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, **September 16, 2026 – 8 a.m.**

Register for meeting: **Zoom link**

Table 1 Board agenda details.

Subject	Presenter	Purpose
Call to order and roll call	Chair Shelley Bailey	*Informational and vote*
Board declarations of conflict of interest and meetings with entities or individuals related to board activities	Chair Shelley Bailey	*Informational*
Board review of 8/19/2026 minutes	Chair Shelley Bailey	*Review*
PDAB program update	Sarah Young, executive director	*Informational*
General public comment: 3 minutes per speaker	Chair Shelley Bailey	*Informational*
Oregon Office of Rural Health presentation	Robert Duehmig, ORH director	*Informational*
The board will take a break around 10 a.m.	Chair Shelley Bailey	*Break*
2026 Drug review of Jardiance, Mounjaro, Ozempic, Humulin R U-500, Keytruda, Verzenio, Xeljanz, Ocrevus, Skyrizi, Tremfya, and Xolair • Drug review public comments, 3 minutes per speaker. (Board members may have follow up questions for the public comment speakers.) • Board discussion about the prescription drugs under review in 2026	Chair Shelley Bailey and Cortnee Whitlock, program and senior policy analyst	*Discussion and review*
Board discussion and potential vote: policy concepts for annual report	Cortnee Whitlock	*Discussion and potential vote*
Board discussion: feedback form available all year	Sarah Young	*Discussion*
Announcements	Chair Shelley Bailey	*Informational*
Adjournment	Chair Shelley Bailey	*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 meeting.

Oregon Prescription Drug Affordability Board

Oregon Prescription Drug Affordability Board Regular Meeting

Wednesday, August 19, 2026
Draft Minutes

Web link to the meeting video: https://youtu.be/5GDmlQ9Hh7c
Web link to the meeting materials: https://dfr.oregon.gov/pdab/Documents/20260819-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, Noelle Redmond
Absent: John Murray

Board declarations of conflict of interest and meetings with entities or individuals related to board activities: Chris Laman provided a statement. View this agenda item at video minute 00:01:00.

Approval of board minutes: Chair Bailey approved by consensus the July 15, 2026, minutes as shown on Pages 2-3 of the agenda materials. View this agenda item at video minute 00:02:19.

PDAB program update: Sarah Young, PDAB executive director, provided a program update. View this agenda item at video at minute 00:02:44.

General public comment: Primo Castro of BIO and Terrell Sweat of Johnson & Johnson spoke to the board during the general public comment period. The board received one written general comment, which is posted on the PDAB website. View this agenda item at video minute 00:08:35.

Drug review public comment:
The board received 17 written drug review comments, which are posted on the PDAB website. Ten people spoke during the drug review public comment period. See table below for speaker names and affiliations. View this agenda item at video minute 00:14:53.

Table 1: Drug review public comment speakers

Speaker name	Affiliation	Drug
Patrick Altiere	Patient	Ocrevus
Lisa Carman	Genentech	Ocrevus
Arcadi Kolchak	AbbVie	Skyrizi
Chris Herbine	Johnson & Johnson	Tremfya
Kelly Cleary	Food Allergy Research and Education	Xolair

Speaker name	Affiliation	Drug
Susan Powell	Patient	Xolair
Jenna Riemenschneider	Asthma and Allergy Foundation of America	Xolair
Dr. Joshi Shyam	Oregon Health and Science University	Xolair
Lisa Carman	Genentech	Xolair

Drug review: Ocrevus, Skyrizi, Tremfya, and Xolair: Cortnee Whitlock, PDAB program and senior policy analyst, presented the drug review reports, followed by board discussion. She reviewed the 2026 drug review roadmap on Page 5 of the agenda materials while Sarah Young, executive director, reviewed the statewide reference document for 2024 data. Board members discussed the drug review reports for Ocrevus, Skyrizi, Tremfya, and Xolair. Find links to all the drug review documents discussed at the board meeting on Page 6 of the agenda materials. View this agenda item at video minute 00:47:46.

Announcements: Chair Bailey announced the next board meeting will be September 16, 2026, beginning at 8 a.m. Pacific time. View this agenda item at video minute 02:08:28.

Adjournment: Chair Bailey adjourned the meeting at 10:15 a.m. with all board members in agreement. View this agenda item at video minute 02:08:37.

OREGON OFFICE of RURAL HEALTH

OPPORTUNITY Just knock.

Robert Duehmig

Director
Oregon Office of Rural Health
duehmigr@ohsu.edu

Who we are

- Oregon's Office of Rural Health (ORH)
- Created in 1979 by the Oregon Legislature & housed at OHSU

What we do

- Collect & disseminate information
- Provide technical assistance
- Coordinate rural health activities
- Recruitment support for Oregon's underserved communities

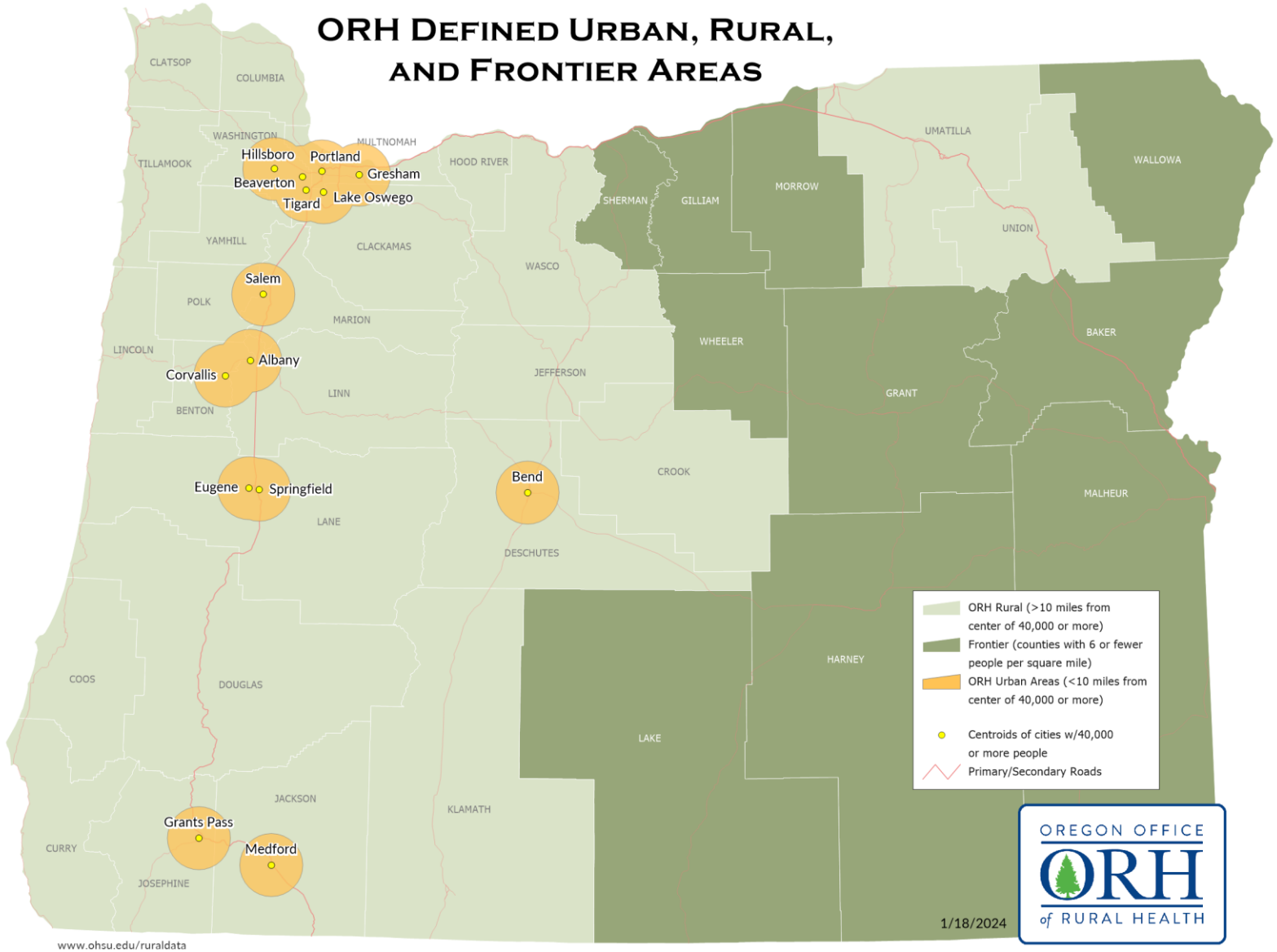
Office of Rural Health Rural Definition

- All geographic areas in Oregon 10 or more miles from the centroid of a population center of 40,000 people or more
- 341 Oregon zip codes are designated rural areas
- Downloadable lists of rural zip codes and maps available on the ORH website:

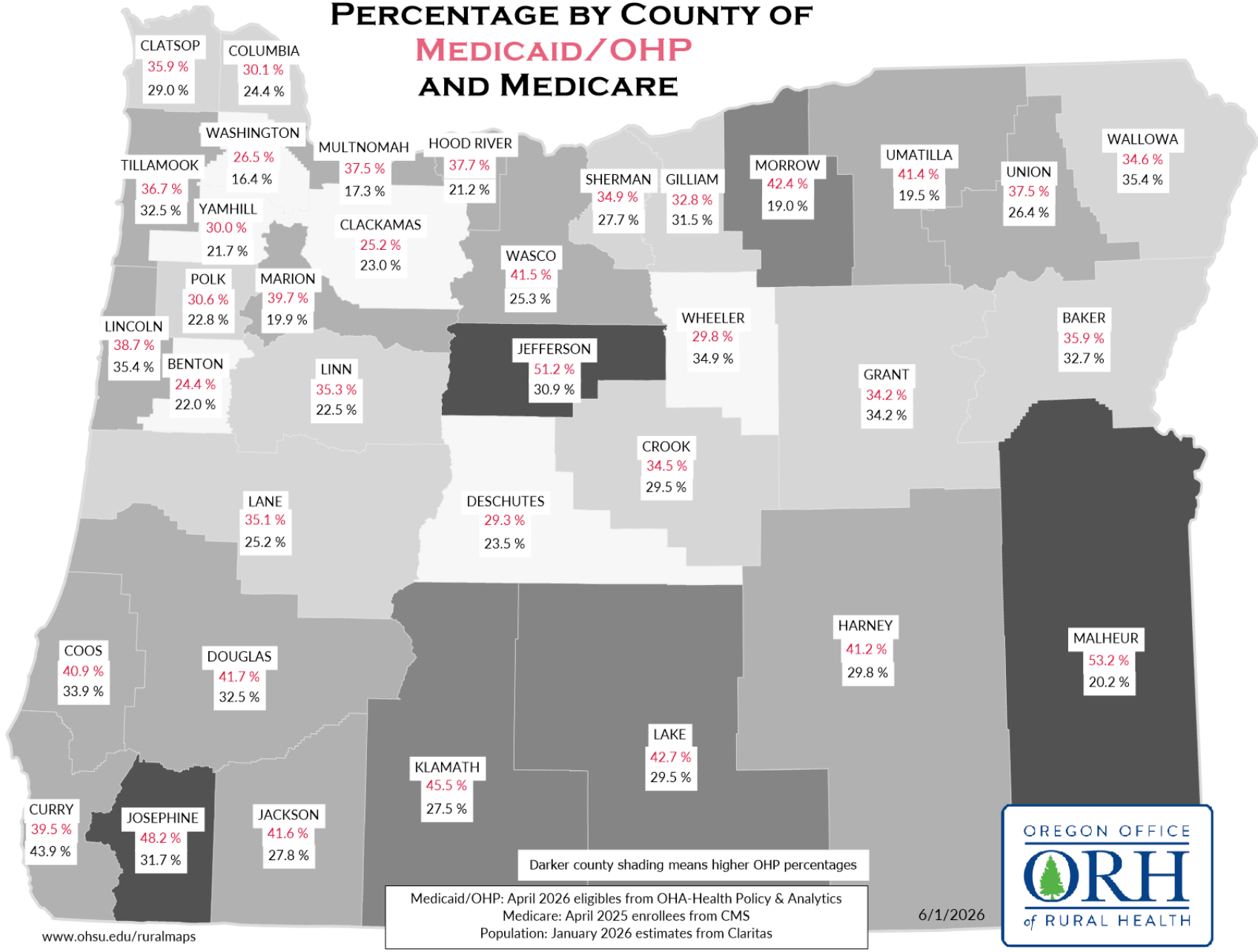
  http://www.ohsu.edu/xd/outreach/oregon-rural-health/**data/rural-definitions**/index.cfm

- Frontier/remote – 6 or fewer people per square mile

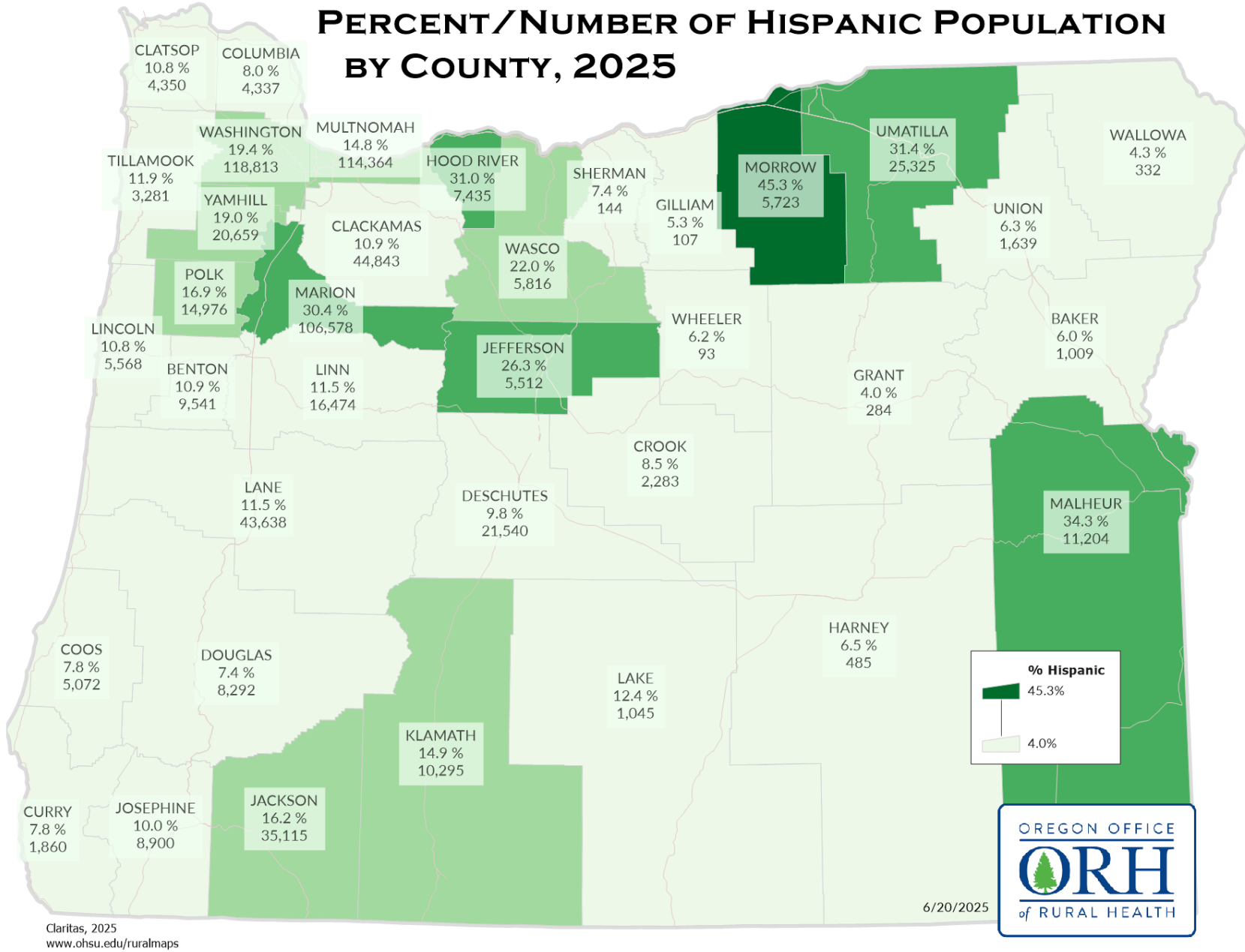
ORH Defined Urban, Rural, and Frontier Areas



Percentage by County of Medicaid/OHP and Medicare



Percent/Number of Hispanic Population by County, 2025



Claritas, 2025
www.ohsu.edu/ruralmaps

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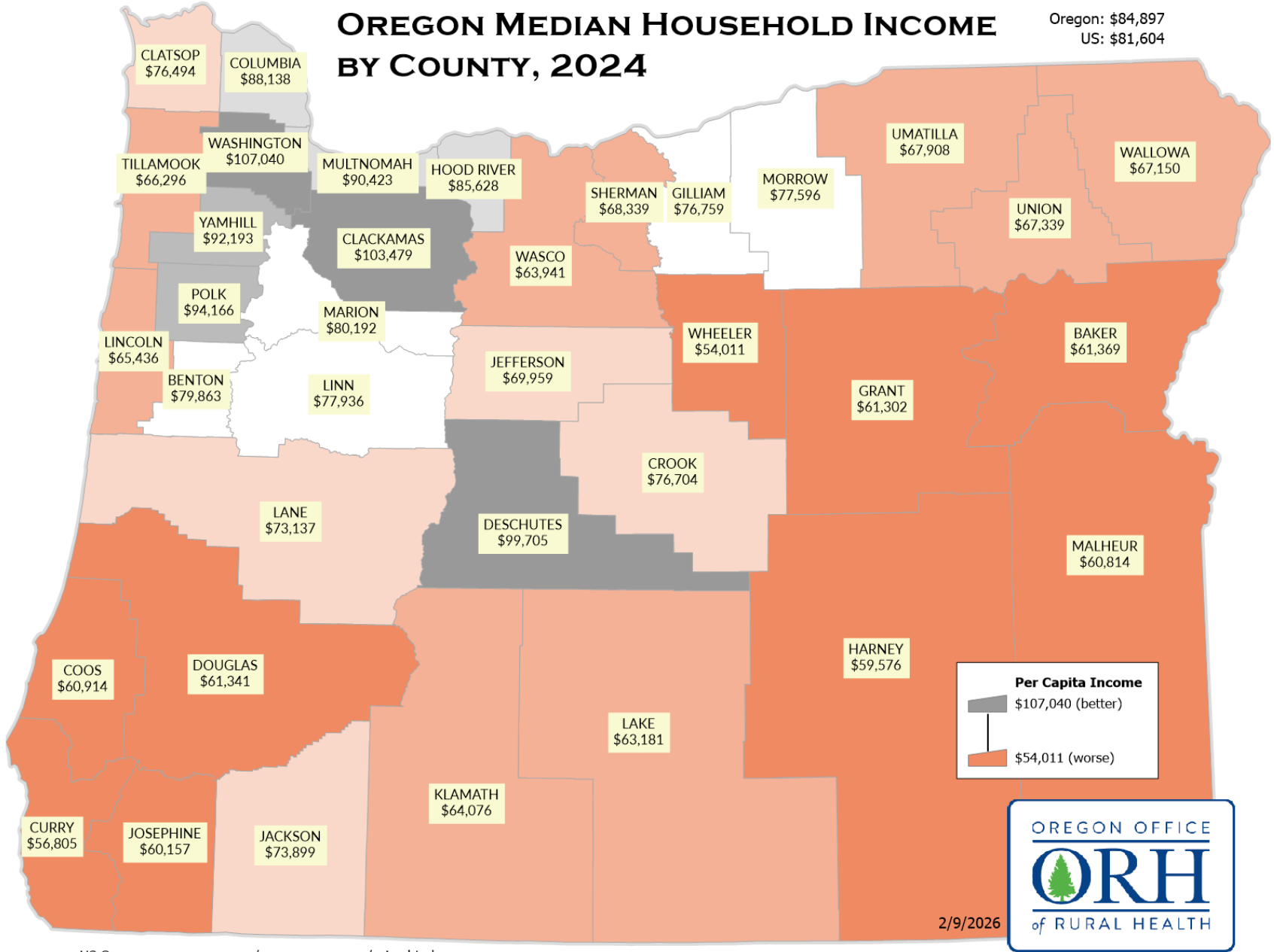
Oregon Median Household Income by County, 2024

Oregon: $84,897
US: $81,604



2/9/2026

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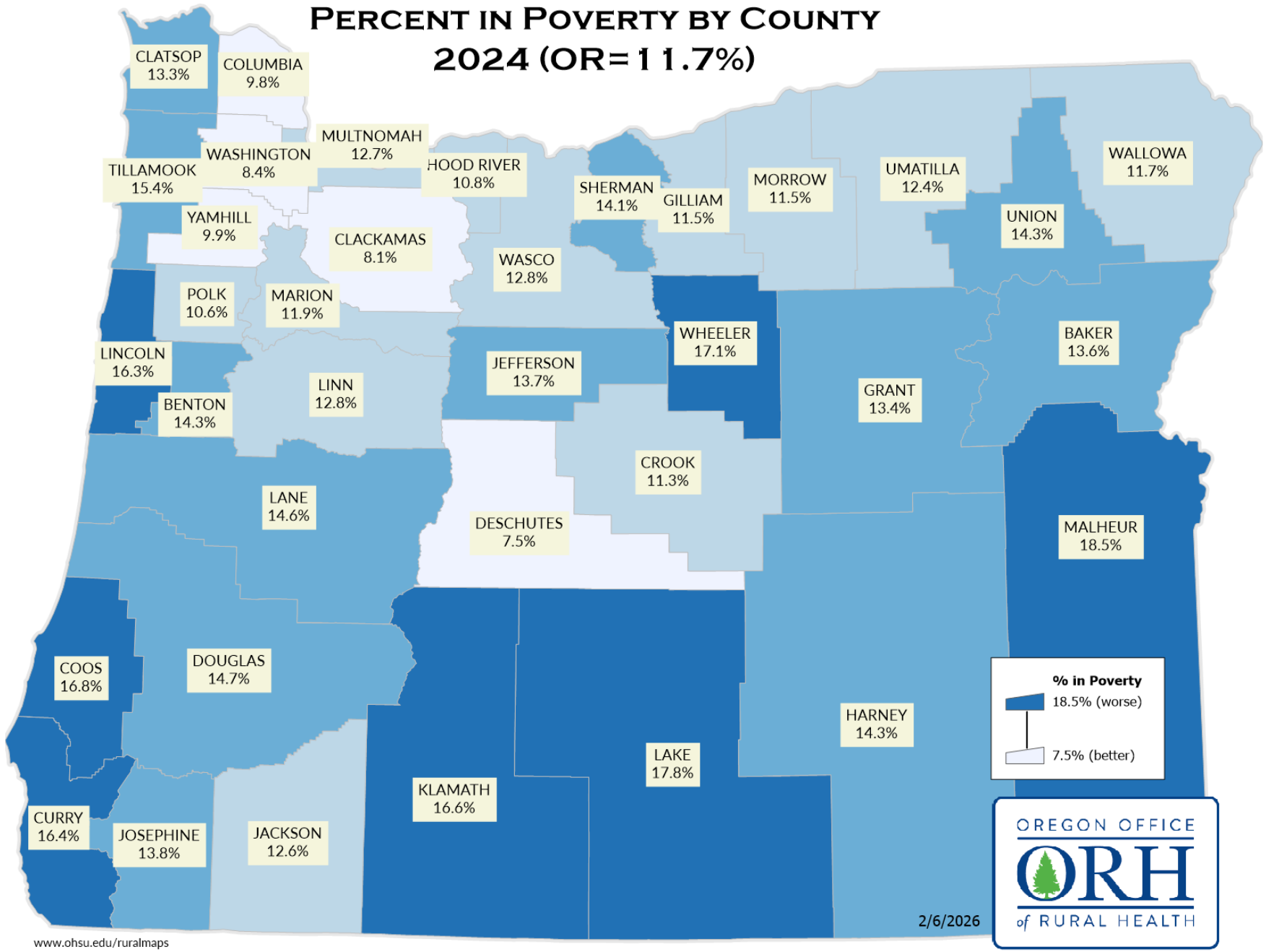
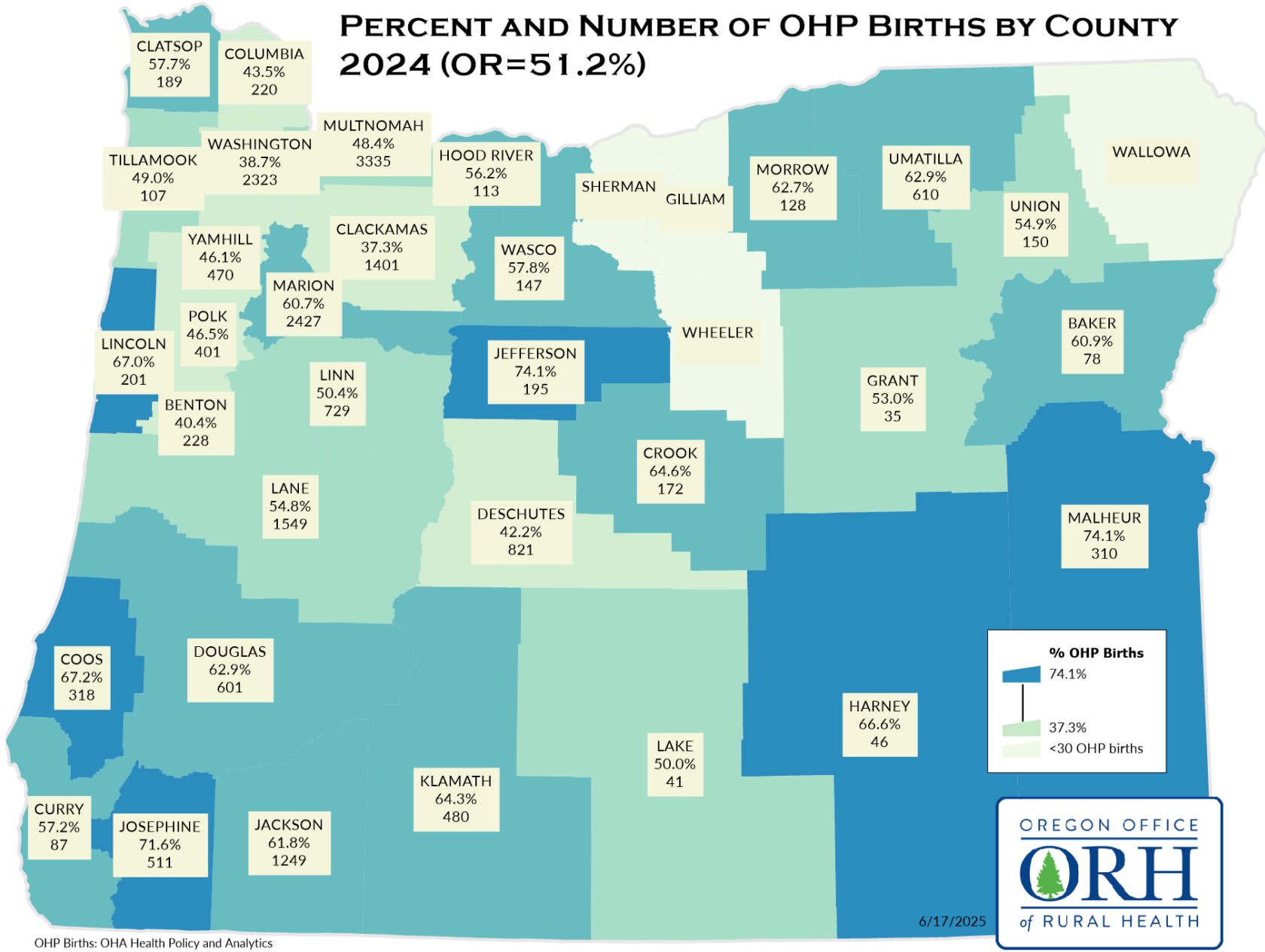
source: US Census: www.census.gov/programs-surveys/saipe.html



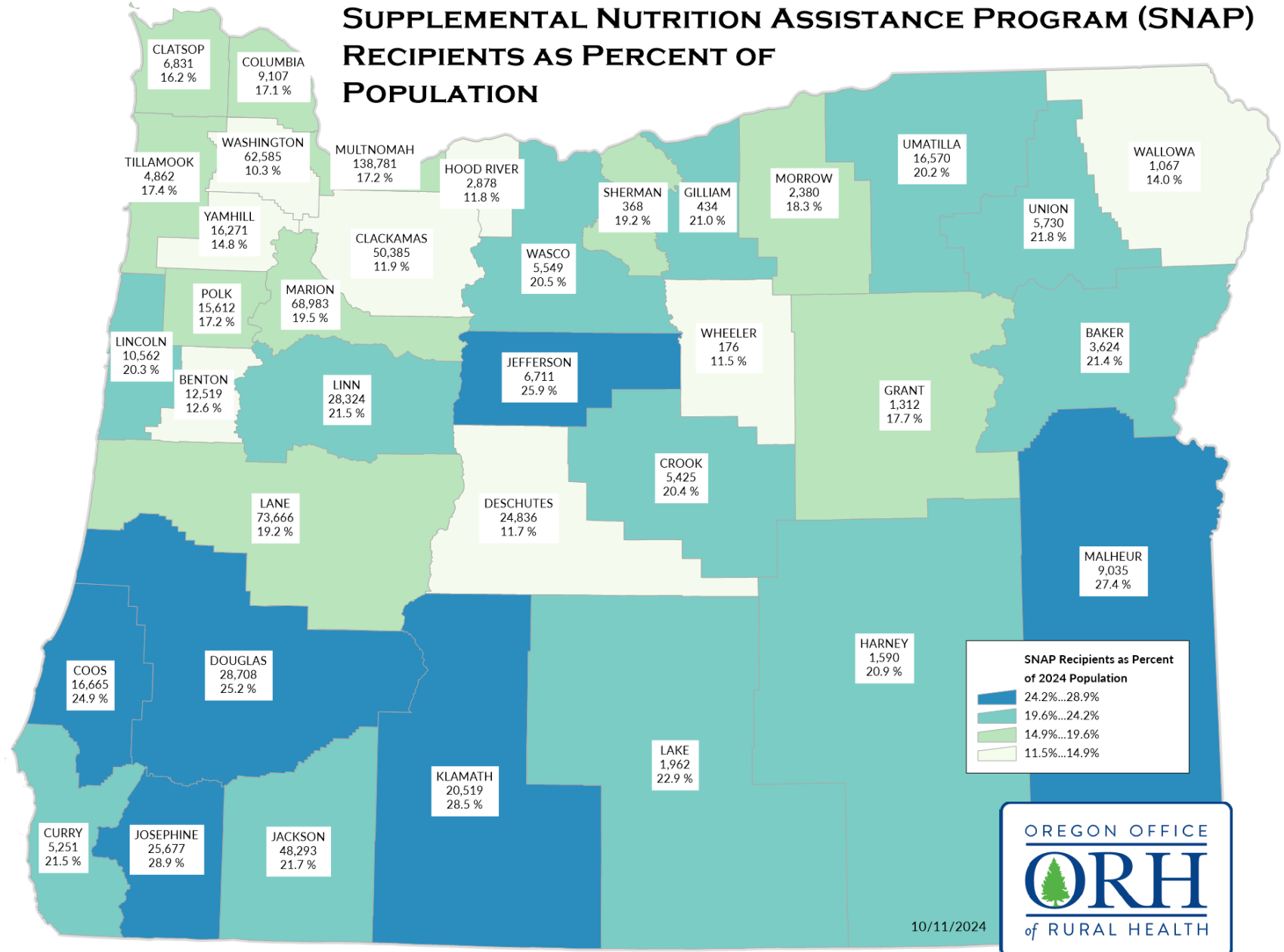
For a single individual, the FPL is about **$15,000** a year; for a family of four, it is roughly **$31,200**

Percent and Number of OHP Births by County
2024 (OR=51.2%)



OHP Births: OHA Health Policy and Analytics
Total Births: www.oregon.gov/oha/PH/BirthDeathCertificates/VitalStatistics/birth/Pages/index.aspx

Supplemental Nutrition Assistance Program (SNAP) Recipients as Percent of Population



sources: OR Dept of Human Services (June 2024); Claritas 2024

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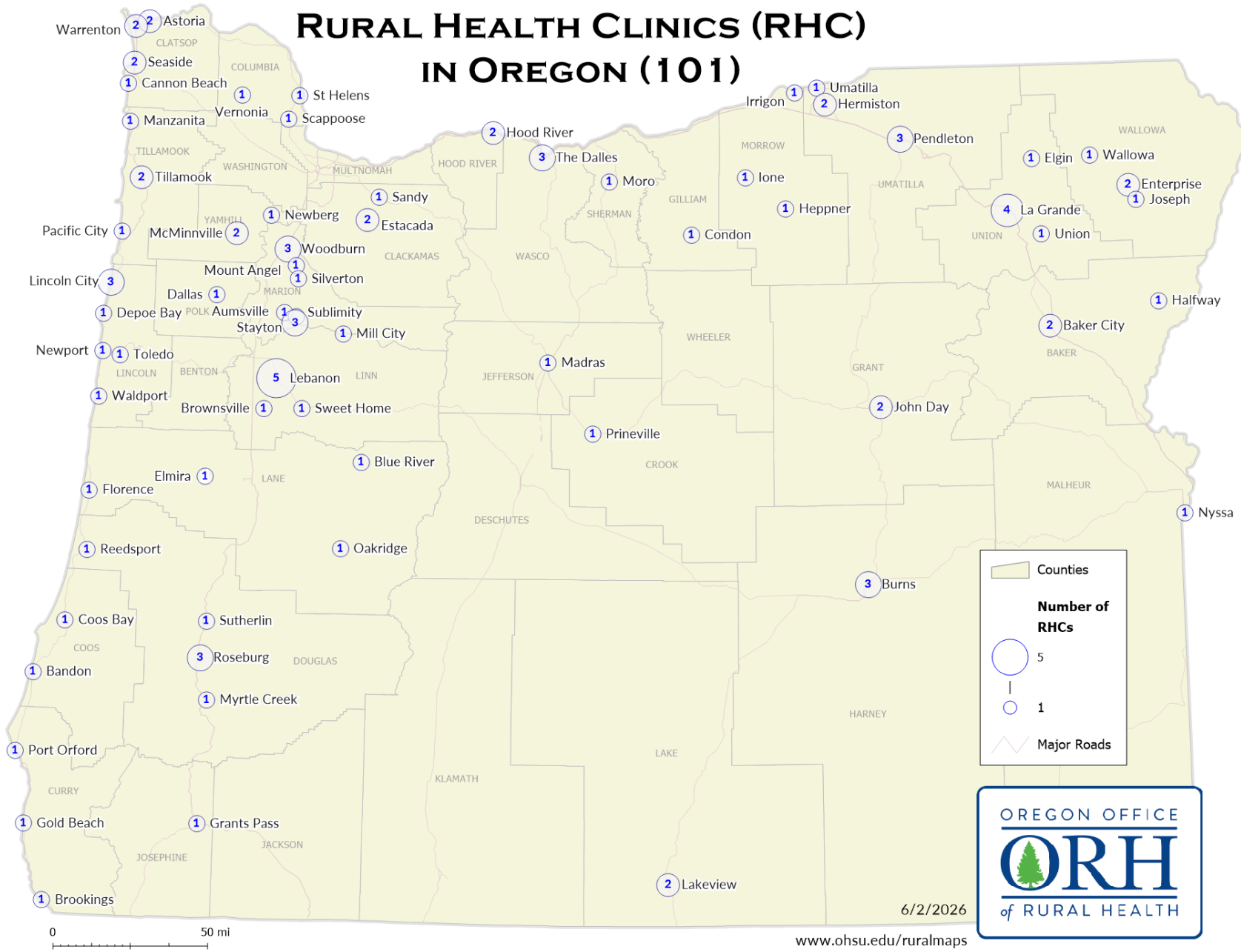
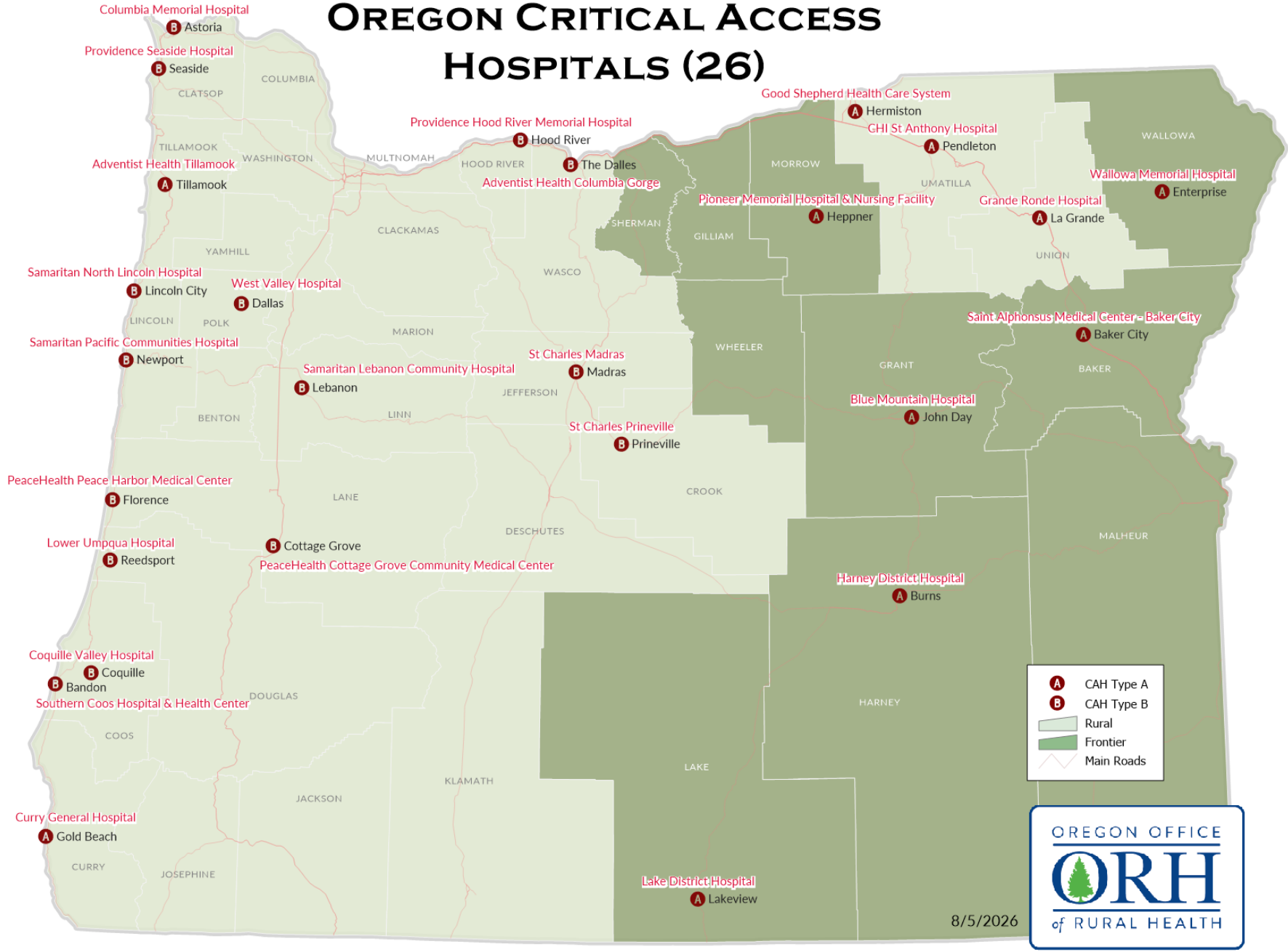
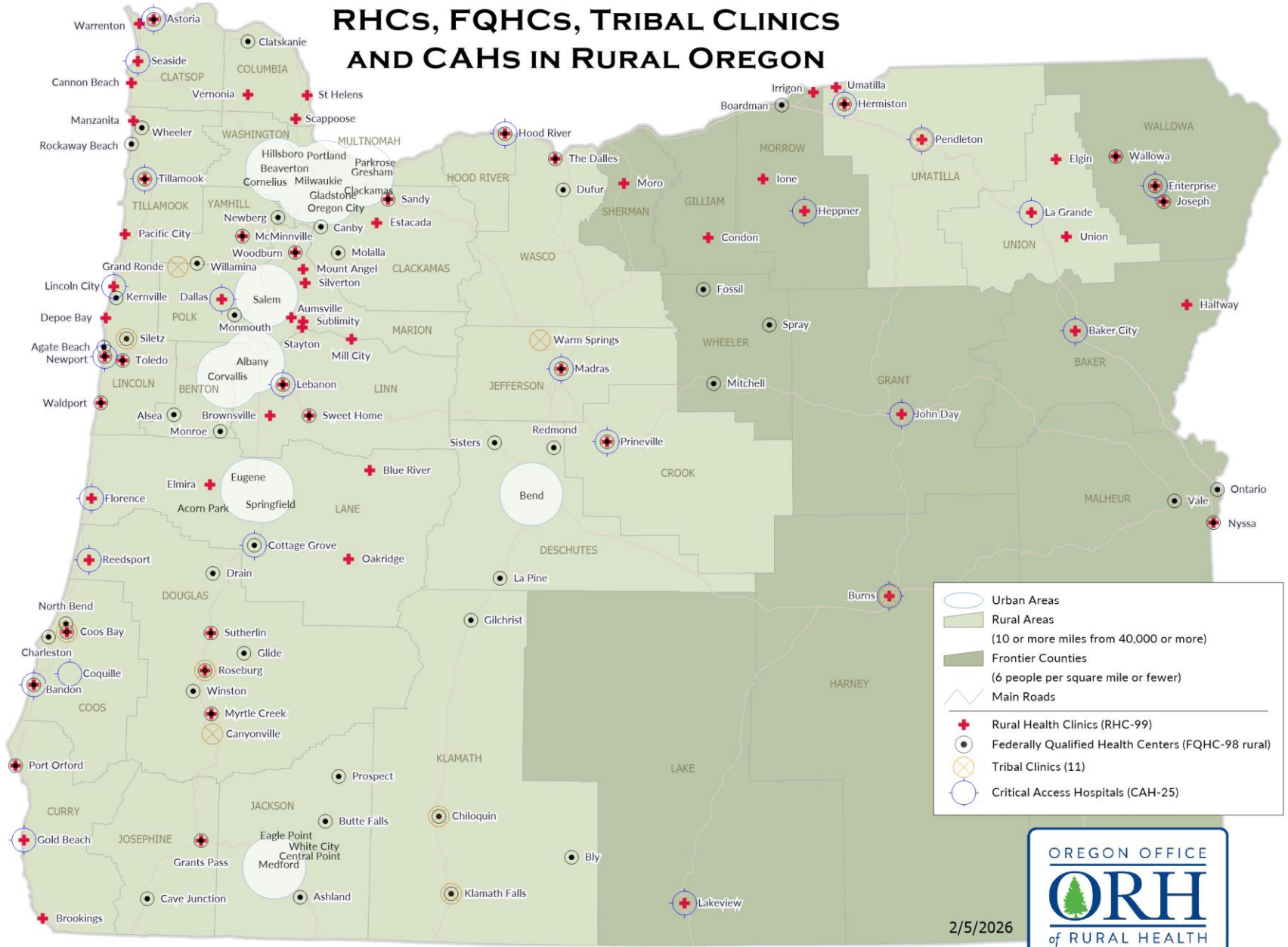
Rural Health Clinics (RHC) in Oregon (101)



Oregon Critical Access Hospitals (26)

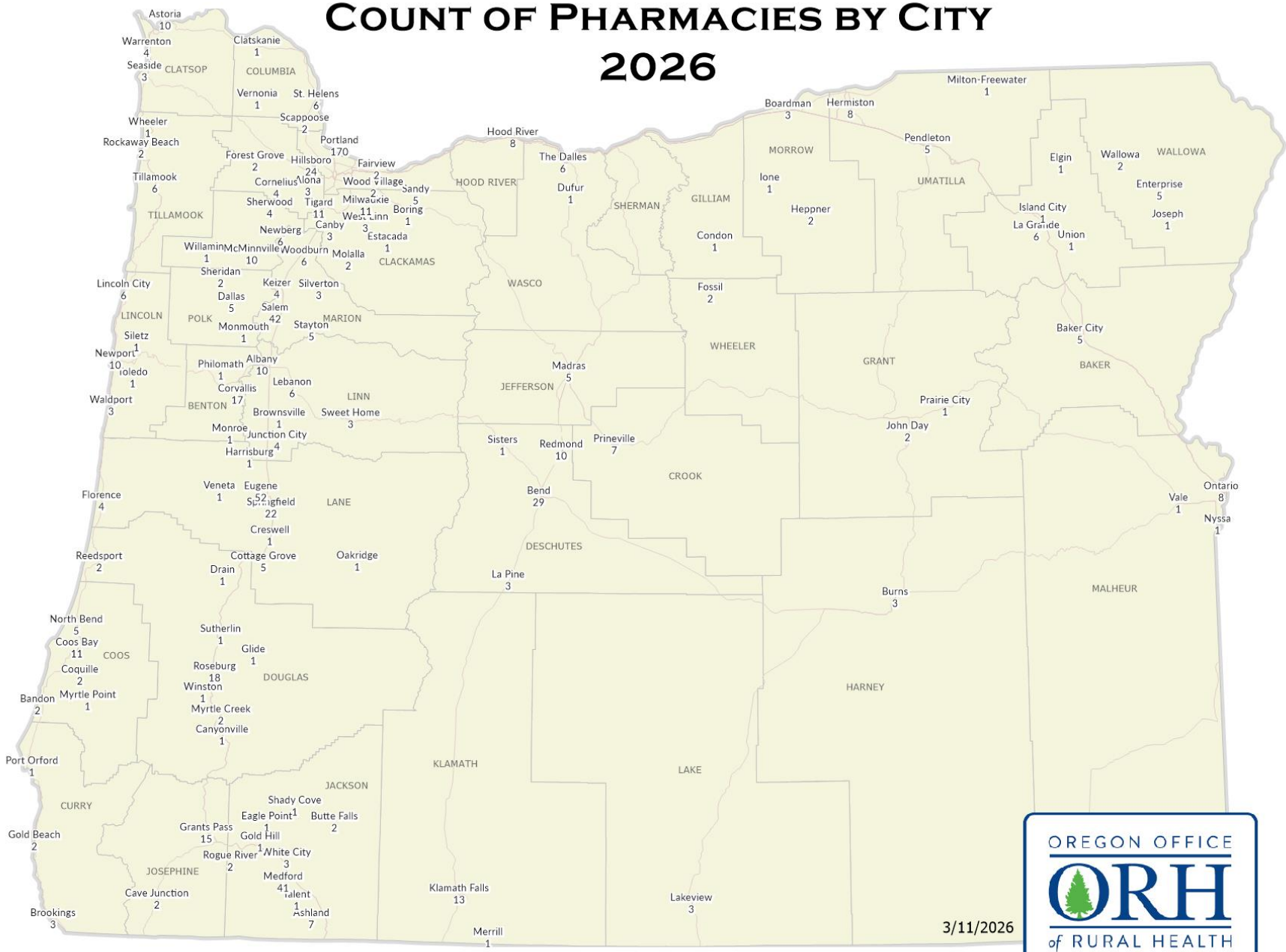


RHCs, FQHCs, Tribal Clinics and CAHs in Rural Oregon



RHCs: qcor.cms.gov
FQHCs: www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/HEALTHCAREPROVIDERSFACILITIES/HEALTHCAREHEALTHCAREREGULATIONQUALITYIMPROVEMENT/Documents/FQHCList.pdf
Tribal Clinics: www.npaihb.org/member-tribes
CAHs: www.ohsu.edu/oregon-office-of-rural-health/oregons-cahs

Count of Pharmacies by City 2026



Source: www.oregon.gov/pharmacy/Documents/List_of_Registered_Pharmacies.pdf

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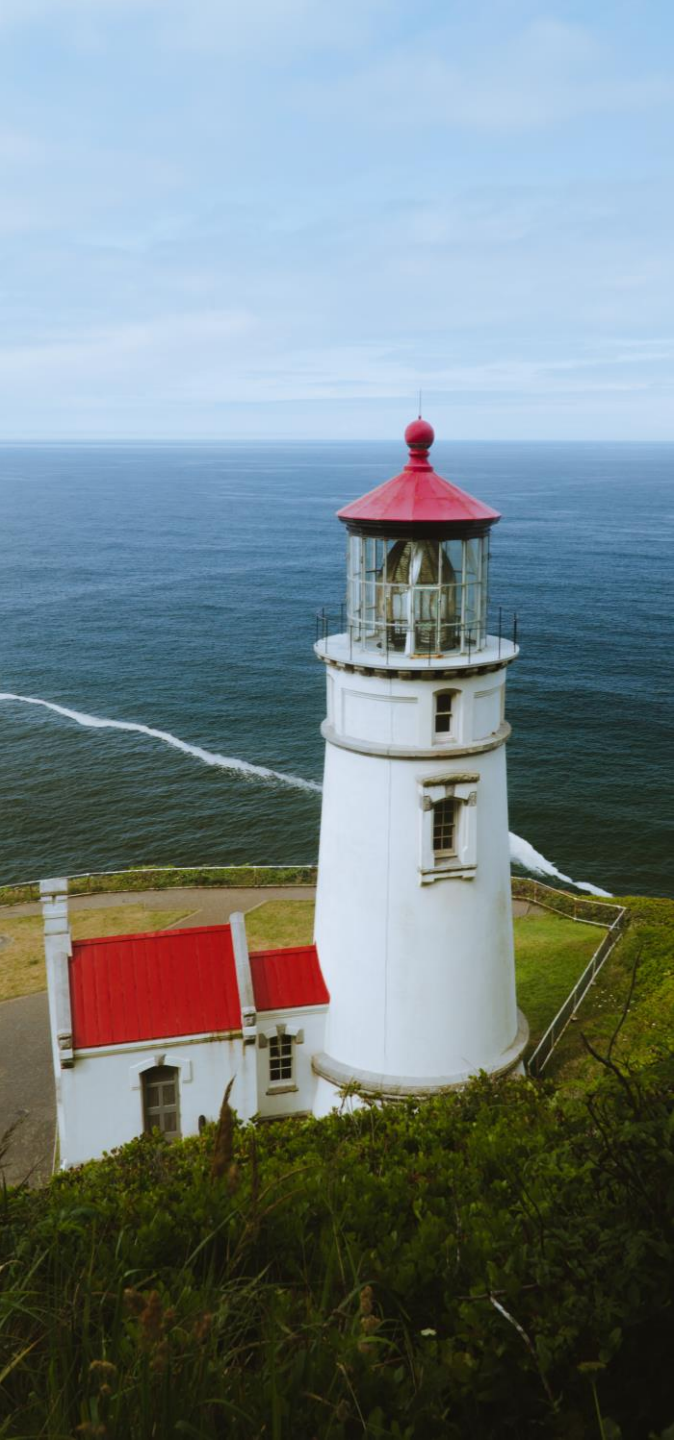

What Is Primary Care?

- **Physicians**: Family Medicine, General Internal Medicine, General Pediatrics, General Surgery, Community Psychiatry, Gerontology and OB/GYN

- **Physician Associates:** Family Medicine, General Internal Medicine, General Pediatrics, General Surgery, Community Psychiatry, Gerontology and OB/GYN

- **Nurse Practitioners:** Family, Adult, Nurse Midwife, Gerontology, Pediatric, and Psychiatric Mental Health

- **Dentists:** General Adult and General Pediatric

- **Pharmacists:** General Pharmacy and Psychiatric Pharmacy

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Area of Unmet Healthcare Need

A mandate from the Oregon Legislature to develop the annual Areas of Unmet Health Care Need Report (AUHCN) to measure medical underservice in rural areas.

The report includes nine variables that measure access to primary physical, mental and oral health care:

Category One: Availability of Providers—Are needed providers available locally?

1) Travel Time to Nearest Patient Centered Primary Care Home (PCPCH)
2) Primary Care Capacity (Percent of Primary Care Visits Able to Be Met)
3) Dentists per 1,000 Population
4) Mental Health Providers per 1,000 Population

Category Two: Ability to Afford Care—Can the local population afford health care?

5) Percent of Population Between 138% and 200% of Federal Poverty Level (FPL)

Category Three: Utilization—Are primary physical, mental and oral health care being used?

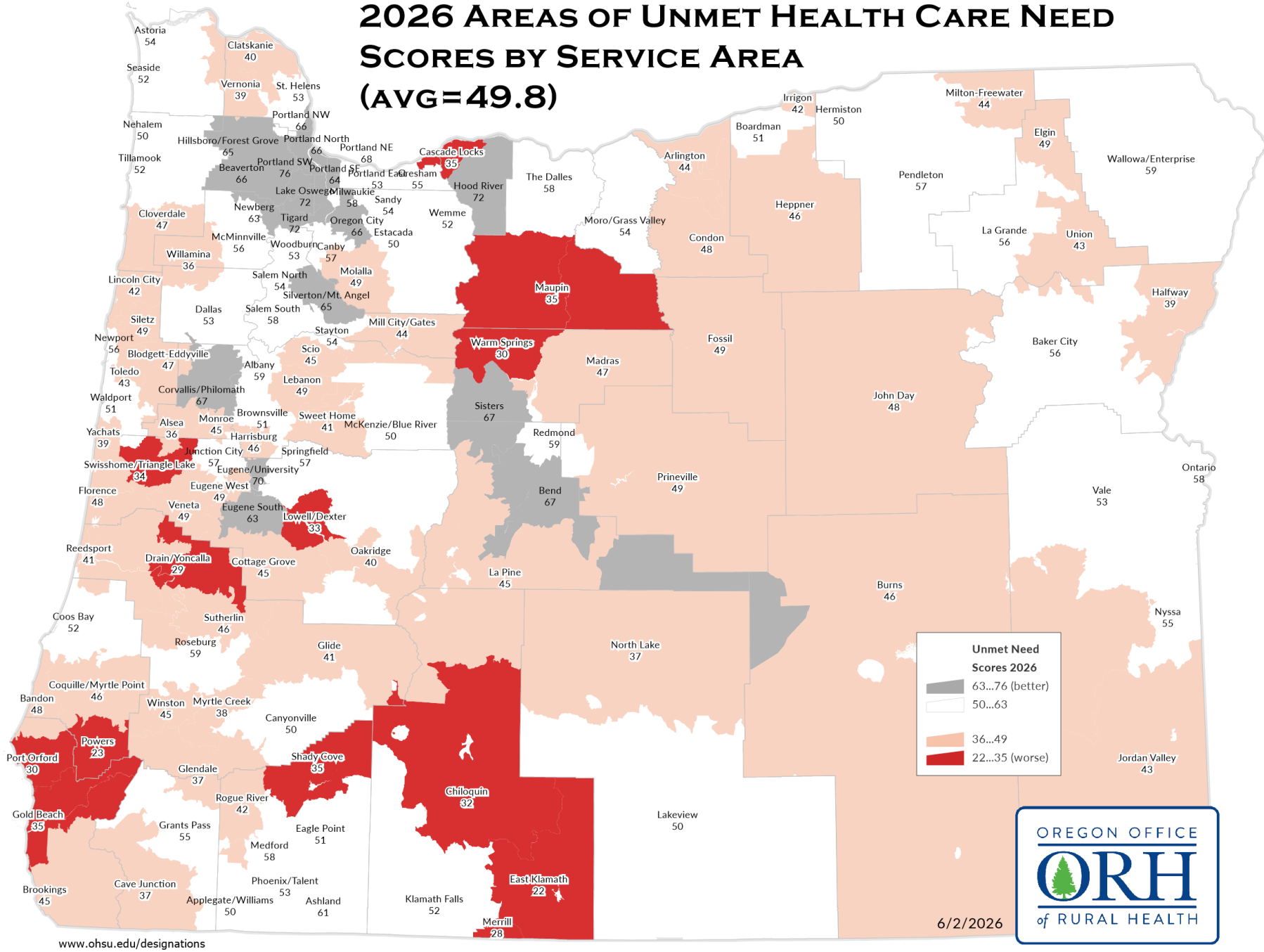
6) Inadequate Prenatal Care Rate per 1,000 Births
7) Ambulatory Care Sensitive Conditions (ACSC)/ Preventable Hospitalizations per 1,000 Population
8) Emergency Department Non-Traumatic Dental Visits per 1,000 Population
9) Emergency Department Mental Health/Substance Abuse Visits per 1,000 Population

Area of Unmet Healthcare Need

How do we use it?

- Used by state partners to prioritize financial and technical assistance, and by community health care stakeholders to advocate for their unmet needs
- To qualify a practice site for loan repayment and forgiveness programs (OAR 409-036-0010 [25] [A])
- As part of a risk assessment formula for rural hospitals to receive cost-based Medicaid reimbursement (SB 607, passed in 1991; HB 3650, passed in 2011)
- As part of the determination of "medically underserved" geographic areas for the Oregon Governor’s Health Care Shortage Area Designation.

2026 Areas of Unmet Health Care Need Scores by Service Area (avg=49.8)



6/2/2026

www.ohsu.edu/designations

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Health Professional Shortage Area
HPSA

HPSAs Are:

- Are a way of analyzing health care access (or lack of access) for different groups of people.
- Assessments of the conditions in an area compared against a federal standard for access, based on factors like:
    - provider-to-population ratio
    - Poverty rate of area
    - Travel time to nearest source of care

Why HPSAs Matter

A.They are a way of analyzing health care access (or lack of access) for different groups of people.

B.They are an access point to federal and state recruitment and retention resources Including:

- **Office of Rural Health Incentive Programs**
- National Health Service Corps Loan Repayment Program
- National Health Service Corps Scholarship Program
- Nursing Student Loan
- Faculty Loan Repayment Program
- Nursing Faculty Loan Program
- Area Health Education Centers
- CMS Bonus Payments
- Medicare Reimbursement for Telehealth
- Public Health Service Grants

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OPPORTUNITY Just knock.

Provider Incentive Programs In Oregon

- ✓ Loan Repayment
- ✓ Loan Forgiveness
- ✓ Rural Provider Tax Credit
- ✓ Rural Volunteer EMS Tax Credit
- ✓ Rural Medical Practitioner Insurance Subsidy
- ✓ National Health Service Corp

OHSU

ORH Recruitment Services

ORH partners with practice sites across all of Oregon that are looking to fill current and future positions.

ORH can assist you with:

Support throughout your job search process;
Identifying the right practice opportunity;
Creating a CV
Preparing for an interview,
Comparing career opportunities
Developing a job search timeline.
Connecting you with a potential hiring facility and providing leads on employment opportunities

ORH Recruitment Services

Bill Pfunder, Incentive Programs Manager
pfunder@ohsu.edu

Trixie Ortiz, Recruitment & Retention Manager
ortizt@ohsu.edu

Oregon Prescription Drug
Affordability Board

Prescription Drug Affordability Board

2026 Drug review roadmap

September 16, 2026

Drug review & annual report calendar (This is a rolling document and subject to change)

Mar 18 PDAB Mtg | Apr 15 PDAB Mtg | May 20 PDAB Mtg | Jun 17 PDAB Mtg | Jul 15 PDAB Mtg | Aug 19 PDAB Mtg | **Sep 16 PDAB Mtg** | Oct 21 PDAB Mtg | Nov 18 PDAB Mtg | Dec 18 PDAB Mtg

2026 Preliminary Rx and insulin subset list

Board discussion and vote on subset lists

Drug review 1

Drug review 2

Drug review 3

All drug review

2026 Policy recommendations

Discussion

Vote recs. for final report

Data call & APAC information of Rx subset list

Rx and insulin

Analysis

Information provided in material pks

Public outreach and events

Outreach events across Oregon

Results shared with board

Public online feedback forms

Feedback forms available online

Annual report
(includes recommendations and generic drug report)

Draft Rx report

Vote final Rx report

Oregon Prescription Drug Affordability Board

Web links to 2026 drug review reports and data

Agenda item for Sept. 16, 2026, board meeting: Jardiance, Mounjaro, Ozempic, Humulin R U-500, Keytruda, Verzenio, Xeljanz, Ocrevus, Skyrizi, Tremfya, and Xolair

Here is a link to a data summary document: **Statewide reference for 2024 data.**

Here are the links to the data information:

- 2026_Drug_Review_Subset_List_v01
- 2026_Insulin_Review_Subset_List_v01

Table 1 provides links to the 2026 Oregon PDAB drug review reports and data. Click on the direct links in Table 1 or find the drug reports on the PDAB drug review page and the data information on the PDAB data page. Note: the Aug. 19, 2026, minutes link will be added after board approval on Sept. 16, 2026.

Table 1

Meeting date	Drug review report	Meeting video	Meeting minutes

June 17, 2026	• JARDIANCE
	  ○ Jardiance Patient Caregiver Advocacy 2026 Feedback
	  ○ Jardiance Scientific Medical Training 2026 Feedback
	• MOUNJARO
	  ○ Mounjaro Scientific Medical Training 2026 Feedback
	  ○ Mounjaro Patient Caregiver Advocacy 2026 Feedback
	  ○ Mounjaro Manufacturer 2026 Feedback
	• OZEMPIC
	  ○ Ozempic Patient Caregiver Advocacy 2026 Feedback
	  ○ Ozempic-Scientific Medical Training 2026 Feedback
		June 17, 2026	June 17, 2026

Oregon Prescription Drug Affordability Board

Meeting date	Drug review report	Meeting video	Meeting minutes

	• HUMULIN R U-500
	  ○ Humulin RU-500 Patient Caregiver Advocacy 2026 Feedback
	  ○ Humulin RU-500 Scientific Medical Training 2026 Feedback
	  ○ Humulin RU-500 Concentrated Manufacturer 2026 Feedback
	  ○ Humulin RU-500 Kwik Pen Manufacturer 2026 Feedback		

July 15, 2026	• KEYTRUDA
	• VERZENIO
	  ○ Verzenio Scientific Medical Training 2026 Feedback
	  ○ Verzenio Manufacturer 2026 Feedback
	• XELJANZ
	  ○ Xeljanz Patient Caregiver Advocacy 2026 Feedback
	  ○ Xeljanz Scientific Medical Training 2026 Feedback
		July 15, 2026	July 15, 2026

Aug. 19, 2026	• OCREVUS
	  ○ Ocrevus Patient Caregiver Advocacy 2026 Feedback
	  ○ Ocrevus Manufacturer 2026 Feedback
	• SKYRIZI
	  ○ Skyrizi Patient Caregiver Advocacy 2026 Feedback
	  ○ Skyrizi Scientific Medical Training 2026 Feedback
	• TREMFYA
	  ○ Tremfya Scientific Medical Training 2026 Feedback
	• XOLAIR
	  ○ Xolair Patient Caregiver Advocacy 2026 Feedback
	  ○ Xolair Scientific Medical Training 2026 Feedback
	  ○ Xolair Manufacturer 2026 Feedback
		Aug. 19, 2026	Aug. 19, 2026

Oregon Prescription Drug Affordability Board

General rubric guidance for board use

1) The rubric is a decision-support tool and is not determinative of an affordability finding.

2) Five domains use a 0–3 score: Oregon utilization; price trends; price concessions and net cost; system and payer spending; and enrollee out-of-pocket costs.

3) Six domains use Yes/No determinations: Equity and population impacts; utilization management and access; cost and availability of therapeutic alternatives; stakeholder affordability and access concerns; patent and exclusivity status; and CMS Medicare Drug Price Negotiation status.

4) Board members should apply the rubric to the evidence documented in the final packet.

5) For quantitative domains that use more than one measure, the rubric should identify which measure determines the 0–3 score and which measures are contextual.

6) Packet rubric considerations should show the underlying value or evidence beside each 0–3 score or Yes/No determination so board members can verify how the result was derived.

Note: See 'Glossary & Definitions' and 'Methodology & Version Control' tabs for standard terminology, data sources, and scoring rationale (updated August 2026).

Domain Statutory and Rule References	Intent	Score 0 (low impact)	Score 1 (moderate impact)	Score 2 (high impact)	Score 3 (severe impact)	Scoring guidance
Oregon utilization ORS 646A.694(1)(b); OAR 925-200-0020(1)(b), (2)(b)	Evaluates the extent of drug utilization among Oregon enrollees represented in APAC. Higher utilization indicates greater potential population impact if affordability concerns exist.	≤300 unique APAC enrollees	301–500 unique APAC enrollees	501–1,000 unique APAC enrollees	>1,000 unique APAC enrollees	Use unique APAC enrollees for the review year. Utilization indicates potential population reach, not affordability by itself.
Price trends ORS 646A.694(1)(c), (f); OAR 925-200-0020(1)(c), (f), (2)(c)	Evaluates the magnitude and persistence of list-price growth relative to inflation.	Average annual WAC change ≤0%, or positive WAC growth that did not exceed inflation in the review period	Average annual WAC change >0% to <4%	Average annual WAC change 4% to <5%	Average annual WAC change ≥5%	Use average annual WAC change over the available standardized review period as the primary scoring variable.
Price concessions ORS 646A.694(1)(d), (e), (g); OAR 925-200-0020(1)(d), (e), (g), (2)(d), (L)	Evaluates the percentage of commercial claims received price concessions.	>75% of commercial claims received a price concession	50%–75% of commercial claims received a price concession	25%–<50% of commercial claims received a price concession	<25% of commercial claims received a price concession	Score using the percentage of commercial claims with price concession applied.
System and payer spend ORS 646A.694(1)(h), (j); OAR 925-200-0020(1)(h), (j), (2)(h), (i)	Evaluates the magnitude of spending attributable to the drug at the health-system and payer level.	Gross spend < $10M **AND** net spend < $5M	Gross spend $10M–<$40M **OR** net spend $5M– <$15M	Gross spend $40M–$100M **OR** net spend $15M–$30M	Gross spend > $100M **OR** net spend > $30M	Evaluate gross or net spending. If net spend range is in a lower scoring section use the gross spend range score.
Enrollee out-of-pocket costs ORS 646A.694(1)(k); OAR 925-200-0020(1)(k), (2)(j)	Evaluates annual financial exposure borne directly by enrollees through copayments, coinsurance, and deductibles.	Mean annual APAC OOP < $300	Mean annual APAC OOP $300–< $800	Mean annual APAC OOP $800–$1,600	Mean annual APAC OOP > $1,600	Determine mean of APAC enrollee OOP annual cost.

Note: See 'Glossary & Definitions' and 'Methodology & Version Control' tabs for standard terminology, data sources, and scoring rationale (updated Aug. 2026).

Domain Statutory and Rule References	Intent	No = Score 0	Yes = Score 1
Equity and population impacts ORS 646A.694(1)(a), (j); OAR 925-200-0020(1)(a), (j), (2)(a), (i)	Evaluates whether available evidence indicates disproportionate affordability or access burden for specific populations.	Guidance: Available evidence does not identify a disproportionate burden or access limitation.	Guidance: Available evidence identifies a disproportionate burden or access limitation.
Utilization management and access ORS 646A.694(1)(i); OAR 925-200-0020(1)(i), (2)(g)	Evaluates whether coverage or utilization-management requirements contribute to patient access or affordability barriers.	Guidance: Available evidence does not indicate that coverage or utilization-management restrictions contribute to access or affordability barriers.	Guidance: Available evidence indicates that coverage or utilization-management restrictions contribute to access or affordability barriers.
Cost and availability of therapeutic alternatives ORS 646A.694(1)(f), (g), (j); OAR 925-200-0020(1)(f), (g), (j), (2)(c), (i), (m)	Evaluates whether clinically appropriate lower-cost therapeutic alternatives are available that may reduce system or patient costs.	Guidance: No clinically appropriate lower-cost therapeutic alternative was identified.	Guidance: At least one clinically appropriate lower-cost therapeutic alternative was identified.
Stakeholder affordability and access concerns ORS 646A.694(1)(L), (3); OAR 925-200-0020(1)(L), (2)(k)	Evaluates whether stakeholder input identifies affordability, access, or financial-hardship concerns associated with the drug.	Guidance: Stakeholder input did not identify affordability, access, or financial-hardship concerns.	Guidance: Stakeholder input identified affordability, access, or financial-hardship concerns.
Patent and exclusivity status Supporting market context; ORS 646A.694 and OAR 925-200-0020	Evaluates whether existing patent or FDA regulatory exclusivity protections may delay the availability of lower-cost generic competition.	Guidance: No identified relevant patent or FDA regulatory exclusivity protection extends more than 18 months beyond the affordability review date, or a generic equivalent is already marketed.	Guidance: If relevant expiration dates could not be determined and no generic/biosimilar is currently marketed; or one or more relevant patent or FDA regulatory exclusivity protections extend more than 18 months beyond the affordability review date, and no generic/biosimilar equivalent is currently marketed.
CMS Medicare drug price negotiation status Supporting market context; CMS Medicare Drug Price Negotiation Program	Evaluates whether Medicare negotiation is expected to provide a near-term federal price intervention relevant to the drug.	Guidance: Drug is selected for CMS negotiation / an MFP applies or is scheduled within the relevant review horizon.	Guidance: Drug is absent from CMS negotiation / no MFP is scheduled within the relevant review horizon.

Term	Definition	Source / Rationale
Minor	Quantitative change <10% from baseline or qualitative impact affecting <25% of patient population.	PDAB / Based on APAC and Data Call utilization data trends.
Moderate	10–25% change or impact on 25–50% of population.	PDAB / Based on APAC and Data Call utilization data trends.
Significant	>25% change or affecting >50% of population.	PDAB / Based on APAC and Data Call utilization data trends.
Equity disparity	Quantified difference in utilization or adherence across race/ethnicity or socioeconomic strata.	PDAB rule 925-200-0200(1)(a).
Gross spend	The total cost of the drug before price concessions, rebates, or discounts as reported in the data call by carriers to the Drug Price Transparency program	PDAB
Net cost	Cost after manufacturer rebates, PBM discounts, and price concessions.	PDAB
Median OOP	Median enrollee out-of-pocket cost, representing typical patient burden.	PDAB / Preferred over mean to avoid bias from outliers.
OOP	Out of pocket: The sum of the out-of-pocket cost for enrollees.	PDAB
IQR	Interquartile Range — measure of how spread out the data is; it is equal to the difference between the 75th and 25th percentiles	Math.net / Standard statistical measure for data distribution.
Payer Relief	Reduction in total payer cost due to rebates, discounts, or concessions.	PDAB / Economic interpretation aligning with CMS cost frameworks.

Oregon Prescription Drug Affordability Board

Scoring rubric is a decision support tool and not determinative of affordability outcomes.

Version	Date Revised	Prepared By	Purpose	Key Updates
v1.0	6/4/2026	Staff	Setup for 2026 drug review	Scoring language for 0-4 scores were updated for most of the domains.
v2.0	7/7/2026	Staff	Updated language based on feedback from June board meeting.	Updated the MFP question
v3.0	8/28/2027	Staff	Updated rubric scoring to better align with 2026 drug review packet information	All scoring language updated for clarification. Added guidance information.

Oregon Prescription Drug Affordability Board

PDAB scoring rubric for 2026 prescription drug cost reviews.

Scoring rubric is a decision support tool and not the determinative of drug review outcomes.

	Review drugs				
Rubric Criteria	**Humulin R U-500 Vial**	**Humulin R U-500 KwikPen**	**Jardiance**	**Mounjaro**	**Ozempic**
Oregon utilization	Low	High	Severe	Severe	Severe
Price trends	Low	Low	Moderate	Moderate	Moderate
Price concessions and net costs	Severe	Low	Moderate	Low	Low
System and payer spending	Low	Low	Severe	High	Severe
Enrollee out-of-pocket costs	Low	Low	Moderate	Moderate	Moderate
Equity and population impact	No	No	No	No	No
Utilization management and access	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Cost and availability of therapeutic alternatives	No	No	**Yes**	**Yes**	**Yes**
Stakeholder affordability and access concerns	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Patent and regulatory exclusivity	No	No	**Yes**	**Yes**	**Yes**
Absent from the CMS Medicare drug price negotiation	**Yes**	**Yes**	No	**Yes**	No
Scoring totals out of 21	6	5	13	12	12
Risk score:	**29%**	**24%**	**62%**	**57%**	**57%**

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	Review drugs		
Rubric Criteria	**Keytruda**	**Verzenio**	**Xeljanz**
Oregon utilization	Severe	Moderate	High
Price trends	Moderate	High	High
Price concessions and net costs	Severe	Low	High
System and payer spending	Severe	Moderate	Moderate
Enrollee out-of-pocket costs	High	Severe	High
Equity and population impact	No	No	No
Utilization management and access	**Yes**	**Yes**	**Yes**
Cost and availability of therapeutic alternatives	**Yes**	**Yes**	**Yes**
Stakeholder affordability and access concerns	**Yes**	**Yes**	**Yes**
Patent and regulatory exclusivity	**Yes**	**Yes**	**Yes**
Absent from the CMS Medicare drug price negotiation	**Yes**	No	No
Scoring totals out of 21	17	11	13
Risk score:	**81%**	**52%**	**62%**

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	Review drugs			
Rubric Criteria	**Ocrevus**	**Skyrizi**	**Tremfya**	**Xolair**
Oregon utilization	High	Severe	High	High
Price trends	High	Severe	High	High
Price concessions and net costs	Moderate	Low	Low	Moderate
System and payer spending	High	Severe	Moderate	Moderate
Enrollee out-of-pocket costs	Severe	Severe	Severe	Severe
Equity and population impact	No	No	No	No
Utilization management and access	**Yes**	**Yes**	**Yes**	**Yes**
Cost and availability of therapeutic alternatives	**Yes**	**Yes**	**Yes**	**Yes**
Stakeholder affordability and access concerns	**Yes**	**Yes**	**Yes**	**Yes**
Patent and regulatory exclusivity	**Yes**	**Yes**	**Yes**	**Yes**
Absent from the CMS Medicare drug price negotiation	**Yes**	**Yes**	**Yes**	No
Scoring totals out of 21	14	17	13	13
Risk score:	**67%**	**81%**	**62%**	**62%**

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Web links to 2026 policy concept memorandums

The following policy concept memos are provided for initial discussion by the Oregon PDAB. The concepts have not been approved by the board and do not represent formal board recommendations. The board may provide direction, request additional analysis, revise the concepts, or determine whether any concept will advance as a legislative recommendation.

Agenda item for Sept. 16, 2026, board meeting:

Expand PDAB scope beyond current affordability reviews for individual drugs

- This concept examines options for expanding the board's evaluation authority beyond individual-drug reviews.

Orphan drug review refinements

- This concept examines options for refining how the board applies Oregon's orphan-drug provisions when a drug has both orphan and non-orphan indications.

Address key issues in pharmacy benefit manager (PBM) practices

- This concept examines policy options addressing PBM conduct.

Commercial health plan continuity of care requirement for prescription drugs

- This concept examines a prescription-drug transition protection for enrollees who change commercial health plans after receiving a prior authorization or step-therapy exception.

Set reference prices for state-regulated commercial markets using Medicare Drug Price Negotiation Program Maximum Fair Price (MFP)

- Board-member proposal submitted by Dan Hartung, PharmD, MPH. The proposal examines using Medicare-negotiated Maximum Fair Prices as reference prices for selected prescription drugs in Oregon's commercial market.

Oregon Prescription Drug Affordability Board

Year-round feedback for the Oregon Prescription Drug Affordability Board

The Oregon Prescription Drug Affordability Board wants to hear from Oregonians about your experiences with prescription drug costs and access. Your feedback helps us understand real-life challenges and can inform our future work.

Participation is voluntary. We may share information from this feedback publicly in our reports or through public records requests.

Important: Please do not include personal information you do not want shared publicly, such as names, contact details, medical record numbers, or other information that could identify you or another person.

This form does not replace formal public comment at board meetings. Sharing feedback does not guarantee that a particular drug or issue will be selected for review.

To submit testimony for a board meeting, please see our public comment instructions. If you have other questions about the board, please contact us.

Draft version 1.1 – updated Sept. 8, 2026

Note for reviewers: The purpose of this feedback form is to provide an easy-to-use way for consumers to share input with the board on an ongoing basis. It won't be as precise or detailed as the specific drug feedback forms. This feedback form should be short and easy for consumers to fill out. The form will be set up with branching logic, based on Q2, so users see one of four question sets depending on the type of feedback they want to share.

Updated with suggested edits in dark red, underlined text.

Oregon Prescription Drug Affordability Board

Introduction questions for everyone

About you

Q1) [required] What best describes your role or point of view? Select all that apply:

- Patient or consumer
- Family member or caregiver
- Health care professional
- Member of an advocacy group
- Representative of a drug manufacturer or industry association
- Representative of a health insurance company, employer, or other organization that pays for health care
- Other: [text entry box]

Q2) [required] What would you like to tell us about today? Select one:

1. A personal experience with prescription drug costs or access
2. A prescription drug you think the board should review
3. Feedback on the board's current or past work
4. Other: [text entry box]

Oregon Prescription Drug Affordability Board

Branching logic – if #1 selected show the following set:

You are sharing a personal experience with prescription drug costs or access

If you are a caregiver sharing someone else's experience, please answer from the patient's perspective.

Q3) What is the name of the drug?

[text entry box]

Q4) What condition do you use the drug to treat?

[text entry box]

Q5) How often do you refill your prescription for the drug or receive a treatment?

If you get the drug through an infusion or another way, describe how you get the treatment and how often you need it.
[text entry box]

Q6) How much do you pay each time you refill your prescription or receive a treatment?

Include any cost sharing you pay yourself such as copays or coinsurance. Do not include costs paid by someone else such as your health insurance or a patient assistance program.
[text entry box]

Q7) Do you use a patient assistance or discount program to help pay for the drug?

- Yes
- No
- Not sure

[show if yes, will be skipped if no/unknown]
Q8) How much does the program pay each time?

[text entry box]

Q9) What cost or access problems have you experienced? Select all that apply:

- High copay or coinsurance
- High deductible
- The price increased
- Prior approval required from my insurance before receiving the drug
- Insurance required me to try a different drug to treat my condition
- Insurance did not cover the drug

- The drug was not available
- Difficulty getting to a pharmacy to pick up the drug
- Other: [text entry box]

Q10) Please describe your experience.

[long text entry box]

Q11) In the last 12 months, have you stopped taking this medication or taken less of it because you could not afford it?

- Yes
- No
- Not sure

Q12) Has your health insurance changed in the last 12 months?

- Yes
- No
- Not sure

[show if yes, skip if no]

Q13) What changed about your health insurance?

[text entry box]

Q14) Do you currently have health insurance?

- Yes
- No
- Not sure

[show if yes, will be skipped if no/unknown]

Q15) What type of health insurance do you have? Select all that apply:

- Coverage through a job
- Coverage through the Oregon Health Insurance Marketplace (also called OregonHealthCare.gov)
- Coverage you or someone purchases directly (not through the Oregon Health Insurance Marketplace)
- Medicare
- Oregon Health Plan (also called OHP or Medicaid)
- Military, Veterans, TRICARE, or CHAMPVA
- Indian Health Services
- None
- Prefer not to answer

- Other: [text entry box]

[go to final questions]

Oregon Prescription Drug Affordability Board

Branching logic – If #2 selected, show the following set:

You are suggesting a prescription drug you think the board should review

Q16) What is the name of the drug you want to suggest?

Providing a drug's name does not guarantee that it will be selected for affordability review.
[text entry box]

Q17) Why should the board consider reviewing this drug?

Describe the cost or access problems. Explain who is affected. Include anything else you would like the board to consider.
[long text entry box]

[go to final questions]

Oregon Prescription Drug Affordability Board

Branching logic – if #3 selected show the following set:

You are sharing feedback on the Prescription Drug Affordability Board's current or past work

Q18) What PDAB work or decision are you commenting on?

Please be specific.
[long text entry box]

Q19) What would you like the board to know?

Explain what you did or did not like about the board's work or decision making.
[long text entry box]

Q20) Do you have suggestions for what we could do differently?

The board may or may not choose to act on suggestions provided through this feedback form.
[long text entry box]

[go to final questions]

Oregon Prescription Drug Affordability Board

Branching logic – if #4 selected show the following set:

You are sharing other feedback with the Prescription Drug Affordability Board

Q21) What would you like to share with the board?

[long text entry box]

[go to final questions]

Oregon Prescription Drug Affordability Board

Final questions – show all respondents the following:

These final questions will help us understand you better.

Q22) [required] Do you live in Oregon?

This question is required.

- Yes
- No
- Other [text entry box]

[the following three questions are optional]

Q23) **City or town you live in**: [text entry box]

Q24) **Your ZIP code:** [text entry box]

Q25) **What is your age?** [Drop-down box with five categories]

- Under 18
- 18 – 25
- 26 – 64
- 65 or older
- Prefer not to answer

Thank you for sharing your feedback.

Click here to sign up for updates from the board.