August 18, 2026

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

RE: Ensuring Patient Access to Dermatological Care

Dear Members of the Board:

On behalf of the Derma Care Access Network (DCAN), thank you for the opportunity to provide written comment as the Oregon Prescription Drug Affordability Review Board considers Skyrizi (risankizumab-rzaa), Tremfya (guselkumab), and Xolair (omalizumab) in its affordability review process.

DCAN is a national coalition of more than two dozen advocacy organizations representing patients, health care providers and other skin health stakeholders working to raise awareness of, and inform policies impacting, patient-centered care. Our organization encourages informed policymaking about the benefits of access to approved therapies and appropriate clinical care for individuals living with skin diseases.

DCAN recognizes the importance of addressing prescription drug affordability and reducing financial barriers to care. At the same time, we encourage the Board to carefully consider the potential impact that any affordability-related policy, including the establishment of an Upper Payment Limit (UPL), could have on patient access to medically necessary treatments. Patients who rely on Skyrizi, Tremfya, and Xolair often have chronic, complex conditions that can significantly affect their physical health, emotional well-being, and quality of life. For many patients in Oregon, these therapies represent the treatment option that has enabled them to successfully manage their symptoms and maintain daily functioning.

Skyrizi and Tremfya are both approved by the FDA to treat plaque psoriasis, one of the most common forms of psoriasis affecting over 80 percent of individuals living with psoriasis.[1] Psoriasis plaques can appear anywhere on the body and have significant impacts on patients' quality of life. A chronic immune-mediated disease, plaque psoriasis is associated with anxiety, social isolation and heightened levels of psychosocial distress that

[1] Wilson, et al. (2009). Incidence and clinical predictors of psoriatic arthritis in patients with psoriasis: A population-based study. *Arthritis Care & Research, 61*(2), 143-288. https://doi.org/10.1002%2Fart.24172

can negatively impact patient adherence to treatment.[2] Separately, Xolair is FDA-approved to treat chronic spontaneous urticaria (CSU), which is a skin condition characterized by the sudden onset of hives (wheals), angioedema (deep tissue swelling), or both, lasting for six weeks or longer without an identifiable cause.[i] Affecting roughly 1 in 5 people at some point in their lifetime, CSU is seen in women twice as often as men.[ii]

DCAN is concerned about the Board's selection of three treatments with dermatological indications and the over 6,900 Oregonians[3] already prescribed these medications that may face access barriers following UPL implementation. Dermatological conditions are more than skin-deep; especially given their inflammatory nature, plaque psoriasis and CSU are often accompanied by comorbidities such as psoriatic arthritis, metabolic syndrome, anxiety and depression.[4] As such, it is critical that any future policy actions intended to limit drug costs do not result in delayed access for patients and harm health outcomes in the long-term.

As the Board evaluates these medications, we urge you to consider the importance of patient-centered treatment decisions. Dermatologic and immune-mediated conditions affect all patients differently, and treatment responses can vary significantly from person to person. For this reason, health care delivery decisions should remain in the hands of patients and their health care providers, who are best positioned to determine the most appropriate course of treatment based on each patient's unique clinical circumstances. Policies that unintentionally limit access to particular therapies may disrupt successful treatment plans and create new challenges for patients already managing burdensome chronic conditions.

DCAN also encourages the Board to consider the patient perspective when examining affordability. Research has shown that patients often define affordability more broadly than a medication's price alone, incorporating factors such as insurance benefit design, financial assistance and additional economic burdens associated with chronic illness into assessments of whether treatment is truly affordable and accessible.[5] As a result, affordability evaluations should incorporate patient experiences alongside financial and utilization data to provide a more complete understanding of the real-world impact of policy decisions.

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[2] Meneguin, et al. (2020). Quality of life of patients living with psoriasis: A qualitative study. *BMC Dermatology, 20*(22). https://link.springer.com/content/pdf/10.1186/s12895-020-00116-9.pdf

[3] Oregon Prescription Drug Affordability Board. (2026). *Data for drug reviews: 2026 drug review data*. Department of Consumer and Business Services. https://dfr.oregon.gov/pdab/Documents/2026_Drug_Review_Subset_List_v01.xlsx

[4] Molla, A. (2026). Comorbidities in skin diseases. *Frontiers in Medicine*. https://www.frontiersin.org/research-topics/79703/comorbidities-in-skin-diseases

[5] EACH/PIC Coalition. (n.d.). *Patient experience survey: Prescription drug affordability and unaffordability.* https://eachpic.org/wp-content/uploads/2025/08/FINAL-PIC-Patient-Experience-Survey-Prescription-Drug-Affordability-and-Unaffordability-1.pdf

DCAN respectfully urges the Board to carefully weigh the potential unintended consequences that UPL implementation may have on patient access to Skyrizi, Tremfya, and Xolair. Efforts to improve affordability should support, rather than restrict, access to FDA-approved treatment options that patients and providers depend on to effectively manage chronic skin conditions.

Thank you for your consideration of these comments and for your commitment to improving health outcomes for Oregonians. DCAN respectfully asks that the Board keep in mind the access implications associated with any future actions affecting these therapies and resulting patient outcomes.

Sincerely,

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[i] Hsieh, J., & Lee, J. K. (2017). Chronic spontaneous urticaria. *CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne*, *189*(2), E77. https://doi.org/10.1503/cmaj.150951.

[ii] American College of Allergy, Asthma, & Immunology. (2025, August 18). *Chronic spontaneous/idiopathic urticaria (chronic hives)*. ACAAI Patient. https://acaai.org/allergies/allergic-conditions/skin-allergy/chronic-hives/.