COMMUNITY ACCESS NATIONAL NETWORK

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January 19, 2026

Oregon Prescription Drug Affordability Board
Department of Consumer and Business Services
350 Winter Street NE
Salem, OR 97309-0405

RE: Ongoing Recommendations and Drug Reviews

Dear Honorable Members of the Colorado Prescription Drug Affordability Board,

The **Community Access National Network (CANN) is a 501(c)(3)** national nonprofit organization focusing on public policy issues relating to HIV/AIDS and viral hepatitis. CANN's mission is to define, promote, and improve access to healthcare services and support for people living with HIV/AIDS and/or viral hepatitis through advocacy, education, and networking.

Board Orphan Drug Review Deliberations Are Concerning

There has been ongoing deliberation concerning the exclusion of drugs with orphan-drug designations from drug review. Oregon statute (ORS 646A.694) explicitly states that a drug designated as an orphan drug by the FDA for a rare disease or condition is not subject to the state's prescription drug affordability review, **full-stop**.

> ***"(2) A drug that is designated by the Secretary of the United States Food and Drug Administration, under 21 U.S.C. 360bb, as a drug for a rare disease or condition is not subject to review under subsection (1) of this section."***

The law does not differentiate between indications or whether an orphan-designated drug is also used to treat non-orphan conditions. The exemption covers any drug with any orphan designation. **The black letter of the law is not usurped by any administrative rules to the contrary of the law. The Board would be wise to follow the *law*, as written.**

More importantly, attempting to make affordability determinations based on orphan or non-orphan indications affects all indications. Thus, any potential actions can adversely affect those with orphan-only indications. Administrative issues with coding, especially as human error in the use of A.I. in claims processing increases, would render any attempted cost designations ineffective.

Additionally, by definition, rare disease medications are expensive. They also lack therapeutic alternatives, biosimilars, or generics. Thus, the utility of including them in affordability reviews is unclear.

HIV Medications are listed on the Draft 2026 Drug Review Preliminary List

We would like to reiterate our concern that multiple medications used for the treatment and prevention of HIV are listed on the 2026 draft of the preliminary drug list: Biktarvy, Descovy, and Emtricitabine-Tenofovir. Extensive board deliberations in the past resulted in the exclusion of HIV medications in cost reviews due to their proven status of not posing affordability challenges to patients or the state, and because unintended consequences of such determinations are harmful to continuity of care, a necessary medical achievement in order to maintain viral suppression.

To date, all other PDABs have excluded consideration of HIV antiretroviral medications from affordability reviews or from the imposition of an upper payment limit after affordability review for precisely these reasons. Thus, we ask that you heed the experience of other Boards and remove these HIV antiviral medications from the 2026 preliminary review list.

Affordability Examinations Require a Holistic View

Most of the direct impact on patient out-of-pocket drug costs is a product of plan design. Plan and formulary design is controlled by PBMs. It is important to fully examine the manner in which manufacturers attempt to mitigate the harm to patients resulting from PBM decision-making. Patient Assistance Programs are a way manufacturers attempt to stand in the gap.

One example is Eliquis, manufactured by Bristol Myers Squibb and Pfizer. Eliquis is a critical and widely used blood thinner. Thus, uninsured, underinsured, or self-pay patients through the manufacturer's Eliquis 360 Support program can obtain Eliquis at a 40% discount off the current list price. Through the same program, commercially insured patients can obtain their Eliquis prescription for $10 with a $10 Eliquis copay card, regardless of the patient's plan-based cost-share amount.

Furthermore, the Board must consider additional efforts manufacturers are making to ensure Medicaid stability and state affordability, despite the profit-seeking behavior of managed care organizations. For example, Bristol Myers Squibb recently announced the company would be providing Eliquis to Medicaid programs across the country "for free". This type of corporate behavior serves both the humanitarian needs of low-income patients and the business interests of a company - in essence, avoiding payor-imposed formulary restrictions. As a reminder, the Federal Trade Commission has deeply investigated how pharmacy benefit managers' behavior inflates both list prices and consumer costs.

All factors should be thoroughly explored when examining affordability. This ensures that solutions are a synthesis of existing infrastructure and novel approaches tailored to specific needs.

We look forward to continuing to contribute to helping improve the health access of Oregonians, and thank you for all of your work thus far.

Respectfully submitted,

Ranier Simons
Director of State Policy, PDABs
Community Access National Network (CANN)

On behalf of
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President & CEO
Community Access National Network