



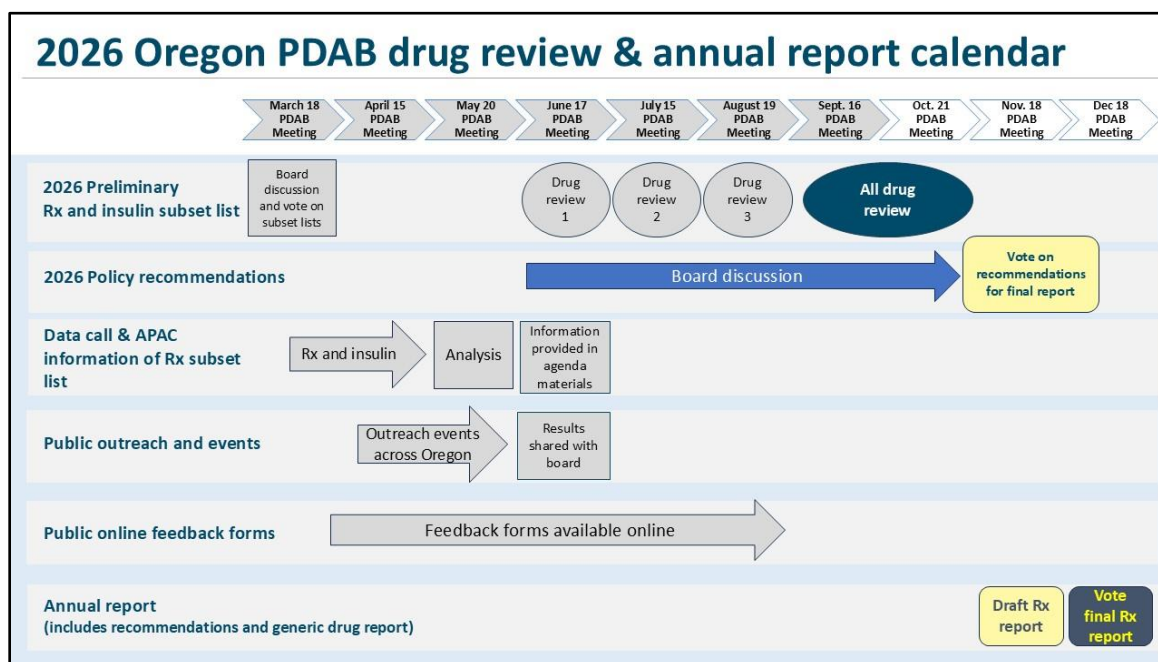
Oregon PDAB continues with 2026 drug reviews

At the Sept. 16 meeting, the Oregon Prescription Affordability Board (PDAB) discussed all the drugs on the 2026 review list and identified three for further discussion at the Oct. 21 board meeting: Keytruda, a treatment for cancer; and Skyrizi and Tremfya, treatments for inflammatory conditions. The other drugs on the 2026 review list are Jardiance, Mounjaro, and Ozempic, treatments for diabetes; Humulin R U-500, a type of human insulin; Verzenio, a treatment for cancer; Xeljanz, a treatment for autoimmune and inflammatory conditions; Ocrevus, a treatment for multiple sclerosis; and Xolair, a treatment for allergic conditions.

At the Nov. 18 meeting, the board will vote to determine which of these drugs may create affordability challenges for Oregon patients or Oregon's healthcare systems. Also in November, board members will vote on the policy recommendations for inclusion in the annual report. At the Dec. 18 board meeting, members will vote on the annual report. The board will present its findings and policy recommendations in an annual report to the Oregon Legislature in December.

Board meetings are open to the public and held virtually on Zoomgov. To find times, dates, and registration links, visit the [PDAB website](#).

Figure 1: The 2026 Oregon PDAB drug review and annual report calendar





OHA's pharmacy/therapeutics committee seeks members

The Oregon Health Authority (OHA) Pharmacy and Therapeutics (P&T) Committee is seeking applications for three upcoming vacancies. The committee seeks two actively practicing pharmacists and one public member who is not a physician or pharmacist. A public member could include a nurse, nurse practitioner, physician assistant, naturopathic doctor, or other qualified professional with an interest in pharmacy benefit management from a Medicaid perspective. Applications are due Oct. 16 for the three three-year terms starting January 2027 and running through December 2029.

The P&T meets six times a year, the first Thursday of each even month, from 1 to 5 p.m. For the committee application form and more information about the committee, go to [OHA's website](#) or send an email to [Trevor Douglass](#), OHA Pharmacy Policy and Programs director.

Thank you to everyone who shared feedback

The Oregon PDAB would like to thank everyone who submitted a questionnaire about the prescription drugs the board has been reviewing in 2026. The board received 64 responses.

Table 1: Questionnaires the board received about 2026 drug reviews

Group type	Number of responses
Individuals with scientific or medical training	12
Patients, caregivers, or advocacy groups	33
Manufacturers	7
Health plan insurer	1
Safety net providers	11
Total	64

Summaries from the questionnaires are posted on the [drug review page](#) of the PDAB website and also included in the drug review reports. Additionally, quotes from the patient and caregiver responses were included in the [2026 consumer outreach report](#). Questionnaires about drugs on the board's 2026 review list closed on Aug. 31; however, these documents will reopen in the spring as part of the board's 2027 drug review process.

The board has posted a [new draft questionnaire](#) that will stay up on the PDAB website all year. People can use it to share concerns about any prescription drug anytime of the year. The board will review the draft form at the Oct. 21 meeting.



New board members to begin service in January

The Oregon Senate confirmed the governor's appointment of two new members to the Oregon Prescription Drug Affordability Board: David Gross and Leah Hueser. The Senate also confirmed the reappointment of Chairperson Shelley Bailey. Their new terms begin in January 2027. David Gross earned a bachelor's degree in economics from the University at Albany in New York and a Ph.D. in economics from Syracuse University. Leah Hueser earned a bachelor's degree in philosophy from Montana State University and a leadership and management certificate from Harvard Business School. These new members replace Lauri Hoagland, who has served since October 2024, and Michele Koder, who has served since October 2025. Lauri and Michele are not seeking reappointment. Here are interviews with the new board members:

David Gross

Tell us about your background.

I am a recently retired Ph.D. economist and public policy thought leader with nearly three decades of experience in senior research and policy positions. For several years, my work mainly



David Gross at Pilanesberg National Park in South Africa

focused on prescription drug costs and affordability.

Overall, my career has involved assessing issues as disparate as healthcare delivery and finance, economic trends and policies in pathology and laboratory medicine, prescription drug pricing, tax policy, and housing policy in the United States and in developing countries.

How did your work intersect with prescription drug pricing and policy?

As the founding director of the Policy Roundtable at the College of American Pathologists (CAP; 2011-



2025), I created a policy research institute for understanding the socioeconomic trends facing pathologists, to guide CAP's elected leaders to develop public policy positions, and to elevate the voice of CAP leaders in providing vision, insight, and direction on economic public policy issues affecting pathology. As a senior policy advisor and in other positions at AARP (1996-2011), I developed AARP's Rx Watchdog reports that monitored price increases for widely used prescription drugs, oversaw the development of a Medicare Part D cost calculator, served as a national expert of drug costs and on state pharmacy assistance programs, and authored or co-authored several reports and journal articles on prescription drug affordability. Both at CAP and in my previous positions at AARP, the U.S. Government Accountability Office, and elsewhere, I have established a record as a timely and effective researcher, facilitator, communicator, and consensus builder.

How has your background influenced your perspective on prescription drug affordability?

As an economist, I tend to think about prescription drug affordability and access through the lens of market efficiency and equity. By its very nature, the market for prescription drugs is neither efficient nor equitable. This results in non-competitive prices and reduced access. Taxpayers, specifically, bear the burden of high prescription drug prices not only through drugs they obtain for themselves (if they can afford them), but also in terms of higher costs borne by public health programs. I view the Oregon Prescription Drug Affordability Board as a resource for purchasers and taxpayers to use our collective buying power to get a better deal by assessing the rationality of the prices we pay for costly and high-volume drugs – keeping in mind the interests of all involved – and also as an entity trying to increase access to those who could not otherwise afford important medications.

What brought you to Ashland and where did you move from?

I had spent more than 40 years living and working in the Washington, D.C., area. In July 2024, as my wife and I were preparing for retirement at the end of the year, we stopped in Ashland as part of a driving vacation in central and southern Oregon. I like to say that “we accidentally fell in love with Ashland.” Although we hadn't originally planned to leave Washington, D.C., we ended up deciding to pick up and move here. We landed in Ashland in early June 2025. We can't believe how lucky we are to live here.

What do you enjoy doing outside of work?

I am very interested in theater and have been lucky to have been cast in several local productions during my short time here. I also love travel. My wife and I just returned from a tour of southern Africa sponsored by the Osher Lifelong Learning Institute (OLLI) at Southern Oregon University (SOU), and earlier this year visited Alaska (the 50th state I've visited) and had a long-delayed cruise in Turkey and Greece. I also love cooking, taking the occasional OLLI course at SOU, and seeing as much live performance (theater, music, you name it) as I can.



Leah Hueser



Leah Hueser

Tell us about your background.

I moved to Oregon in the fall of 2018, eager to trade the endless winters of Montana for the green and, albeit wet, mild climate of Portland. Soon after, I began my career at Oregon Health & Science University's Hemostasis and Thrombosis Center (HTC), Oregon's only federally recognized hemophilia treatment center. I was hired into an entry-level patient scheduling role, where early exposure to this close-knit, patient-centered bleeding disorder community quickly sparked a passion for access-to-care advocacy.

Before entering healthcare, I assumed that my bachelor's in philosophy from Montana State University and a desire to "do good" would land me an immediate seat at the table, tackling complex ethical

issues in the public sector. A career in healthcare was never on my radar as it felt like a path reserved exclusively for credentialed clinicians. I never could have anticipated how profoundly that nonlinear start at HTC would shape my trajectory, nor that it would ultimately lead to a seat of my own on Oregon's Prescription Drug Affordability Board.

Tell us about your work as HTC Factor Program manager.

Today, I serve as the HTC Factor Program manager, working at the crossroads of patient care, industry relations, and federal regulatory compliance by overseeing the business and administrative operations of HTC's 340B pharmacy. In my role, I collaborate regularly with drug manufacturers, commercial payers, clinic and institutional leadership, national advocacy groups, and state health authorities to ensure those living with rare bleeding disorders have the therapies they need to lead healthy, fulfilling lives. Navigating these diverse perspectives has given me a front row view of the immense financial burdens placed on families, as well as the urgent need for responsible stewardship and cost transparency.

Having spent nearly eight years in the rare-disease space, I care deeply about building practical, equitable systems that safeguard access to life-saving therapies for the Oregonians who need them most.



What drew you to service on the Oregon PDAB?

I was drawn to the opportunity to serve on PDAB as a way to continue this work in a bigger capacity, expand my knowledge and understanding of existing access barriers, and participate meaningfully in discussions to address them. I am honored and thrilled to be tasked with this opportunity to serve my community.

What do you do outside of work?

I live in Beaverton with my husband, our 7-month-old daughter, and our two cats. These days, “free time” mostly means washing bottles, chipping away at modest home improvement projects, or catching up with nearby family and friends. When I do get a spare moment to myself, I love jogging, reading, and playing music. I truly love calling Oregon home!

Oregon PDAB launches speakers bureau

Oregon PDAB has started a speakers bureau featuring the executive director and board members. Members are available to speak to your organization or event about PDAB’s work and the challenges of drug affordability. [Read board member bios](#) on the PDAB website. [Read the executive director’s bio](#) in a previous PDAB newsletter. If you would like someone to speak at your event or speak to your organization, please send an email to pdab@dcbs.oregon.gov or call 971-374-3724.



Rx in the news

[“Why do we hear more about high drug prices than about hospital prices?”](#) by Larry Levitt, MPP, from the JAMA Health Forum, July 16, 2026. This article makes four points: 1) Retail drug prices are easier to identify than hospital prices; 2) hospitals represent the largest category of healthcare spending, but people spend more out of pocket for prescription drugs than they do for hospital care; 3) more people need medication than hospital care; and 4) the public face of drug companies is corporate executives while the face of hospitals is medical personnel.

[“National trends in prescription drug expenditures and projections in 2026,”](#) by Eric Tichy and co-authors, published in the American Journal of Health-System Pharmacy, July 15, 2026. Researchers have found that overall pharmaceutical expenditures in the United State grew 12.7 percent from 2024 to 2025. Total U.S. pharmaceutical spending was \$915.2 billion in 2025. “Utilization (a 9.3 percent increase) drove this increase, while growth due to new drugs (0.9 percent) and price increases (1.2 percent) had a modest impact.”



Oregon Health Policy Board’s annual cost growth target hearing focused on physician-administered medications



Sarah Young

Sarah Young, executive director of PDAB, gave a presentation about PDAB’s work and high-cost, physician-administered drugs during the Oregon Health Policy Board meeting and Cost Growth Target Annual Public Hearing on Sept. 1.

[Watch Sarah’s presentation here.](#)

Of the drugs Oregon PDAB is reviewing this year, four had significant spending reported for *medical claims*, meaning the drug was administered to the patient by clinicians in medical facilities. This is different from *pharmacy claims* which report spending for drugs that patients pick up at a pharmacy, or receive in the mail, and take at home. According to Oregon All Payer All Claims (APAC) data, total spending in Oregon in 2024 for Keytruda was \$135 million, with nearly all of that in medical claims. The total spending in 2024 for Ocrevus was \$44 million, with more than four-fifths of spending due to medical claims. The total spending for Skyrizi was \$158 million, with about 5 percent due to medical claims. The total spending for Xolair was \$21 million, with about 29 percent due to medical claims. APAC data show gross costs and don’t account for rebates payers might be receiving, she told the board. “In informing our Cost Growth program colleagues, it is significant that a quarter of the products the board is looking at did show up as having significant medical benefits spending,” she said. Sarah explained that PDAB has prioritized looking at total health care spending and total out-of-pocket costs for patients when selecting drugs for review. The board generally has not separately analyzed which drugs have costs due to medical claims compared to pharmacy claims.

Figure 2: Slide from the PDAB presentation

2026 prescription drug list for review	
Prescription drug	Main treatment
Jardiance	Type 2 diabetes
Mounjaro	Type 2 diabetes
Ozempic	Type 2 diabetes
Humulin R U-500 (concentrated and KwikPen)	Improve blood sugar control in people with diabetes (Type 1 and Type 2) who require more than 200 units of insulin per day
Keytruda*	Cancer [100% medical benefit]
Verzenio	Cancer
Xeljanz	Several autoimmune and inflammatory conditions
Ocrevus	Multiple sclerosis (MS) [80% medical benefit]
Skyrizi*	Immune-mediated inflammatory conditions [5% medical benefit]
Tremfya	Plaque psoriasis
Xolair	Allergic and inflammatory conditions [29% medical benefit]



Clare Pierce-Wrobel

Clare Pierce-Wrobel, director of Health Policy and Analytics (HPA), a division of Oregon Health Authority, introduced the Cost Growth Target hearing and shared highlights of the [new report on healthcare cost growth trends in Oregon from 2023 to 2024](#). Growing healthcare costs in Oregon are forcing people to make tough tradeoffs between rent or groceries and medications. Oregon's total healthcare expenditures were \$43 billion in 2024 and healthcare made up about one-fifth of Oregonians' household spending. A [new report on the effect of healthcare costs on people in Oregon](#) has more details. The Sept. 1 hearing was focused on one of the cost drivers, medical pharmacy and physician-administered drug costs.

"I'm grateful for our colleagues at the Oregon's Department of Consumer Business Services from the Oregon Prescription Drug Affordability Board and Drug Price Transparency Programs," she said. "Drug costs are just one area of unsustainable cost growth." In addition to rising physician-administered drug costs, the program's recent analysis also showed an increase in spending for outpatient hospital care as a driver of cost growth in 2024.

"We understand in this system that one person's cost is another person's revenue," she said. "But we must consider the balance of those dynamics to ensure costs are growing at a sustainable rate, one that supports the sustainability of the healthcare system, without pricing patients and purchasers out of it."

[Watch Clare's comments to the board.](#)

After Sarah's presentation, Oregon Health Policy Board Vice Chair Tony Germann said he would be interested in having the Oregon Health Policy Board collaborate with Oregon PDAB to evaluate policies to help Oregonians.

Oregon Health Policy Board member Bess Jayme agreed about the boards collaborating. She asked how the board selects drugs for affordability reviews and if the board considered studying how GLP-1 drugs are being used for weight loss. Sarah explained that PDAB uses data from the Drug Price Transparency Program to identify drugs for review each year. The board can only do limited analysis of why people are using these drugs because pharmacy claims data do not indicate why the drug is being taken. This limits the board's analysis of GLP-1 drugs used for weight loss compared to diabetes or other indications.



DPT public hearing on drug prices set for Dec. 10

The Oregon Drug Price Transparency (DPT) Program will hold the 2026 public hearing about prescription drug prices on Thursday, Dec. 10, from 1 to 3 p.m. at the Oregon Capitol Building, Room 70. The hearing will include Sen. Deb Patterson, Rep. Rob Nosse, and other members of the Oregon Legislature.

The public is invited to either attend in person at the Capitol or watch online by joining the Microsoft Teams meeting or the livestream on the legislative webpage. Find the links to attend or watch the hearing [on the DPT webpage](#) in December.

At the hearing, DPT staff members will provide a summary of drug pricing information submitted by pharmaceutical manufacturers, pharmacy benefit managers, and insurance carriers operating in Oregon. DPT collects this information annually and provides it to the Oregon Prescription Drug Affordability Board.



The annual DPT hearing also features patient and caregiver stories about prescription drug costs and availability. DPT invites patients, caregivers, and community members to share how prescription drug prices have affected them by completing the [RxStories form on the DPT webpage](#). Check the box on the form if you would like to testify at the hearing.

Share your story at the DPT hearing by [filling out this form](#).

Also on the agenda for the Dec. 10 hearing will be a panel discussion about prescription drug-related topics. Last year, the hearing featured [panel discussions](#) about biosimilars and alternative financing for high-cost medications. Panelists included Dr. Benjamin Rome of Harvard Medical School and Brigham and Women's Hospital, Sharon Lamberton of PhRMA, Deborah Weston of Oregon Health Authority, and others. [Watch the 2025 DPT annual public hearing](#) on prescription drug prices or read the [2025 DPT annual drug pricing report](#).



DCBS publishes 2026 PBM report

The Prescription Drug Price Transparency (DPT) Program collects aggregate information each year from pharmacy benefit managers (PBMs) licensed in Oregon. The 2026 PBM report was recently released and is available [on the DPT webpage](#). The report has information about rebates, fees, and specified revenues collected by PBMs with operations subject to the reporting requirements in Oregon in calendar year 2025.

2027 board calendar

Here are the Oregon PDAB meeting dates for 2027. Meetings will be held from 8 a.m. to noon, unless the board announces a time change. The meetings are open to the public and held virtually on Zoom for Government (ZoomGov). Click on the dates below to register for the ZoomGov meeting.

Oregon PDAB 2027 board calendar

[Wednesday, Jan. 20](#)

[Wednesday, Feb. 17](#)

[Wednesday, March 17](#)

[Wednesday, April 21](#)

[Wednesday, May 19](#)

[Wednesday June 16](#)

[Wednesday July 21](#)

[Wednesday, Aug. 18](#)

[Wednesday, Sept. 15](#)

[Wednesday, Oct. 20](#)

[Wednesday, Nov. 17](#)

[Wednesday, Dec. 15](#)