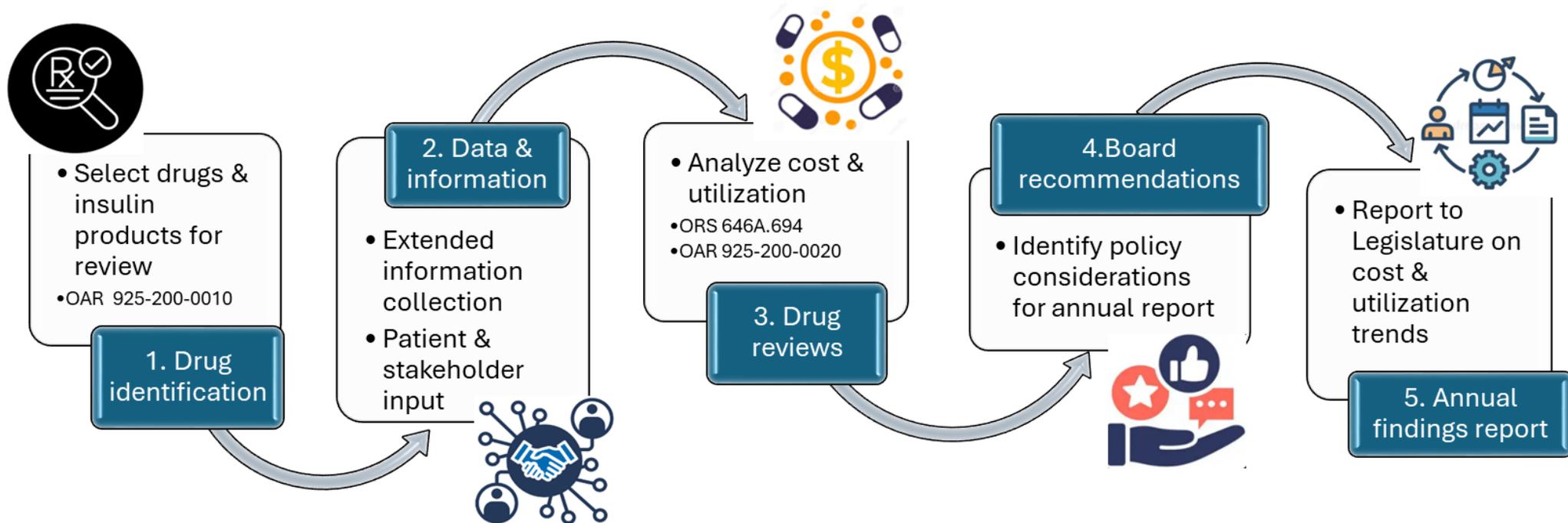
## 2026 Draft drug review roadmap

March 18, 2026

# Draft drug review & annual report calendar



# Oregon PDAB Drug Review Process



*Advancing transparency & analysis of prescription drugs costs*

*Through independent affordability reviews and policy recommendations*

# Oregon PDAB drug review process

## **1. Drug identification**

Select a subset of drugs and insulin products from preliminary lists for review (OAR 925-200-0010).

## **2. Data and information**

Collect additional information from manufacturers, insurers, and other stakeholders, and gather patient and public input.

## **3. Affordability reviews**

Analyze drug cost trends, utilization patterns, and affordability impacts (ORS 646A.694 & OAR 925-200-0020).

## **4. Board recommendations**

The board deliberates on findings and determines whether policy recommendations should be included in the annual report.

## **5. Legislative reporting**

Findings and recommendations are summarized in the annual report submitted to the Oregon Legislature.



## Board memo

**Associated board meeting date:** March 18, 2026

**Agenda item:** 2026 drug review

At the Feb. 18, 2026, board meeting, board members discussed preparations for the upcoming annual drug affordability review and the selection of a preliminary subset list. In alignment with the purpose and direction of [OAR 925-200-0010](#), which outlines the criteria for selecting prescription drugs for affordability reviews, the board agreed that each member would provide staff with a list of drugs they believe should be considered during this year's review cycle.

Following the meeting, board members submitted their individual selections to staff. The list below reflects the full set of drugs submitted for consideration. These submissions, along with next steps, will be discussed at the upcoming board meeting.

### Drill-down criteria for the preliminary drug list:

- Focus on brand-name drugs only
- Remove antivirals, toxoids, and vaccines
- Remove therapeutic equivalents and biosimilars
- Remove drugs previously determined by the board to have an impact on the system or patient cost (Cosentyx, Trulicity, Vraylar)
- Sort one filter from highest to lowest net spending
- Sort another filter highest to lowest spending per enrollee

Table: Drug consideration for subset list

Drug consideration		Insulin products
Dupixent*	Orencia*	Fiasp FlexTouch
Eliquis	Ozempic	Humulin R U-500
Enbrel*	Perjeta	Humulin R U-500 KwikPen
Entyvio*	Rinvoq*	Lyumjev
Eylea*	Skyrizi*	
Inflectra*	Stelara*	
Jardiance	Taltz	
Keytruda*	Tremfya	
Mounjaro	Verzenio	
Ocrevus	Xeljanz	
Opdivo*	Xolair	

\*Indicates an orphan condition drug



## Web links to preliminary drug lists for 2026 drug review

**Agenda item:** 2026 drug review: Select a subset of drugs to prioritize for review under OAR 925-200-0020.

**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 – v02](#)

**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:**  
[dfr.oregon.gov/pdab/Documents/2026 Drug Review Preliminary List v04.xlsx](https://dfr.oregon.gov/pdab/Documents/2026_Drug_Review_Preliminary_List_v04.xlsx)
- **Insulin products preliminary list:**  
[dfr.oregon.gov/pdab/Documents/2026 Drug Review Insulin Preliminary List v02.xlsx](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](#).

# DO YOU THINK YOUR PRESCRIPTION DRUGS COST TOO MUCH?

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



Oregon Prescription Drug  
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### Online forums

Join any ZoomGov meeting at the scheduled time at [zoomgov.com/join](https://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



Share your story in the online feedback form:  
[dfr.oregon.gov/pdab/](https://dfr.oregon.gov/pdab/)

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

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](https://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  
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**Comparta su historia en el formulario de comentarios en línea:**  
[dfr.oregon.gov/pdab/](https://dfr.oregon.gov/pdab/)