



April 17, 2025

Oregon Prescription Drug Affordability Board  
350 Winter Street NE  
Salem, OR  
Via [pdab@dcbs.oregon.gov](mailto:pdab@dcbs.oregon.gov)

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to share our thoughts on the Oregon Prescription Drug Affordability Board's list of drugs selected for affordability review. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change, as well as legislative and regulatory solutions, which will reduce the cancer burden. As the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN is more determined than ever to end cancer as we know it, for everyone.

Addressing the costs of cancer care is crucial to our mission and ACS CAN has long fought for public policies that support the availability and affordability of prescription drugs. Drug therapies play an integral role in cancer treatment and survival and access to a full range of prescription drug therapies is a key determinant in successful cancer outcomes. Both cancer patients and survivors rely on medications to treat their cancer and prevent recurrence. While intended to increase affordability, Prescription Drug Affordability Board (PDAB) policies may negatively impact patient access to critical medications if not designed and implemented with careful consideration of the unique needs and complexities inherent in oncology.

The Oregon PDAB affordability review list includes two oncology drugs including Verzenio and Keytruda which are both used to treat breast cancer. We appreciate your public outreach efforts to gather input from patients as to the vital importance of these medications to their treatment and the impact of cost on access to care. ACS CAN wants to ensure cancer patients are not disadvantaged by the affordability review process and that any future actions taken by the Oregon PDAB do not impede access to oncology drugs. Importantly, PDAB policies and processes must ensure that any cost savings directly reach Oregon breast cancer patients taking Verzenio and Keytruda and not just result in overall savings for the state.

In addition to treating breast cancer, Keytruda is used to treat several other cancers, including a number of rare cancers. Under Medicare, drugs with multiple orphan drug designations – such as Keytruda – have been disqualified from drug price negotiations because including them could discourage manufacturers from exploring new, lifesaving indications for rare diseases. For many patients with cancer, especially those with rare cancers, this therapy may represent their only treatment option, making it essential to protect access.

ACS CAN conducted a survey of cancer patients taking Verzenio and patients taking Kisqali in March 2026. Seventy percent of survey respondents said Verzenio has been very important to their cancer care and treatment and 30 percent say it was *critically important* as the only effective therapy for managing their cancer. Eighteen percent said there was no other alternative therapy they could have considered instead. The survey also found 97 percent of respondents said Verzenio made their daily of life much better.

It's vital to recognize that in oncology there are very few drugs that are truly equivalent with respect to the FDA-approved label indication and the scientific evidence supporting the efficacy of a given drug. Cancer is not just one disease – it is more than 200 different diseases. The efficacy of drugs is not the same across all cancer patients, and as a result, cancer treatment often requires access to specialized treatment. Therefore, we urge you to consider the real-world use of a particular medication across all types and subtypes of a disease for purposes of determining whether a drug has a therapeutic alternative.

For instance, Oregon PDAB identified Ibrance and Kisqali as therapeutic alternatives to Verzenio. Although they treat the same FDA-approved label indication, these treatments cannot be viewed as truly equivalent for patients. In the same March 2026 survey, 63 percent of survey respondents taking Kisqali said there was no alternative therapy they could have considered instead. Similarly, in a March 2025 survey of cancer patients taking Ibrance, 46 percent said there was no alternative therapy they could have considered instead.

In addition to ensuring that patients benefit from cost savings, ACS CAN is concerned about patients being able to access the medications most effective for treatment of their specific cancer. We are concerned about the potential for beneficiaries to be steered towards drugs deemed affordable by the PDAB either through formulary placement or by insurers imposing more rigorous utilization management on drugs deemed unaffordable. Cancer patients require access to the specific drug that works for treating their individual cancer and must not be steered toward other potentially less effective drugs as a consequence of PDAB actions.

Advances in research have significantly improved our understanding of cancer at the molecular level – leading to the development of more precise detection and diagnostic tools and the corresponding therapies that can attack cancer. However, if patients likely to benefit from these advancements face barriers of affordability or accessibility, the opportunity to reach our goal of eliminating death and suffering from cancer is greatly hindered. We urge you to consider the many unique oncology considerations to ensure access to critical cancer therapies is not impeded.

Thank you for your consideration of our comments. If you have any questions or need additional information, please feel free to contact me at [jane.leo@cancer.org](mailto:jane.leo@cancer.org).

Sincerely,



Jane Leo

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American Cancer Society Cancer Action Network

