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Oregon Prescription Drug Affordability Board
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RE: Comments on the August 19 OR PDAB Meeting and the 2026 Scoring Rubric

Dear Members of the Oregon Prescription Drug Affordability Board,

For the past three years, Genentech has consistently advocated for analytical frameworks and Board processes that accurately reflect the realities of patient access and true clinical value. We were encouraged by the perspectives voiced by Board members during the August 19 meeting which align with our prior comments. However, to truly fulfill the Board's mandate, we believe the Board must take a pragmatic look at the structural gaps that remain within its current processes, methodologies, data collection and reporting. Below, we outline both the areas of encouraging alignment and recommendations for improvement.

Acknowledging Verbal Alignment During August 19 Discussions

We hope the board will have addressed these issues in the next iteration of the drug review packets and will meaningfully discuss and examine these data in their upcoming discussions:

- **Standardizing Dosing Frameworks:** We were glad to see the Board debating a transition away from the "per-prescription" or 30-day supply metrics. As we have repeatedly noted, relying on 30-day equivalents severely distorts the value and cost of semi-annual, physician-administered treatments (such as Ocrevus) when evaluated alongside daily oral medications or other dosing regimens.
- **Distinguishing Medical vs. Pharmacy Benefits:** We appreciate Board members' request for explicit pharmacy-versus-medical benefit claim analysis. Patient cost-sharing structures and site-of-care dynamics vary drastically depending on, among other things, the patient's insurance and related benefit channels. Analyzing these streams separately is vital for understanding the true cost structures patients face and identifying other supply chain dynamics (e.g., hospital mark-ups).
- **Recognizing Benefit Design as an Access Barrier:** It was encouraging to hear Board members question how benefit design, utilization management (e.g., prior authorization, step therapy), and non-medical switching drive patient out-of-pocket friction. Insurer and PBM plan designs—not just list prices—are primary drivers of patient unaffordability and should be assessed as part of the PDAB's work.

- **Incorporating Clinical Context and System Cost Offsets:** We commend the Board's voiced need for greater clinical context. Evaluating drug acquisition costs in isolation is an incomplete exercise; the Board must account for holistic clinical value and long-term healthcare cost offsets, such as the prevention of hospitalizations, or worsening disease burden.

Methodological Flaws in the 2026 Scoring Rubric

Even with improvement in the data packets, the Board must make additional changes to their processes and methodologies in order to ensure a robust evaluation of drug affordability. The currently published *Scoring Rubric for Rx 2026* demonstrates that the Board's evaluation process remains anchored to oversimplified, unrepresentative metrics:

- **Misleading "Enrollee Burden" Scoring:** The rubric scores enrollee burden based on All Payer All Claims (APAC) mean out-of-pocket (OOP) spending across fixed dollar bands. Relying strictly on mean APAC OOP values obscures the wide distribution of actual out-of-pocket costs, fails to account for variations across plan benefit designs, and distorts the real financial impact on patients.
- **Flawed "Price Concessions" Domain:** The rubric measures the volume of claims receiving rebates (<25% to >75%) rather than evaluating whether PBMs pass those savings to consumers. High rebate percentages frequently reflect PBM and plan revenue retention, not patient relief.
- **Binary "Equity Impact" Assessment:** The rubric reduces complex equity considerations to a simplistic binary score (Yes = 1, No = 0). A binary flag fails to capture nuanced disease severity, socioeconomic disparities, or clinical subgroup outcomes.
- **Lack of Point-of-Sale Consumer Safeguards:** The Board's review process focuses almost exclusively on manufacturer gross spend and list prices rather than commercial plan designs, leaving various supply chain dynamics, such as hospital markups, unaddressed.

We urge the Board to address these gaps prior to making any drug affordability determinations in 2026. If you have any questions, please contact Tim Layton, Director of State Government Affairs at layton.timothy@gene.com or (206) 403-8224.

Sincerely,



Mary Wachter, RN
Executive Director
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