Oregon Prescription Drug Affordability Board

Patient, Caregiver, and Advocacy Group Survey Feedback

Purpose and privacy note: This document presents substantive feedback submitted through the 2026 patient, caregiver, and advocacy group survey for prescription drugs under review. Personally identifying and administrative information has been excluded, including respondent names, email addresses, timestamps, survey IDs, and demographic fields. Any apparent email address or telephone number found within narrative comments have also been removed. Responses are presented as submitted, with only minor spacing cleanup. The views expressed are those of individual respondents and have not been independently verified by PDAB.

Mounjaro (tirzepatide)

Response 1

Are you completing this form as:	A patient
Is the medication currently being taken?	Yes
How long has (or was) this medication taken?	More than 3 years
How often do you take this medication?	Weekly
Do you have health insurance that covers this medication?	Yes
What is your typical out-of-pocket cost for a 30-day supply?	$0–$25
Has your out-of-pocket cost for this medication increased in the past 12 months?	No
If costs increased from last year, how significant was the increase?	Not applicable
How clear is the information you received about the cost of your medication?	Very clear
Have you ever delayed filling a prescription for this medication due to cost?	No

Have you ever skipped doses or taken less than prescribed due to cost?	No
Have you ever stopped taking this medication due to cost?	No
Have you had difficulty obtaining this medication due to insurance requirements (e.g., prior authorization, step therapy)?	Yes
Have you experienced any of the following barriers? Select all that apply	Medication backordered or shortages;
How much of a financial burden is paying for this medication?	No burden
Have you had to cut back on other essential expenses (e.g., food, housing, utilities) to afford this medication?	No
Do you use manufacturer coupons, discount cards, or patient assistance programs to afford this medication?	No
Primary insurance type	Employer-sponsored
Has your insurance ever denied coverage for this medication?	No
Has your insurance required you to switch to a different medication for cost reasons?	No
Has your copay or coinsurance for this medication changed in the past year?	Stayed the same
Has difficulty affording this medication negatively affected your health?	No
Have you visited an emergency room or urgent care because you could not access this medication?	No
Is there anything else you would like PDAB to know about how medication costs or access affects you?	

If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	
Do you currently receive prescription medications in Oregon?	Yes

Response 2

Are you completing this form as:	A patient
Is the medication currently being taken?	Yes
How long has (or was) this medication taken?	3-12 months
How often do you take this medication?	Weekly
Do you have health insurance that covers this medication?	
What is your typical out-of-pocket cost for a 30-day supply?	$101-250
Has your out-of-pocket cost for this medication increased in the past 12 months?	No
If costs increased from last year, how significant was the increase?	
How clear is the information you received about the cost of your medication?	Very clear
Have you ever delayed filling a prescription for this medication due to cost?	No
Have you ever skipped doses or taken less than prescribed due to cost?	No
Have you ever stopped taking this medication due to cost?	No

Have you had difficulty obtaining this medication due to insurance requirements (e.g., prior authorization, step therapy)?	Yes
Have you experienced any of the following barriers? Select all that apply	Difficulty navigating manufacturer assistance program;
How much of a financial burden is paying for this medication?	Minor burden
Have you had to cut back on other essential expenses (e.g., food, housing, utilities) to afford this medication?	No
Do you use manufacturer coupons, discount cards, or patient assistance programs to afford this medication?	No
Primary insurance type	Medicare
Has your insurance ever denied coverage for this medication?	No
Has your insurance required you to switch to a different medication for cost reasons?	No
Has your copay or coinsurance for this medication changed in the past year?	Stayed the same
Has difficulty affording this medication negatively affected your health?	No
Have you visited an emergency room or urgent care because you could not access this medication?	No
Is there anything else you would like PDAB to know about how medication costs or access affects you?	I am taking tirzepatide for therapy for type 1 diabetes as well as heart and kidney disease and it is an amazing medication. Because it is not approved for type 1 dm, my DO did not even try to get it through insurance, so I pay $399 and it lasts about

	3 months as I am macrodosing which works well.
If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	It should be approved for treatment of type 1 dm if one's medical provider assesses that it is an important medication to take. Hopefully this will happen in the near future.
Do you currently receive prescription medications in Oregon?	Yes

Response 3

Are you completing this form as:	A patient
Is the medication currently being taken?	No
How long has (or was) this medication taken?	Less than 3 months
How often do you take this medication?	
Do you have health insurance that covers this medication?	No
What is your typical out-of-pocket cost for a 30-day supply?	More than $250
Has your out-of-pocket cost for this medication increased in the past 12 months?	Not sure
If costs increased from last year, how significant was the increase?	Not applicable
How clear is the information you received about the cost of your medication?	Very clear
Have you ever delayed filling a prescription for this medication due to cost?	Yes

Have you ever skipped doses or taken less than prescribed due to cost?	
Have you ever stopped taking this medication due to cost?	Yes
Have you had difficulty obtaining this medication due to insurance requirements (e.g., prior authorization, step therapy)?	Yes
Have you experienced any of the following barriers? Select all that apply	Long travel distances to a pharmacy; None of pharmacies have this drug. I have to drive 20mi to get it.
How much of a financial burden is paying for this medication?	Severe burden
Have you had to cut back on other essential expenses (e.g., food, housing, utilities) to afford this medication?	Prefer not to say
Do you use manufacturer coupons, discount cards, or patient assistance programs to afford this medication?	No
Primary insurance type	Medicare
Has your insurance ever denied coverage for this medication?	Yes
Has your insurance required you to switch to a different medication for cost reasons?	No
Has your copay or coinsurance for this medication changed in the past year?	Stayed the same
Has difficulty affording this medication negatively affected your health?	Yes
Have you visited an emergency room or urgent care because you could not access this medication?	No

Is there anything else you would like PDAB to know about how medication costs or access affects you?	My doctor prescribed this, but insurance won't pay for it. It's too expensive for me to afford it without insurance.
If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	Either make it free for customers or just a small co-pay would allow me to afford the prescription—less than $100 for my portion.
Do you currently receive prescription medications in Oregon?	Yes

Response 4

Are you completing this form as:	A patient
Is the medication currently being taken?	Yes
How long has (or was) this medication taken?	1-3 years
How often do you take this medication?	Weekly
Do you have health insurance that covers this medication?	No
What is your typical out-of-pocket cost for a 30-day supply?	More than $250
Has your out-of-pocket cost for this medication increased in the past 12 months?	Yes
If costs increased from last year, how significant was the increase?	More than $100
How clear is the information you received about the cost of your medication?	Somewhat clear
Have you ever delayed filling a prescription for this medication due to cost?	Yes

Have you ever skipped doses or taken less than prescribed due to cost?	Yes
Have you ever stopped taking this medication due to cost?	Yes
Have you had difficulty obtaining this medication due to insurance requirements (e.g., prior authorization, step therapy)?	Yes
Have you experienced any of the following barriers? Select all that apply	Medication backordered or shortages;
How much of a financial burden is paying for this medication?	Severe burden
Have you had to cut back on other essential expenses (e.g., food, housing, utilities) to afford this medication?	Yes
Do you use manufacturer coupons, discount cards, or patient assistance programs to afford this medication?	Yes
Primary insurance type	Employer-sponsored
Has your insurance ever denied coverage for this medication?	Yes
Has your insurance required you to switch to a different medication for cost reasons?	No
Has your copay or coinsurance for this medication changed in the past year?	Not sure
Has difficulty affording this medication negatively affected your health?	Yes
Have you visited an emergency room or urgent care because you could not access this medication?	No
Is there anything else you would like PDAB to know about how medication costs or access affects you?	

If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	Reduced cost or sliding fee scale. Currently, the monthly (4 weeks) medication takes 1/2 of my monthly income.
Do you currently receive prescription medications in Oregon?	Yes

Response 5

Are you completing this form as:	A patient
Is the medication currently being taken?	Yes
How long has (or was) this medication taken?	1-3 years
How often do you take this medication?	Weekly
Do you have health insurance that covers this medication?	No
What is your typical out-of-pocket cost for a 30-day supply?	More than $250
Has your out-of-pocket cost for this medication increased in the past 12 months?	No
If costs increased from last year, how significant was the increase?	Not applicable
How clear is the information you received about the cost of your medication?	Very clear
Have you ever delayed filling a prescription for this medication due to cost?	Yes
Have you ever skipped doses or taken less than prescribed due to cost?	Yes
Have you ever stopped taking this medication due to cost?	No

Have you had difficulty obtaining this medication due to insurance requirements (e.g., prior authorization, step therapy)?	No
Have you experienced any of the following barriers? Select all that apply	Medication backordered or shortages; Pharmacy closures or limited hours; Difficulty navigating manufacturer assistance program; Mfr will NOT discount to anyone over 65 - we are most likely to have metabolic health problems. Some idiot thinks this is for cosmetic weight loss not for real health needs. So mad. I spent $14,000 on this my first year.;
How much of a financial burden is paying for this medication?	Significant burden
Have you had to cut back on other essential expenses (e.g., food, housing, utilities) to afford this medication?	Yes
Do you use manufacturer coupons, discount cards, or patient assistance programs to afford this medication?	Yes
Primary insurance type	MA/MEDICARE WON"T COVER. Lilly Direct won't give me a break because of it.
Has your insurance ever denied coverage for this medication?	Yes
Has your insurance required you to switch to a different medication for cost reasons?	No
Has your copay or coinsurance for this medication changed in the past year?	Stayed the same
Has difficulty affording this medication negatively affected your health?	Yes
Have you visited an emergency room or urgent care because you could not access this medication?	No

Is there anything else you would like PDAB to know about how medication costs or access affects you?	Mounjaro is for people who are morbidly obese OR who have metabolic issues OR who have addiction OR - a lot of other prescribed uses. We are ill and we need help and the Feds will never shift with idiot Kennedy in charge. If the Feds don't shift, why can't insurance companies just pay for it?
If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	the cheapest I can get is $500/mo. It's not optional, I have to take it or be too sick to live. That's $6000! Get it $1000/year, pls.
Do you currently receive prescription medications in Oregon?	Yes

Response 6

Are you completing this form as:	A patient
Is the medication currently being taken?	Yes
How long has (or was) this medication taken?	3-12 months
How often do you take this medication?	Weekly
Do you have health insurance that covers this medication?	No
What is your typical out-of-pocket cost for a 30-day supply?	More than $250
Has your out-of-pocket cost for this medication increased in the past 12 months?	Not sure
If costs increased from last year, how significant was the increase?	Not applicable
How clear is the information you received about the cost of your medication?	I receive no cost information

Have you ever delayed filling a prescription for this medication due to cost?	Yes
Have you ever skipped doses or taken less than prescribed due to cost?	Yes
Have you ever stopped taking this medication due to cost?	Yes
Have you had difficulty obtaining this medication due to insurance requirements (e.g., prior authorization, step therapy)?	Yes
Have you experienced any of the following barriers? Select all that apply	Extreme cost when medication not covered by insurance;
How much of a financial burden is paying for this medication?	Significant burden
Have you had to cut back on other essential expenses (e.g., food, housing, utilities) to afford this medication?	Yes
Do you use manufacturer coupons, discount cards, or patient assistance programs to afford this medication?	Yes
Primary insurance type	Medicare
Has your insurance ever denied coverage for this medication?	Yes
Has your insurance required you to switch to a different medication for cost reasons?	No
Has your copay or coinsurance for this medication changed in the past year?	Stayed the same
Has difficulty affording this medication negatively affected your health?	Yes
Have you visited an emergency room or urgent care because you could not access this medication?	No

Is there anything else you would like PDAB to know about how medication costs or access affects you?	Medicare doesn't cover this medication for my health issue and it cost me over $700 per month using a pharmacy coupon.
If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	Decrease price for people who's health insurance does not cover the medication
Do you currently receive prescription medications in Oregon?	Yes

Response 7

Are you completing this form as:	A patient
Is the medication currently being taken?	Yes
How long has (or was) this medication taken?	1-3 years
How often do you take this medication?	Weekly
Do you have health insurance that covers this medication?	No
What is your typical out-of-pocket cost for a 30-day supply?	More than $250
Has your out-of-pocket cost for this medication increased in the past 12 months?	No
If costs increased from last year, how significant was the increase?	Not applicable
How clear is the information you received about the cost of your medication?	Very clear
Have you ever delayed filling a prescription for this medication due to cost?	Yes
Have you ever skipped doses or taken less than prescribed due to cost?	No

Have you ever stopped taking this medication due to cost?	No
Have you had difficulty obtaining this medication due to insurance requirements (e.g., prior authorization, step therapy)?	No
Have you experienced any of the following barriers? Select all that apply	None of the above;
How much of a financial burden is paying for this medication?	Significant burden
Have you had to cut back on other essential expenses (e.g., food, housing, utilities) to afford this medication?	Yes
Do you use manufacturer coupons, discount cards, or patient assistance programs to afford this medication?	Yes
Primary insurance type	Individual/Marketplace
Has your insurance ever denied coverage for this medication?	Yes
Has your insurance required you to switch to a different medication for cost reasons?	No
Has your copay or coinsurance for this medication changed in the past year?	Not sure
Has difficulty affording this medication negatively affected your health?	Yes
Have you visited an emergency room or urgent care because you could not access this medication?	No

Is there anything else you would like PDAB to know about how medication costs or access affects you?	The monthly cost of this medication is a major stressor on my limited income. My insurance paid for Mounjaro for a year and then stopped paying for the medication because it was not covered for weight management. I had to switch to the Zepbound version using the Mfg. coupon at $600/month and now Lilly direct at $449/month. I have Acquired Hypothalamic Obesity (AHO), and this medication is the first treatment that works. I've lost 95 pounds and have been able to maintain my weight for over 2 years for the first time in 30 + years. Again, the ACA marketplace insurance plans (Providence Health Plans) do not cover weight/obesity treatment, even if weight is caused by AHO, and Tirzepitide is a successful treatment. I know that the FDA approved the new Eli Lilly GLP-1 oral pill, Foundayo™ (orforglipron) (Lilly direct: $299/month). However, my health insurance will probably deny coverage based on weight management, and I have concerns that the GLP1-only pill may not provide the same weight-maintenance results for my diagnosis as the dual GLP1 & GIP Tirzepitide injection.
If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	Health Insurance covered Tirzepitide as a Tier 2 medication on the drug formulary for my diagnosis, even if at this time it's considered off-label use for acquired hypothalamic obesity.
Do you currently receive prescription medications in Oregon?	Yes

Response 8

Are you completing this form as:	A patient
Is the medication currently being taken?	Yes
How long has (or was) this medication taken?	1-3 years
How often do you take this medication?	Weekly
Do you have health insurance that covers this medication?	No
What is your typical out-of-pocket cost for a 30-day supply?	More than $250
Has your out-of-pocket cost for this medication increased in the past 12 months?	No
If costs increased from last year, how significant was the increase?	Not applicable
How clear is the information you received about the cost of your medication?	Very clear
Have you ever delayed filling a prescription for this medication due to cost?	Yes
Have you ever skipped doses or taken less than prescribed due to cost?	No
Have you ever stopped taking this medication due to cost?	No
Have you had difficulty obtaining this medication due to insurance requirements (e.g., prior authorization, step therapy)?	Yes
Have you experienced any of the following barriers? Select all that apply	None of the above;

How much of a financial burden is paying for this medication?	Significant burden
Have you had to cut back on other essential expenses (e.g., food, housing, utilities) to afford this medication?	Yes
Do you use manufacturer coupons, discount cards, or patient assistance programs to afford this medication?	No
Primary insurance type	Uninsured
Has your insurance ever denied coverage for this medication?	Yes
Has your insurance required you to switch to a different medication for cost reasons?	Yes
Has your copay or coinsurance for this medication changed in the past year?	Not sure
Has difficulty affording this medication negatively affected your health?	No
Have you visited an emergency room or urgent care because you could not access this medication?	No
Is there anything else you would like PDAB to know about how medication costs or access affects you?	I had to choose between my prescription of Tirzepatide and health insurance. I am retired and not yet Medicare age. Because I no longer qualify for tax break subsidies I can't afford 800 a month for marketplace insurance and my current prescription that costs 450 a month. So I had to cancel my insurance policy and switch to a health share company.

If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	If insurance is not going to cover it it needs to be affordable for all. It is literally saving lives. I have eliminated three co morbidities on the drug. No fatty liver disease, no more pre/diabetes, no more obesity, and no more high BP.
Do you currently receive prescription medications in Oregon?	Yes

Response 9

Are you completing this form as:	A patient
Is the medication currently being taken?	Yes
How long has (or was) this medication taken?	Less than 3 months
How often do you take this medication?	Weekly
Do you have health insurance that covers this medication?	No
What is your typical out-of-pocket cost for a 30-day supply?	More than $250
Has your out-of-pocket cost for this medication increased in the past 12 months?	Yes
If costs increased from last year, how significant was the increase?	$51-100
How clear is the information you received about the cost of your medication?	Very clear
Have you ever delayed filling a prescription for this medication due to cost?	No
Have you ever skipped doses or taken less than prescribed due to cost?	No

Have you ever stopped taking this medication due to cost?	No
Have you had difficulty obtaining this medication due to insurance requirements (e.g., prior authorization, step therapy)?	No
Have you experienced any of the following barriers? Select all that apply	OHP does not cover it so my family it helping me but they have their own expenses. ;
How much of a financial burden is paying for this medication?	Significant burden
Have you had to cut back on other essential expenses (e.g., food, housing, utilities) to afford this medication?	Prefer not to say
Do you use manufacturer coupons, discount cards, or patient assistance programs to afford this medication?	No
Primary insurance type	Medicaid (OHP)
Has your insurance ever denied coverage for this medication?	Yes
Has your insurance required you to switch to a different medication for cost reasons?	No
Has your copay or coinsurance for this medication changed in the past year?	Stayed the same
Has difficulty affording this medication negatively affected your health?	Not sure
Have you visited an emergency room or urgent care because you could not access this medication?	No

Is there anything else you would like PDAB to know about how medication costs or access affects you?	My dose has been increased, so my cost is going up and I currently have Family helping me pay, but they all have expenses of their own. It might come to the point where I have to stop taking this medication.
If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	The out-of-pocket expense is reasonable for working class, single income families.
Do you currently receive prescription medications in Oregon?	Yes

Response 10

Are you completing this form as:	A patient
Is the medication currently being taken?	No
How long has (or was) this medication taken?	
How often do you take this medication?	
Do you have health insurance that covers this medication?	Yes
What is your typical out-of-pocket cost for a 30-day supply?	$51-100
Has your out-of-pocket cost for this medication increased in the past 12 months?	Not sure
If costs increased from last year, how significant was the increase?	Not applicable
How clear is the information you received about the cost of your medication?	Not clear
Have you ever delayed filling a prescription for this medication due to cost?	Yes

Have you ever skipped doses or taken less than prescribed due to cost?	Yes
Have you ever stopped taking this medication due to cost?	Yes
Have you had difficulty obtaining this medication due to insurance requirements (e.g., prior authorization, step therapy)?	Yes
Have you experienced any of the following barriers? Select all that apply	Clarity as to my out of pocket costs with commercial insurance;
How much of a financial burden is paying for this medication?	Significant burden
Have you had to cut back on other essential expenses (e.g., food, housing, utilities) to afford this medication?	Prefer not to say
Do you use manufacturer coupons, discount cards, or patient assistance programs to afford this medication?	No
Primary insurance type	Employer-sponsored
Has your insurance ever denied coverage for this medication?	Yes
Has your insurance required you to switch to a different medication for cost reasons?	No
Has your copay or coinsurance for this medication changed in the past year?	Not sure
Has difficulty affording this medication negatively affected your health?	Yes
Have you visited an emergency room or urgent care because you could not access this medication?	No

Is there anything else you would like PDAB to know about how medication costs or access affects you?	I can't afford to even begin taking this medicine.
If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	Limitations on the cost or some work with the federal government to limit patent extensions so that generics can manufactured.
Do you currently receive prescription medications in Oregon?	Yes

Response 11

Are you completing this form as:	A patient
Is the medication currently being taken?	Yes
How long has (or was) this medication taken?	More than 3 years
How often do you take this medication?	Weekly
Do you have health insurance that covers this medication?	Yes
What is your typical out-of-pocket cost for a 30-day supply?	$0–$25
Has your out-of-pocket cost for this medication increased in the past 12 months?	No
If costs increased from last year, how significant was the increase?	Not applicable
How clear is the information you received about the cost of your medication?	Not clear
Have you ever delayed filling a prescription for this medication due to cost?	No
Have you ever skipped doses or taken less than prescribed due to cost?	No

Have you ever stopped taking this medication due to cost?	No
Have you had difficulty obtaining this medication due to insurance requirements (e.g., prior authorization, step therapy)?	Yes
Have you experienced any of the following barriers? Select all that apply	Medication backordered or shortages;
How much of a financial burden is paying for this medication?	Minor burden
Have you had to cut back on other essential expenses (e.g., food, housing, utilities) to afford this medication?	No
Do you use manufacturer coupons, discount cards, or patient assistance programs to afford this medication?	No
Primary insurance type	Employer-sponsored
Has your insurance ever denied coverage for this medication?	Yes
Has your insurance required you to switch to a different medication for cost reasons?	No
Has your copay or coinsurance for this medication changed in the past year?	Increased
Has difficulty affording this medication negatively affected your health?	No
Have you visited an emergency room or urgent care because you could not access this medication?	No

Is there anything else you would like PDAB to know about how medication costs or access affects you?	The problem with this drug is access, not so much cost. My doctor gave me a fake diagnosis in order to get this drug. When we first tried to get my insurance to pay for this drug insurance denied. After giving me the fake diagnosis insurance at first denied but then the doctor provided an appeal and then I was given access to the medication. Over the years the challenge has been drug shortages, forcing me to miss as much as 3 months of medication at a time.
If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	
Do you currently receive prescription medications in Oregon?	Yes