



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, **October 21, 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	<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>
Board review of 9/16/2026 minutes	Chair Shelley Bailey	<i>Review</i>
PDAB program update	Sarah Young, executive director	<i>Informational</i>
General public comment: 3 minutes per speaker	Chair Shelley Bailey	<i>Informational</i>
Board discussion and potential vote: policy concepts for annual report	Cortnee Whitlock	<i>Discussion and potential vote</i>
2026 Drug review of Skyrizi, Tremfya, and Xolair. Potential vote on all drugs - 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 and vote about prescription drugs under review in 2026	Chair Shelley Bailey and Cortnee Whitlock, program and senior policy analyst	<i>Discussion and vote</i>
The board will take a break around 10 a.m.	Chair Shelley Bailey	<i>Break</i>
Board discussion: feedback form available all year	Sarah Young	<i>Discussion</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 or 971-374-3724. American Sign Language will be available during the meeting.



Oregon Prescription Drug Affordability Board Regular Meeting
Wednesday, September 16, 2026
Draft Minutes

Web link to the meeting video: <https://youtu.be/Ka0ND0neLdU>

Web link to the meeting materials: <https://dfr.oregon.gov/pdab/Documents/20260916-PDAB-document-package.pdf>

Call to order: Chair Shelley Bailey called the meeting to order at 8 a.m.

Roll call:

Present: Chair Shelley Bailey, Vice Chair Dan Hartung, Dan Kennedy, Michele Koder, Chris Laman, John Murray, Noelle Redmond

Absent: Lauri Hoagland

The board chair announced a change in the agenda order. The board discussed policy recommendations before the 2026 drug review.

Board declarations of conflict of interest and meetings with entities or individuals related to board activities: John Murray and Chris Laman provided statements. View the video here: [00:01:31](#).

PDAB program update: Sarah Young, PDAB executive director, provided a program update. View the video here: [00:02:57](#).

Approval of board minutes: Chair Bailey approved by consensus the Aug. 19, 2026, minutes as shown on [Pages 2-3](#) of the agenda materials. View the video here: [00:07:32](#).

General public comment: Public comment was received from the following individuals who signed up in advance: Mary Anne Cooper, Regence BlueCross BlueShield of Oregon; Tiffany Westrich-Robertson, EACH/PIC Coalition; Lorren Sandt, Caring Ambassadors Program; Dharia McGrew, PhRMA; Kelsey Wilson, PCMA; Derek Flowers, Value of Care Coalition; and LuGina Mendez Harper, Prime Therapeutics. The board received four general written comments, which are posted on the [PDAB website](#). View the video here: [00:08:01](#).

Oregon Office of Rural Health presentation: Robert Duehmig, director of the Oregon Office of Rural Health, presented on his office's mission and provided statistics about rural health in Oregon. View the slides on [Pages 4-26](#) of the agenda materials. View the video here: [00:30:11](#).

Policy concepts for the annual report: Cortnee Whitlock, PDAB program and senior policy analyst, led the board through a discussion about the policy concepts introduced at the July 15 board meeting. Vice Chair Dan Hartung also talked about a policy memo he submitted to the board about setting reference prices for state-regulated commercial markets using Medicare's



maximum fair price. Board members agreed to move forward on policy recommendations about the concepts presented at the July 15 meeting: commercial health plan continuity of care; expanding Oregon PDAB scope; orphan drug language refinement in the PDAB statute; and address key issues in pharmacy benefit manager practices. The board did not advance the proposal about setting reference prices. Read the [proposed policy memos](#) posted on the PDAB website. View the video here: [01:10:56](#).

Drug review public comment: Five people spoke during the drug review public comment period. See Table 1. The board received seven written comments about drugs under review. The drug review letters are posted on the [PDAB website](#). View the video here: [02:59:15](#).

Table 1 Speakers during the drug review public comment period on Sept. 16, 2026

Speaker name	Affiliation	Drug
Lorren Sandt	Caring Ambassadors	Keytruda
Scott Devine	Merck	Keytruda
Chris Herbine	Johnson & Johnson	Tremfya
Lisa Carman	Genentech	Ocrevus
Lisa Carman	Genentech	Xolair

2026 Drug review discussion: Cortnee Whitlock reviewed the 2026 drug review roadmap on [Page 27](#) of the agenda materials and presented the drug review reports from the web links on [Page 29](#). Board members 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. Find all the drug review documents on the [drug review page](#) of the PDAB website. View the video here: [02:58:54](#).

Announcements: Chair Bailey said the agenda item about the year-round feedback form will be tabled until the Oct. 21 meeting. She announced the next board meeting will be on Oct. 21, 2026, at 8 a.m. View the video here: [04:23:08](#).

Adjournment: Chair Bailey adjourned the meeting at 12:34 p.m. with all board members in agreement. View the video here: [04:23:1](#).



Oregon Prescription Drug
Affordability Board



Prescription Drug Affordability Board

2026 Drug review roadmap

October 21, 2026

Drug review & annual report calendar

(This is a rolling document and subject to change)



2026 Preliminary Rx and insulin subset list



2026 Policy recommendations



Annual report
(includes recommendations and generic drug report)



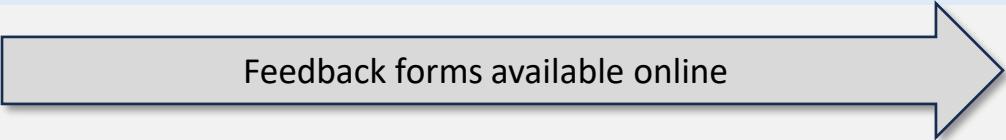
Data call & APAC information of Rx subset list



Public outreach and events



Public online feedback forms





Web links for 2026 draft policy recommendations

The following draft policy recommendations are provided for further discussion by the Oregon PDAB at the Oct. 21, 2026, meeting. Click on the links below to read the documents.

[Commercial health plan continuity of care requirement for prescription drugs](#)

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

[Expand PDAB scope beyond current affordability reviews for individual drugs](#)

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

[Orphan drug review refinements](#)

- This draft recommendation 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 draft recommendation examines policy options addressing PBM conduct.



Oregon Prescription Drug
Affordability Board



Prescription Drug Affordability Board

2026 policy recommendations

Board discussion of draft policy recommendations

Oct. 21, 2026

Purpose and discussion

- The board identified four policy concepts in July, and policy memos were developed.
- At the Sept. board meeting the board directed staff to develop policy recommendations based on the policy memos.
- The board will review and discuss whether each drafted recommendation needs further development or will be voted to send as a legislative recommendation.



Policy concepts under discussion

- Commercial health plan continuity of care
- Expanding Oregon PDAB scope
- Orphan drug review refinement
- Pharmacy benefit manager practices



Commercial health plan continuity of care

- Prior authorization or step therapy requirements when moving between commercial health plans.
- Oregon provides continuity protections in certain circumstances, but existing approvals do not continue when a person changes commercial plans.
- The recommendation defines a 90-day protection transition period during which the receiving plan recognizes as an existing approval while completing its own review.



Expanding Oregon PDAB scope

- Expand PDAB scope beyond individual drugs to include therapeutic classes, market segments, industry practices, purchasing agreements, access issues, and existing state policies.
- Integrate existing state information to minimize duplicative reporting.
- Conduct market impact reviews.
- Conduct policy performance evaluation.



Orphan drug review refinement

- Clarify the statutory exemption.
- Exclude orphan-only drugs from review.
- Allow review of mixed indication drugs.
- Avoid a difficult claims data separation requirement.
- Include rare disease consideration in the review.



Pharmacy benefit manager practices

- Strengthen PBM conduct and rebate standards.
- Expand transparency, reporting, and audit authority.
- Direct DCBS and OHA to coordinate implementation, identify and report on remaining gaps related to PBM oversight.





Web links to 2026 drug review reports and data

Agenda item for Oct. 21, 2026, board meeting:

Board review of Skyrizi, Tremfya, and Xolair. Possible board vote on all the drugs under review: Jardiance, Mounjaro, Ozempic, Humulin R U-500 concentrated and KwikPen, 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 direct links to the data information or find the data information on the [PDAB data page](#).

- [2026 Drug Review Subset List v01](#)
- [2026 Insulin Review Subset List v01](#)

Table 1 provides links to the 2026 Oregon PDAB drug review reports. Click on the file names below or find the drug reports on the [PDAB drug review page](#)

Meeting date	Drug review report
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 • 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



Meeting date	Drug review report
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
Aug. 19, 2026	• OCREVUS ○ Rituxan as Ocrevus Therapeutic Alternative ○ Ocrevus Patient Caregiver Advocacy 2026 Feedback ○ Ocrevus Manufacturer 2026 Feedback • SKYRIZI ○ Skyrizi Patient Caregiver Advocacy 2026 Feedback ○ Skyrizi Scientific Medical Training 2026 Feedback • TREMIFYA ○ Tremfya Scientific Medical Training 2026 Feedback • XOLAIR ○ Xolair Patient Caregiver Advocacy 2026 Feedback ○ Xolair Scientific Medical Training 2026 Feedback ○ Xolair Manufacturer 2026 Feedback



Oregon Prescription Drug
Affordability Board



Prescription Drug Affordability Board

2026 Selected drugs under review

Oct. 21, 2026

Purpose and discussion

- Review key findings from each drug's review packet
- Consider impacts on Oregon's health care system and patient OOP costs
- Review rubric considerations
- Determine factors that support or remove a drug from further review



Keytruda: Oregon utilization and distribution

Measure	Count	Measure	Count
Total claims identified	11,996		
Claims removed due to orphan designated conditions	1,281	Claims remaining for affordability reviews	10,715
Unique patients associated with removed claims	202	Unique patients remaining for affordability review	1,595

Proprietary name	No. of enrollees	No. of claims	Mean claims per enrollee	Total gross payer paid	Cost per enrollee, mean	Cost per claim, median
Keytruda	1,591	9,851	6.2	\$132,020,415	\$82,980	\$12,015

Line of business	Enrollee count	Claim count	Gross payer spending	Percent of total payer spend by LOB
Commercial	363	2,079	\$41,400,421	31.4%
Medicaid	559	2,940	\$23,066,881	17.5%
Medicare	831	4,832	\$67,553,113	51.2%



Keytruda: System and patient impact

Health care system impact

Average annual WAC change 2019-2025	3.3%
Commercial claims receiving concessions	0.4%
Commercial total gross spending	\$46.0 million
Commercial total net spending	\$46.0 million
Estimated percent discount	0.0%
Percent gross cost remaining after concessions	100%

Patient out-of-pocket (OOP) impact

Mean annual APAC OOP cost	\$1,929
Median annual APAC OOP cost	\$264
95 th percentile annual OOP cost	\$7,318
Median OOP cost per claim	\$0
95 th percentile OOP cost per claim	\$2,452
Plans required prior authorization	100%
Plans required step therapy	0.0%



Keytruda: Rubric consideration

Rubric criteria	Review drugs	
	Keytruda	Rubric consideration
Oregon utilization	Severe	>1,000 unique APAC enrollees
Price trends	Moderate	Average annual WAC change >0% to <4%
Price concessions and net costs	Severe	<25% of commercial claims received a price concession
System and payer spending	Severe	Gross spend > \$100M OR net spend > \$30M
Enrollee out-of-pocket costs	Severe	Mean annual APAC OOP > \$1,600

Rubric criteria	Review drugs	
	Keytruda	Rubric consideration
Equity and population impact	No	Available evidence does not identify a disproportionate burden or access limitation.
Utilization management and access	Yes	Available evidence indicates that coverage or utilization-management restrictions contribute to access or affordability barriers.
Cost and availability of therapeutic alternatives	Yes	At least one clinically appropriate lower-cost therapeutic alternative was identified.
Stakeholder affordability and access concerns	Yes	Stakeholder input identified affordability, access, or financial-hardship concerns.
Patent and regulatory exclusivity	Yes	Expiration dates cannot be determined and no generic or biosimilar is available, or if any patent or FDA exclusivity extends more than 18 months beyond the affordability review date and no generic or biosimilar is marketed.
Absent from the CMS Medicare drug price negotiation	Yes	Drug is absent from CMS negotiation / no MFP is scheduled within the relevant review horizon.
Scoring totals out of 21	18	

Low = 0
High = 2

Moderate= 1
Severe = 3

No = 0
Yes = 1



Oregon Prescription Drug
Affordability Board



Skyrizi: Oregon utilization and distribution

Measure	Count	Measure	Count
Total claims identified	9,132		
Claims removed due to orphan designated conditions	21	Claims remaining for affordability reviews	9,111
Unique patients associated with removed claims	<31 ^a	Unique patients remaining for affordability review	2,595

Proprietary name	No. of enrollees	No. of claims	Mean claims per enrollee	Total gross payer paid	Cost per enrollee, mean	Cost per claim, median
Skyrizi	2,337	8,699	3.7	\$150,009,521	\$64,189	\$19,525

Line of business	Enrollee count	Claim count	Gross payer spending	Percent of total payer spend by LOB
Commercial	1,504	5,777	\$99,013,099	66.0%
Medicaid	343	1,225	\$20,018,297	13.3%
Medicare	662	1,697	\$30,978,125	20.7%



Skyrizi: System and patient impact

Health care system impact

Average annual WAC change 2019-2025	7.1%
Commercial claims receiving concessions	79.2%
Commercial total gross spending	\$61.3 million
Commercial total net spending	\$42.4 million
Estimated percent discount	30.8%
Percent gross cost remaining after concessions	69.2%

Patient out-of-pocket (OOP) impact

Mean annual APAC OOP cost	\$3,288
Median annual APAC OOP cost	\$500
95 th percentile annual OOP cost	\$12,112
Median OOP cost per claim	\$0
95 th percentile OOP cost per claim	\$4,752
Plans required prior authorization	100.0%
Plans required step therapy	0.0%



Skyrizi: Rubric consideration

Rubric criteria	Skyrizi	Rubric consideration
Oregon utilization	Severe	>1,000 unique APAC enrollees
Price trends	Severe	Average annual WAC change ≥5%
Price concessions and net costs	Low	>75% of commercial claims received a price concession
System and payer spending	Severe	Gross spend > \$100M OR net spend > \$30M
Enrollee out-of-pocket costs	Severe	Mean annual APAC OOP > \$1,600

Review drugs		
Rubric criteria	Skyrizi	Rubric consideration
Equity and population impact	No	Available evidence does not identify a disproportionate burden or access limitation.
Utilization management and access	Yes	Available evidence indicates that coverage or utilization-management restrictions contribute to access or affordability barriers.
Cost and availability of therapeutic alternatives	Yes	At least one clinically appropriate lower-cost therapeutic alternative was identified.
Stakeholder affordability and access concerns	Yes	Stakeholder input identified affordability, access, or financial-hardship concerns.
Patent and regulatory exclusivity	Yes	Expiration dates cannot be determined and no generic or biosimilar is available, or if any patent or FDA exclusivity extends more than 18 months beyond the affordability review date and no generic or biosimilar is marketed.
Absent from the CMS Medicare drug price negotiation	Yes	Drug is absent from CMS negotiation / no MFP is scheduled within the relevant review horizon.
Scoring totals out of 21	17	

Low = 0
High = 2

Moderate= 1
Severe = 3

No = 0
Yes = 1



Oregon Prescription Drug
Affordability Board



Tremfya: Oregon utilization and distribution

Proprietary name	No. of enrollees	No. of claims	Mean claims per enrollee	Total gross payer paid	Cost per enrollee, mean	Cost per claim, median
Tremfya	767	3,322	4.3	\$36,340,191	\$47,380	\$12,983

Line of business	Enrollee count	Claim count	Gross payer spending	Percent of total payer spend by LOB
Commercial	539	2,512	\$27,004,807	74.3%
Medicaid	87	344	\$3,933,319	10.8%
Medicare	167	466	\$5,402,065	14.9%



Tremfya: System and patient impact

Health care system impact

Average annual WAC change 2019-2025	5.0%
Commercial claims receiving concessions	68.5%
Commercial total gross spending	\$24.8 million
Commercial total net spending	\$14.7 million
Estimated percent discount	40.7%
Percent gross cost remaining after concessions	59.3%

Patient out-of-pocket (OOP) impact

Mean annual APAC OOP cost	\$1,819
Median annual APAC OOP cost	\$25
95 th percentile annual OOP cost	\$9,120
Median OOP cost per claim	\$0
95 th percentile OOP cost per claim	\$3,639
Plans required prior authorization	100.0%
Plans required step therapy	0.0%



Tremfya: Rubric consideration

Rubric criteria	Review drugs	
	Tremfya	Rubric consideration
Oregon utilization	High	501–1,000 unique APAC enrollees
Price trends	Severe	Average annual WAC change $\geq 5\%$
Price concessions and net costs	Low	>75% of commercial claims received a price concession
System and payer spending	Moderate	Gross spend \$10M–<\$40M OR net spend \$5M–<\$15M
Enrollee out-of-pocket costs	Severe	Mean annual APAC OOP > \$1,600

Rubric criteria	Review drugs	
	Tremfya	Rubric consideration
Equity and population impact	No	Available evidence does not identify a disproportionate burden or access limitation.
Utilization management and access	Yes	Available evidence indicates that coverage or utilization-management restrictions contribute to access or affordability barriers.
Cost and availability of therapeutic alternatives	Yes	At least one clinically appropriate lower-cost therapeutic alternative was identified.
Stakeholder affordability and access concerns	Yes	Stakeholder input identified affordability, access, or financial-hardship concerns.
Patent and regulatory exclusivity	Yes	Expiration dates cannot be determined and no generic or biosimilar is available, or if any patent or FDA exclusivity extends more than 18 months beyond the affordability review date and no generic or biosimilar is marketed.
Absent from the CMS Medicare drug price negotiation	Yes	Drug is absent from CMS negotiation / no MFP is scheduled within the relevant review horizon.
Scoring totals out of 21	14	

Low = 0
High = 2

Moderate = 1
Severe = 3

No = 0
Yes = 1



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 and anonymous. We do not collect names or contact information in this feedback form. 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 records ~~s-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 1.2 – updated Oct. 13, 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.

We have updated version 1.2 based on public and board member comments. Suggested edits are in dark red, underlined text.



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 patient organization
- 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. ~~Something else~~ Other: [text entry box]



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 or conditions 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 out-of-pocket payments ~~cost-sharing~~ you pay yourself such as copays or coinsurance. Do not include costs paid on your behalf by someone else such as your health insurance or a financial ~~patient~~-assistance program.

[text entry box]

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

These programs that help patients with out-of-pocket payments may be called many things including discount program, patient assistance program, copay coupon, or other names.

- Yes, always
- Yes, sometimes
- 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
- My out-of-pocket payment 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 at my pharmacy
- 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

[show if yes, skip if no or not sure]

Q12) Please explain what happened to make the medication unaffordable for you.

[text entry box]

Q13) Has your health insurance changed in the last 12 months?

- Yes
- No
- Not sure

[show if yes, skip if no]

Q14) What changed about your health insurance?

[text entry box]

Q15) Do you currently have health insurance?

- Yes
- No
- Not sure

[show if yes, skip if no or not sure]

Q16) 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:

[go to final questions]



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

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

Q17) 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]

Q18) 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]



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

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

Q19) What PDAB work or decision are you commenting on?

Please be specific.

[long text entry box]

Q20) 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]

Q21) 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

Q22) What would you like to share with the board?

We do not collect names or contact information in this feedback form. If you would like a response, please email us at pdab@dcbs.oregon.gov.

[long text entry box]

[go to final questions]



Final questions – show all respondents the following:

These final questions will help us understand you better.

Q23) [required] Do you live in Oregon?

This question is required.

- Yes
- No
- Other [text entry box]

[the following three questions are optional]

Q24) City or town you live in: [text entry box]

Q25) Your ZIP code: [text entry box]

Q26) 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.](#)