Date: July 17, 2026

Re: Ocrevus

Members of the Oregon Prescription Drug Affordability Board:

My name is Patrick Altiere. I am an Oregon resident living with primary progressive multiple sclerosis, and I am writing to explain why affordable and uninterrupted access to Ocrevus is essential for patients with this disease.

I was diagnosed with relapsing-remitting multiple sclerosis in January 2024. I began treatment with a disease-modifying medication, but my disability continued to advance. My diagnosis was later changed to primary progressive multiple sclerosis, or PPMS, and I began treatment with Ocrevus.

PPMS is characterized by gradually worsening neurological function and accumulating disability. There is currently no cure, and no disease-modifying treatment reliably reverses disability that is already established. For a person with PPMS, the realistic goal of treatment is to slow progression as much as possible so that mobility, independence, cognitive function, and quality of life can be preserved for as long as possible.

Ocrelizumab—available as Ocrevus and Ocrevus Zunovo—is the only FDA-approved disease-modifying therapy for adults with PPMS. Based on my symptom history and personal experience, the pace of my progression has appeared to slow significantly since I began Ocrevus. I cannot know with certainty what my condition would look like without it, but the period since I began treatment has been materially different from the period before it.

This is why any affordability issues, “fail first” or step-therapy requirement is medically unacceptable for PPMS. Requiring a patient to try and fail a different medication may sound like a routine cost-control measure. For someone with a progressive neurological disease, however, failure means additional and irreversible loss of function. A patient may lose mobility, vision, stamina, cognitive ability, or independence while waiting to establish that a less appropriate medication did not work. Once that function is lost, beginning the appropriate medication later does not restore it.

Affordability and access therefore cannot be separated from medical effectiveness. A treatment provides no benefit to a patient who cannot obtain it, cannot afford the required cost sharing, or loses access because an insurer changes its formulary or authorization requirements.

To date, I have been fortunate to receive Ocrevus through Providence commercial insurance coverage. My current coverage is scheduled to end at the end of this year, and I have substantial anxiety about what happens next. My explanation-of-benefits statements have shown billed charges exceeding $100,000 for a single infusion, and I require treatment twice each year.

I understand that the amount billed is not necessarily the amount ultimately paid by the insurer or the manufacturer's net price. That distinction illustrates another serious problem: even as the patient receiving the treatment, I cannot determine the actual cost of the drug or clearly separate it from infusion, facility, and administrative charges. I only know that the amounts shown are far beyond what I could pay without comprehensive insurance coverage.

I respectfully ask the Board to recognize Ocrevus as a medication that can create a severe affordability challenge for Oregonians, while also recognizing that restricting access can result in permanent medical harm. The state should pursue meaningful controls on drug prices and total patient costs, require clear separation and disclosure of drug, infusion, and facility charges, and protect continuity of treatment when a patient changes insurance plans.

In my view, a single-payer, not-for-profit health care system is the only durable way to make medically necessary treatment reliably available to everyone rather than tying access to employment, insurer participation, formularies, and financial assistance programs. Until that broader reform occurs, Oregon should use every available authority to make sure patients are not priced out of the only FDA-approved disease-modifying therapy for PPMS.

For patients with a progressive and incurable disease, this is not simply a debate about the price of a medication. It is a question of how much irreversible disability a person must accumulate before the system agrees that the appropriate treatment is affordable enough to provide.

Thank you for considering my experience and these concerns.

Sincerely,

Patrick Altiere