PDAB annual report – Part 1

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PDAB background and activities

The Oregon Legislature created the Prescription Drug Affordability Board (PDAB) through Oregon Senate Bill 844 (2021) and made amendments through Senate Bill 192 (2023), Senate Bill 289 (2025), and House Bill 4040 (2026). The legislation is codified in Oregon Revised Statutes (ORS) 646A.693 to 646A.697. The board's mission is to protect Oregonians, state and local governments, commercial health benefit plans, healthcare providers, pharmacies, and other Oregon stakeholders from the high costs of prescription drugs. PDAB is supported by staff in the Division of Financial Regulation in the Department of Consumer and Business Services (DCBS). The board conducts drug reviews to make affordability determinations and provides the Legislature with policy recommendations.

Board composition

The board is composed of eight members with expertise in healthcare economics, clinical medicine, pharmacy, and public health. Table 1 provides board member names, titles, and term dates. Read the **board member bios** on the PDAB website. PDAB will have two new members in January 2027, David Gross and Leah Hueser (terms of Jan. 1, 2027 to Dec. 31, 2030), replacing Lauri Hoagland and Michele Koder, who did not seek reappointment.

Table 1 Oregon PDAB members, title, occupation, and term dates

Board member	Title, occupation	Term dates
Shelley Bailey, MBA, chairperson	CEO of Famlee Fertility Inc. and former owner of Central Drugs in Portland	June 10, 2022, to Dec. 31, 2030 (2 terms)
Daniel Hartung, PharmD, MPH, vice chairperson	Tenured professor of pharmacy practice at the Oregon State University College of Pharmacy	June 10, 2022, to Dec. 31, 2029 (2 terms)
Lauri Hoagland, NP	Nurse practitioner for a school-based health center sponsored by La Clinica	Oct. 1, 2024, to Dec. 31, 2026
Daniel Kennedy, RPH	Retired pharmacist and outgoing president of the Oregon State Pharmacy Association	June 5, 2024, to Dec. 31, 2029 (2 terms)
Michele Koder, PharmD	Pharmacy director for the Multnomah County Health Department	Oct. 1, 2025, to Dec. 31, 2026

Board member	Title, occupation	Term dates
Christopher Laman, PharmD, MBA	Vice president of strategy, director of pharmacy and cancer center services at Columbia Memorial Hospital	Feb. 16, 2024, to Dec. 31, 2029 (2 terms)
John Murray, RPH	Pharmacist and co-owner of Murray's Drugs in Heppner, Condon, and Boardman	Sept. 28, 2022, to Dec. 31, 2028 (2 terms)
Noelle Redmond, PharmD	Former director of Clinical Pharmacy Services at Cambia Health Solutions/Regence Blue Cross Blue Shield	June 22, 2026, to Dec. 31, 2028

Governance and leadership

The board has highlighted the following milestones in its organizational growth.

- ✓ **Board established:** 2021 through Senate Bill 844.
- ✓ **First meeting held:** June 23, 2022.
- ✓ **Board authority:** Oregon Revised Statutes (ORS) 646A.693 to 646A.697 and Oregon Administrative Rules (OAR) 925-200-0010 and 925-200-0020.
- ✓ **Board policies:** The board adopted the following policies that govern its work: PDAB Policy; Delegation Policy; Conflict of Interest Policy; and Public Comment Policy.[1] PDAB policies provide the foundation for transparent decision-making, statutory compliance, and strategic direction.
- ✓ **Board meetings:** Board meetings are open to the public and held virtually on Zoomgov on the third Wednesday of the month. Meeting agendas include time for written and verbal public comments about general topics and drug review topics. The board has met twelve times in 2026 and 55 times since inception, as of December 2026.
- ✓ **Leadership**: Shelley Bailey was elected chairperson on Feb. 21, 2024, and Dr. Daniel Hartung was elected vice chairperson on November 19, 2025.
- ✓ **Accumulated total of board members:** Thirteen Oregonians have served on the board between 2022 and present, offering a wide range of expertise, skills, and perspective.

[1] Division of Financial Regulation, Department of Consumer and Business Services. *Oregon Prescription Drug Affordability Board*. State of Oregon. https://dfr.oregon.gov/pdab/Pages/index.aspx.

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Board members have included physicians, health insurance company representatives, pharmacists, nurse practitioners, and university professors.

Board accomplishments

PDAB's work is centered on advancing its mission through strategic actions, data-driven reviews, and meaningful stakeholder engagement. Since its inception, the board has continued to meet its statutory responsibilities to review prescription drug costs affecting Oregon.

- ✓ **Annual reports for the Oregon Legislature:** The board has provided an annual report with policy recommendations to the Legislature each year since 2022 as required by ORS 646A.696. The annual reports can be found on the **PDAB website**.
- ✓ **Generic drug analysis:** For 2026, the generic drug analysis is included in the annual report to inform state policymakers. Previously, the board produced individual reports about the generic drug market. House Bill 4040, passed by the Oregon Legislature in 2026, provided statutory changes for PDAB's annual report structure and the number of drugs selected for affordability review each year.
- ✓ **Drug reviews**: The board has completed two prescription drug review cycles since its inception. In 2025, the board reviewed 23 medications and determined the following medications may create affordability challenges: Vraylar, a treatment for schizophrenia and bipolar disorder; Cosentyx, a treatment for plaque psoriasis; Trulicity, a treatment for diabetes; and Lantus SoloStar, an insulin product for treating diabetes. PDAB's **2025 Drug Review Report** for the Oregon Legislature is available on the PDAB website. In 2026, the board reviewed medications throughout the summer and fall to determine affordability challenges for Oregonians and the healthcare system. This report contains results of the 2026 review.

Public comments and community engagement

The board encourages public involvement in its decision-making process. Public comment opportunities are provided at each board meeting, and additional comment periods are offered during drug review sessions.

As part of the 2026 drug review process, PDAB hosted four in-person and three online community forums in April and May, with an extended public comment period during the May board meeting. The meetings held in Salem, Portland, Redmond, and Beaverton, and on Zoomgov, provided an opportunity for the board to hear from patients, caregivers, and others about how medication costs affect their daily lives, finances, and communities. Fifty-seven people attended the in-person and online events and 95 attended the May board meeting. Patients who spoke were primarily concerned about insurance denials of prescription drug

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coverage or changes in their health insurance policies that limited their prescription drug choices. All board members participated in the community forums. At each of the in-person and online events, board members engaged with patients who spoke and offered ideas and resources. The **Consumer Outreach Report 2026**, published by the Oregon PDAB on June 17, 2026, provides details of the board's outreach efforts.[2]

Also, for the 2026 drug reviews, the board posted on its website five feedback forms about the drugs under review targeted to five groups: individuals with scientific or medical training; patients, caregivers, and advocacy groups; pharmaceutical manufacturers; health insurers; and safety net providers. The board received 64 responses using the feedback forms, including 33 from patients, caregivers, and advocacy groups. Summaries from the questionnaires are posted on the **drug review page**, in the drug review reports, and in the **Consumer Outreach Report 2026**.

Table 2: 2026 community outreach: public comments for general and drug review topics and survey responses

Category	Speakers	Letters	Survey responses
Scientific/medical professionals	1	7	12
Patients, caregivers, advocates	29	56	33
Pharmaceutical manufacturers	15	40	7
Health insurers	4	4	1
Safety net providers	0	0	11
Pharmacy benefit managers	2	4	0
Trade associations	8	7	0
Total	**59**	**118**	**64**

[2] "Consumer Outreach Report." Oregon Prescription Drug Affordability Board, June 17, 2026. https://dfr.oregon.gov/pdab/Documents/reports/2026-consumer-outreach-report.pdf.

Drug review process

Overview of the 2026 review process

The 2026 drug review cycle began with the board's examination of prescription drug cost and utilization information reported to the Oregon Drug Price Transparency Program (DPT). The source data reflected plan year 2024 and were submitted in 2025, making them the most recent complete reporting-year data available when the 2026 review cycle began. The insurer reporting included each insurer's 25 most costly prescription drugs, 25 drugs with the greatest year-over-year increase in plan spending, and 25 most frequently prescribed drugs. The DPT program collects these annual reports as authorized by ORS 743.025 and described in OAR 836-053-1630.

DPT data provided the starting point for identifying products with significant spending, increasing costs, or high utilization in Oregon's fully insured commercial market. PDAB staff used the data to develop an initial statewide view of products with substantial spending, increasing costs, or high utilization. The preliminary list process was intended to identify drugs eligible for additional consideration. The process moved through successive stages of data preparation, eligibility screening, board prioritization, and collection of additional information for the selected products.

Development of the preliminary drug list

The PDAB data analyst, with support from the data researcher, consolidated insurer submissions and prepared the data for board review. Because the same product could appear in more than one insurer report and in more than one top-25 category, staff standardized and reconciled the records before counting products on the preliminary list. This work included:

- Standardizing proprietary and nonproprietary drug names and product identifiers.
- Reconciling duplicate entries across insurers, market segments, and reporting categories.
- Removing products outside the scope of the affordability review, including medical devices and diagnostic products.
- Aligning reporting fields and formats so products could be evaluated consistently across insurers.

After cleaning, standardization, and consolidation, staff produced a preliminary list of 137 unique prescription drug products for board consideration. This list provided the starting point for the board to apply the eligibility requirements and prioritization criteria.

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From the preliminary list to the subset list

The board reviewed the 137 products to identify those eligible to move forward for possible affordability review under ORS 646A.694 and OAR 925-200-0010. The screening removed products that did not meet the applicable statutory or rule-based requirements, for which lower-cost market competition was already available, or which the board determined should be excluded due to product characteristics and conditions treated. The exclusions documented during this stage included:

- 58 generic drugs
- 10 vaccines
- Three antiviral products
- Two toxoids
- Four drugs with marketed biosimilars, and
- Eight drugs with marketed generic equivalents.

After all board identified eligibility filters were applied, 49 prescription drugs remained on the subset list. The subset list represented the group of eligible products from which the board would prioritize drugs for full review. At this stage, the board considered the factors in OAR 925-200-0010, including frequency of appearance on insurer-reported top-25 lists, manufacturer price reports, historical and current wholesale acquisition cost trends, estimated treatment costs, availability of therapeutic equivalents or alternatives, market competition, utilization, and public input.

Board members were then surveyed individually and could identify up to six prescription drugs they were interested in advancing. Collectively, board members identified 22 drugs; 12 of those products were selected by more than one member. The board also identified four insulin products for consideration. This survey served as a prioritization tool and did not constitute the board's final selection.

At its April 2026 public meeting, the board reviewed the compiled survey results and discussed the products in the context of the available cost, utilization, clinical, and market information. From that discussion, the board selected ten prescription drugs and two insulin products for the 2026 affordability reviews.

Supplemental data collection and review packet development

Following the selection of the drugs for review, DCBS issued a data call to commercial health insurers to collect additional detailed information for each selected drug. Insurers provided information on health plan spending, rebates and other price concessions, enrollee out-of-

pocket costs, claim and enrollee counts, utilization management policies, and other necessary claims information for analysis. Staff used insurer-reported information to calculate expenses and net costs after reported price concessions and other drug discounts.

Additionally, staff prepared aggregated, de-identified All Payer All Claims (APAC) data to assess utilization, gross spending, and patient out-of-pock costs across available commercial, Medicaid, and Medicare claims. Capturing insurer-reported information alongside APAC data allowed the board to consider both net commercial payer costs and broader gross spending and patient-cost measures. The different population and cost impacts were identified in the review packets. The measures were not treated as directly interchangeable because APAC data and commercial insurer data call data represent different populations.

Staff assembled standardized review packets that included therapeutic alternatives, wholesale acquisition cost trends, market competition, utilization and access information, patent and regulatory exclusivity context, stakeholder feedback, clinical information, and other available factors under ORS 646A.694 and OAR 925-200-0020. Sources included DPT data, Oregon Health Authority APAC data, information obtained through the insurer data call, and clinical and market research. Public comment and structured feedback from patients, caregivers, people with scientific and medical training, manufacturers, insurers, pharmacy benefit managers, and safety-net providers were incorporated when submitted.

The board reviewed the twelve selected prescription drug and insulin products in three groups during its June, July, and August 2026 public meetings. For each group, staff presented the drug review findings, and members discussed the available cost, utilization, clinical, and stakeholder information.

In September, the board revisited the twelve products and considered whether additional discussion was needed before making affordability determinizations. Members requested further discussion of Keytruda, Skyrizi, and Tremfya. In October, the board continued its review of the data for those three drugs. After completing discussion on those drugs, the board made individual motions and voted on each of the twelve products. The motions addressed whether each product may create affordability challenges for the Oregon healthcare system, patient out-of-pocket costs, or both.

Orphan indication methodology

The 2026 process also incorporated a method for products approved by the U.S. Food and Drug Administration (FDA) for both orphan and non-orphan indications. Keytruda and Skyrizi had designated orphan indications as well as broader non-orphan uses. Staff developed a claims-based methodology to identify and remove claims associated with orphan-designated indications, to the extent supported by the available diagnosis and claims data. The resulting

analysis was designed to focus the affordability review on utilization associated with non-orphan indications only while documenting the method and its data limitations.

Review tool

The drug scoring rubric developed in 2025 continued to provide PDAB members with an optional framework for supporting structured and transparent drug reviews. The rubric organizes consideration of key factors, including cost and utilization trends, therapeutic alternatives, and patient cost burdens. The rubric is not considered a formal scoring methodology. It is a tool that promotes consistent information for the selected drugs under review while maintaining board member discretion in determining review outcomes.

Results of prescription drug and insulin product affordability reviews

The table below lists the prescription drugs and insulin products selected for the 2026 affordability reviews, with votes for and against a motion to identify a product that may create affordability challenges due to high healthcare system costs and/or high patient out-of-pocket costs.

Table 3 Prescription drug and insulin products selected for 2026 affordability review by Oregon PDAB

Review grouping number	Therapeutic class	Proprietary name	Nonproprietary name	Vote for	Vote against	Identified
Group 1	Short acting insulin	Humulin R U-500 (Concentrated vial)	*insulin regular*	0	6	No
Group 1	Short acting insulin	Humulin R U-500 (KwikPen)	*insulin regular*	0	6	No
Group 1	Antidiabetics	Jardiance	*empagliflozin*	0	6	No
Group 1	Antidiabetics	Mounjaro	*tirzepatide*	1	5	No
Group 1	Antidiabetics	Ozempic	*semaglutide*	1	5	No
Group 2	Antineoplastics and adjunctive therapies	Keytruda	*pembrolizumab*	4	2	**Yes**

Review grouping number	Therapeutic class	Proprietary name	Nonproprietary name	Vote for	Vote against	Identified
Group 2	Antineoplastics and adjunctive therapies	Verzenio	*abemaciclib*	2	4	No
Group 2	Analgesics - anti inflammatory	Xeljanz	*tofacitinib citrate*	2	4	No
Group 3	Immuno modulatory agent	Ocrevus	*ocrelizumab*	3	3	No
Group 3	Dermatologicals	Skyrizi	*risankizumab-rzaa*	6	0	**Yes**
Group 3	Dermatologicals	Tremfya	*guselkumab*	0	6	No
Group 3	Antiasthmatic and bronchodilator agents	Xolair	*omalizumab*	1	5	No

Product-specific cost and affordability determination

On Oct. 21, 2026, the board voted on 12 drug and insulin products listed in Table 3. The board identified Keytruda and Skyrizi as drugs that may create affordability challenges due to high healthcare system and patient out-of-pocket costs in Oregon. Motions for the other products did not pass. A failed motion means the product was not identified through this review, and it does not establish that a drug is affordable for every patient or insurer.

Keytruda[3]

The board voted 4 in favor, 2 opposed and identified Keytruda as a drug that may create affordability challenges citing substantial insurer spending, price increases, and limited reported price concessions. Although the adopted motion addressed both system and patient costs, members differed in their assessment of system and patient affordability and the implications of the drug's multiple indications.

[3] Keytruda® (pembrolizumab) Version 3.1.Oregon Prescription Drug Affordability Board, Oct. 19, 2026. https://dfr.oregon.gov/pdab/Documents/Keytruda-2026.pdf.

Affordability effect on the Oregon healthcare system

Supporting members emphasized high treatment costs and use across multiple cancer indications. Board members cited upward price trends, minimal price concessions, and significant system and payer spending. Members questioned whether the very limited rebates reported for Keytruda reflected incomplete information. Staff confirmed that the commercial insurer data call requested medical and pharmacy spending, net costs, and rebates for every reviewed drug. Nearly all reported Keytruda spending was under the medical benefit. The data call did not ask insurers to explain why they reported few rebates for Keytruda.

Keytruda has both orphan and non-orphan indications. A claims-based method was applied to remove claims associated with orphan indication. Members discussed the difficulty of evaluating costs across Keytruda's many non-orphan indications and different dosing requirements.

Affordability effect on patient out-of-pocket costs

The board raised concerns about patient costs, but the discussion did not identify a uniform burden across patients. Several board members referenced the average out-of-pocket cost reported in the drug review report ($1,139 per enrollee for commercial and $3,195 per enrollee for Medicare), noting that it would be unaffordable for many patients. It was also mentioned that patient assistance programs mitigate affordability challenges, but this observation was based on external knowledge. Information on assistance programs or other patient cost-offset mechanisms was not included in the review report because the data were not available. The board further discussed that a low or zero median out-of-pocket cost can coexist with high costs for some patients, but available data could not quantify the extent to which these cases reflect people covered by Medicaid with no cost sharing, individuals reaching their annual out-of-pocket maximum, or other situations.

Skyrizi[4]

The board unanimously identified Skyrizi as a drug that may create affordability challenges due to high healthcare system and patient out-of-pocket costs. Board members cited sustained wholesale acquisition cost (WAC) increases, high insurer costs, and patient cost exposure.

Affordability effect on the Oregon healthcare system

Members noted that price growth was a central concern. Board members highlighted annual WAC growth exceeding seven percent in two years as shown in the drug report. WAC represents the manufacturer's list price before rebates and other price concessions.

[4] Skyrizi® (risankizumab-rzaa) Version 2.0. Oregon Prescription Drug Affordability Board, Sept. 8, 2026. https://dfr.oregon.gov/pdab/Documents/Skyrizi-2026.pdf.

Members considered costs remaining after reported price concessions. Other members stated that the remaining cost was meaningful and characterized the reported rebates (30.8 percent discount) as modest compared with other immunotherapies. It was also cited as the highest mean annual insurer cost per claim among the drugs and alternatives presented. Members considered the absence of a known near-term Medicare negotiated price or predictable biosimilar entry, according to the information available to the board.

Affordability effect on patient out-of-pocket costs

Members identified high patient out-of-pocket costs as an affordability concern citing patient costs and year-over-year WAC increases.

Other products reviewed

The following products were reviewed and were not identified as creating a significant affordability challenge at this time. A failed motion does not establish that a drug is affordable for every patient or insurer.

- **Humulin R U-500 concentrated (vial)**: Motion failed due to low utilization, low system spending, limited patient out-of-pocket costs, and a flat WAC trend.
- **Humulin R U-500 KwikPen**: Motion failed due to low utilization, low system spending, and low patient out-of-pocket costs.
- **Jardiance**: Members recognized high utilization and substantial spending, but the motion failed due to moderate price growth and reported price concessions. Board members considered Medicare price negotiation and potential generic competition among treatment alternatives. Several members attributed total spending primarily to widespread use rather than unusually high per-patient costs.
- **Mounjaro**: Motion failed due to low average annual WAC increase, reported price concessions, and spending relative to other reviewed products, although it was cited by a member that high volume and costs were a concern. It was suggested to consider the drug for future review due to the trend of spending and utilization growth.
- **Ozempic**: Motion failed due to moderate WAC growth, reported price concessions, and expected price reductions from Medicare price negotiations which take effect in 2027. Board members cited concern about the drug's high utilization, spending growth, and cost pressure on the healthcare system. Some members supported revisiting the drug or the therapeutic class due to continuing budget concerns.

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- **Verzenio**: Motion failed due to moderate system spending, reported price concessions, costs of therapeutic alternatives, and anticipated effects of Medicare price negotiations which take effect in 2028. Concerns were mentioned about the drug's high patient out-of-pocket costs, price increases, and high spending relative to the number of users.
- **Xeljanz**: Motion failed due to moderate system spending, reported price concessions, and anticipated effects of Medicare price negotiations which take effect in 2028 and generic competition in 2026. Concerns were cited regarding high utilization and high patient out-of-pocket costs.
- **Ocrevus**: Motion failed due to a tied vote. Supporting members cited high system spending, moderate price concessions, and substantial patient out-of-pocket costs. Opposing members cited utilization, treatment setting, and costs relative to alternatives.
- **Tremfya**: Motion failed due to moderate system spending, reported price concessions, and costs below some of the reviewed therapeutic alternatives. Board members mentioned concern about patient out-of-pocket costs.
- **Xolair**: Motion failed due to moderate system spending, reported price concessions, and consideration of Medicare price negotiations which take effect in 2028 and biosimilar competition in 2026.

Recommendations

The board approved four policy recommendations to the Oregon Legislature. The recommendations address continuity-of-care of prescription drug treatment when patients change commercial health plans, the scope of the board's work, the consideration of orphan indication in affordability reviews, and pharmacy benefit manager practices. See Appendix A for additional detail on each of the policy recommendations.

Recommendation 1: Commercial health plan continuity-of-care

The board recommends establishing continuity-of-care requirements for prescription drug coverage when an enrollee changes commercial health plans. The approach would provide a 90-day transition protection for treatment supported by a documented prior authorization or step therapy exception under the preceding plan, while the receiving plan reviews the authorization. The discussion recognized a covered-benefit safeguard; the proposal would not require a new plan to cover a drug or service excluded from its benefits although the new plan would still follow existing formulary exception policies.

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Board members discussed the importance of preventing interruptions in ongoing treatment and reducing repeated authorization work for patients, prescribers, and pharmacies. They also recommended that the receiving plan notify the dispensing pharmacy at the time a transition claim is processed so the pharmacy team can explain the temporary coverage and any next steps to the patient.

The board approved the recommendation by a vote of six in favor, zero opposed.

Recommendation 2: Expanded scope of PDAB reviews

The board recommends expanding the PDAB scope beyond individual prescription drug affordability reviews. The recommendation would allow broader examination of therapeutic classes of drugs, prescription drug market practices, purchasing arrangements, health plan design, and patient access concerns. Its purpose is to give the board greater flexibility to select work that examines the sources of prescription drug costs and informs legislative action.

Supporting members described opportunities to connect information held by different programs, identify missing data, and examine payments throughout the drug supply chain. Other members raised concerns about the breadth of the expanded work, limited staff and board capacity, and the need for a focused annual work plan.

The board approved the recommendation by a vote of five in favor, one opposed.

Recommendation 3: Orphan drug review refinement

The board recommends excluding from affordability review drugs that are approved solely for orphan indications and allowing review of drugs that have both orphan and non-orphan indications without separating claims by indication. The board also considered an alternative approach that would remove the orphan exemption entirely but did not support that approach due to the relatively small number of drugs that are approved for only orphan indications.

The proposed changes would allow the board to assess overall spending and patient costs for drugs with both orphan and non-orphan indications, while maintaining the affordability review exclusion for products with orphan-only indications. This change would permit review of all claims data for drugs that are approved to treat both orphan and non-orphan indications and remove the requirement to separate claims by indication for these drugs. The discussion also addressed affordability concerns for people with rare diseases, stakeholder concerns about access, and incentives for orphan drug development.

The board approved the recommendation as amended by a vote of five in favor, one opposed.

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Recommendation 4: Pharmacy benefit manager practices

The board recommends additional pharmacy benefit manager (PBM) reporting and evaluation of the impact of PBM practices on prescription drug costs and pharmacy access. The framework includes an inventory of information already collected by Oregon agencies, identification of reporting gaps, and evaluation of pharmacy reimbursement practices, including payments to affiliated and non-affiliated pharmacies, maximum allowable cost list management, and reimbursement adequacy in relation to pharmacy acquisition costs. The recommendation also includes policy options and supporting information addressing PBM market practices, approaches used in other states, and concerns raised in the Secretary of State's August 2023 PMB audit.[5]

Members discussed patient receipt of rebates at the pharmacy counter, pass-through pricing, spread pricing, and separating PBM compensation from drug prices. They emphasized retaining these policy options alongside the recommended reporting and evaluation framework. Some members supported studying the potential benefits and unintended effects of regulating these practices before recommending policy changes. Members also noted the need to consider federal developments alongside state policy proposals. The board also removed statements in the supporting material that could imply savings had not been demonstrated in other states without sufficient support.

The board approved the recommendation as amended by a vote of six in favor, zero opposed.

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[5] "Poor accountability and transparency harm Medicaid patients and independent pharmacies." Oregon Secretary of State and Oregon Audits Division, August 2023. https://records.sos.state.or.us/ORSOSCMSearch/Search/RecordViewer.aspx?uri=9774904.

Appendix A

The Oregon PDAB provides the following policy recommendations for the Oregon Legislature. Click on the links below to read each policy recommendation.

Commercial health plan continuity of care requirement for prescription drugs

- This recommendation proposes 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 recommendation proposes options for expanding the board's examination authority beyond individual-drug reviews.

Orphan drug review refinements

- This recommendation proposes refining how the board reviews drugs with orphan indications.

Address key issues in pharmacy benefit manager (PBM) practices

- This recommendation proposes policy options addressing PBM conduct.

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