August 17, 2026

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

TO: Members of Oregon Prescription Drug Affordability Board

I applaud the Board in its dedication to receive input, information, and opinions from stakeholders as you work to address Oregonians' drug affordability challenges. However, I remain troubled with your continued focus on the drug list prices and not the total cost to patients, thereby limiting access to essential medications while creating longer-term negative health outcomes

I am a board-certified pediatrician and pediatric rheumatologist and spent my career caring for young people with chronic or disabling conditions. My primary focus is always ensuring the well-being of my patients, but as a result of your legislative charges, I fear that the Board's analyses and decisions cannot reflect this same mandate.

During the August 19th meeting, the Board is scheduled to review Tremfya and Skyrizi, following your recent review of Xeljanz. I was encouraged to see the Board take a measured approach in declining to make final rulings while working to strengthen the methodology and addressing the important gaps around therapeutic alternatives and out-of-pocket costs. That deliberateness is appreciated. However, the broader question remains: Can a framework built solely around list prices without also considering what patients actually pay deliver the access and affordability outcomes Oregonians need?

These concerns extend beyond any specific review and speak to your legislatively determined process its real world limitations. Focusing solely on list prices rather than what patients actually pay risks compounding existing barriers while potentially pushing patients toward less effective treatment alternatives. We are already seeing this occur with 10 drugs with Medicare Maximum Fair Prices. While on formulary, the medications with price caps are on lower tiers and/or have higher coinsurance and/or copays. We respectfully urge the Board to reflect on whether the PDAB model as currently designed is the right mechanism to achieve the affordability and access outcomes that patients across Oregon deserve. Without sufficient clinical expertise and a real-world understanding of cost-sharing, even the most well-intentioned process may fall short of truly serving the patients it aims to help.

Everyone shares your goal to lower prescription drug costs, and I applaud your efforts in listening to stakeholders and giving thoughtful consideration to the letters and input you receive. However, I still remain deeply concerned that the current process's narrow focus on drug list

prices, rather than the total cost to patients, risks limiting access to essential medications while creating longer-term negative health outcomes.

Thank you for your attention to this critical issue.

Sincerely,

Harry L. Gewanter, MD, FAAP, MACR
Board Member, Let My Doctors Decide Action Network