



January 14, 2025

Oregon Prescription Drug Affordability Board
350 Winter Street NE
Salem, OR 97309-0405
pdab@dcbs.oregon.gov

RE: Oregon Prescription Drug Affordability Board – January 21, 2026 meeting

Dear Members of the Oregon Prescription Drug Affordability Board:

On behalf of the Diabetes Patient Access Coalition (DPAC) and the millions of Americans living with diabetes, including thousands of Oregonians, we submit this comment ahead of your January meeting. DPAC is an alliance of people with diabetes, caregivers, patient advocates, health professionals, and others working together to support public policy initiatives to improve the lives of Americans living with and at-risk for diabetes and its complications. As an organization run by and for people with diabetes, DPAC seeks to ensure quality of and access to care, medications and devices for our community.

We support the Board's recommendations related to PBM reform and price transparency in the 2025 Annual Report for the Oregon Legislature. Eliminating spread pricing and de-linking PBM fees from drug prices are two steps that would make an immediate impact on the cost of drugs for Oregonians. We encourage the Board to also recommend requiring insurers and PBMs to ensure any negotiated savings, whether through rebates, discounts, or other price concessions, are passed directly on to patients at the point of sale in cases where a patient's cost share is based on the price of the drug. This approach can cut the costs to patients in half as rebates for branded drugs average 48%.¹

We previously submitted a comment to your October 15, 2025 meeting to express concerns with the inclusion of insulin glargine products in the Board's review due to potential flaws in the data published by the Board and the fact that many insulin glargine products have experienced

¹ Chandra, A., Flack, E., & Obermeyer, Z. (2021). *The health costs of cost-sharing* (NBER Working Paper No. 28439). National Bureau of Economic Research. <https://www.nber.org/papers/w28439>

real reductions in list price and in the co-pays paid by patients at pharmacies across Oregon between 2018 and 2024. Indeed, Oregon's copay cap for insulin products, limiting 30-day copays to \$35 per insulin prescription, took effect in January 2025. We want to reiterate our concern that given the data and marketplace limitations referenced herein, the Board will not be able to draw adequate conclusions about insulin glargine product pricing.

Finally, we recognize the Board's responsibility to evaluate prescription drug affordability. However, as you make these preliminary determinations, we urge you to ensure that access to essential diabetes treatments is not compromised in the pursuit of cost containment. Upper Payment Limits (UPLs) or similar affordability actions will likely disrupt the rebate contracts between manufacturers and the PBMs who control plan formularies. PBMs have a well-established practice of preferring higher priced drugs that come with a higher rebate for preferential formulary placement. A UPL that results in lowering the rebate received by the PBM may result in that drug being excluded from the formulary or being placed on a higher copayment tier to dissuade the patient from using that medication. Either of those easily anticipated moves by the PBM will restrict patient access and raise patient cost even though you are intending to lower the cost.

Another common PBM practice is to place restrictive prior authorization requirements on drugs that they want to steer patients away from. Prior authorizations cause delays that are detrimental to the management of chronic diseases like diabetes. This is especially frustrating to patients who have been taking the medication for many months or even years and now must get re-approved to continue therapy that has already proven successful.

As a coalition dedicated to protecting patient access to diabetes treatments, we respectfully urge the Board to prioritize patient access and continuity of care in all affordability decisions and evaluate how affordability actions may impact access to these therapies specifically for people with chronic illnesses.

Sincerely,



Erin Callahan
Chief Operating Officer
Diabetes Patient Advocacy Coalition