Allergy & Asthma NETWORK

10304 Eaton Place, Suite 100, Fairfax, VA 22030 • 800-878-4403

August 5, 2026

Shelley Bailey, MBA
Chair
Oregon Prescription Drug Affordability Board
PO Box 14480
Salem, OR 97309

Re: August Oregon Prescription Drug Affordability Board Meeting

Dear Chair Bailey and Members of the Board,

On behalf of the Allergy and Asthma Network, I am writing to submit comments to the Oregon Prescription Drug Affordability Board (PDAB) regarding prescription drugs under review that impact treatment access for patients with asthma, allergies, and related conditions. We appreciate the opportunity to highlight barriers to affordability and access to these vital treatments.

Allergy & Asthma Network is the leading national organization advocating on behalf of the 100 million Americans impacted by allergies, asthma, and related conditions. We are encouraged by the Oregon PDAB's consideration of patient affordability for the current medications undergoing review for these chronic conditions. It is our hope that this process leads to meaningful access to essential therapies, mitigating symptom progression, and ultimately improving health outcomes for Oregonians.

In our direct engagement with patients, we acknowledge that treatment choices hinge on a few key factors: access, efficacy, and ease of use. Patients gauge their improvement by their overall sense of empowerment and confidence in managing their symptoms. Our role at Allergy & Asthma Network is to guide patients through these choices with unbiased information and encourage informed discussions with their doctors. Through our advocacy on behalf of patients, we also support alignment of evidence-based clinical treatment plans, with adequate measures to ensure affordability and access.

With regard to the Oregon PDAB's review of Xolair, we harbor concerns that this review centers on a misalignment between the board's regulatory evaluation process and actual patient affordability and access, alongside strategic considerations for how Xolair's value should truly be evaluated. Throughout its 20-year history, Xolair has been priced responsibly and was recently restudied for its new indication to treat food allergies. Currently, Xolair offers a unique, critical option with few to no alternatives for patients with food allergies, while alternative therapeutic options exist for

allergic asthma. In addition to food allergies, Xolair currently treats four specific indications, including asthma, chronic spontaneous urticaria, and Chronic Rhinosinusitis with Nasal Polyps.

If the Oregon PDAB deems Xolair to be unaffordable, it will trigger uncertainty amongst patients that rely on this scarce option for their conditions. Xolair (omalizumab) is currently the first and only Food and Drug Administration (FDA)-approved biologic for treating IgE-mediated food allergies. While a classification of unaffordability does not automatically mean an immediate price cap would be enacted, as prospective Upper Payment Limit (UPL) legislation is not slated until 2027 in Oregon, declaring this treatment unaffordable gives health plans and payers leverage to increase utilization management (e.g., prior authorizations, step therapy, or coverage restrictions).

We urge Oregon PDAB to differentiate the role of Xolair in patients' lives, considering the multiple indications it treats, to evaluate accurate affordability benchmarks for patients relying on this medication. We want to ensure that we best serve patients' affordability needs, without inadvertently compromising access in a way that eliminates this medication as an option for patients outright. Xolair is a unique therapeutic option with no direct equivalent for food allergies. If access is restricted by payers due to board findings, patients lose access to a unique, essential treatment.

Furthermore, the current focus on precision medicine, such as biomarker-driven therapies, has been a revolutionary approach that moves beyond a one-size-fits-all approach. Analyzing specific biomarkers like blood eosinophil counts or IgE levels enables clinicians to target unique inflammatory pathways, minimizing trial-and-error prescribing that causes unnecessary disease progression. Xolair deploys this clinical approach and if access is hindered, it would also result in patients losing access to a treatment option for IgE mediated allergic asthma.

We urge Oregon PDAB to prioritize patient lived experience in drug affordability reviews. Currently, there is a disconnect between the process of evaluating patient affordability, with truly addressing the impact of patient out-of-pocket costs. Even if state-level UPLs or caps are instituted in future legislation (2027), those savings often accrue to state programs or health plans/payers rather than directly lowering copays or deductibles at the pharmacy counter for the individual patient.

AAN greatly appreciates your consideration of our comments. We welcome an opportunity to provide further patient insights to help inform the Oregon PDAB's review. Please contact me or our Head of Policy & Advocacy, Nissa Shaffi, at 571-395-8912. If you have any questions and to learn more about the Allergy and Asthma Network, visit AllergyAsthmaNetwork.org.

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Sincerely,

Lynda A. Mitchell
President & CEO
Allergy and Asthma Network