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.

Ozempic (semaglutide)

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?	1-3 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?	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?	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	None of the above;
How much of a financial burden is paying for this medication?	Moderate 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?	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?	Pharmacy employee was not clear on why copay increased $400 for three month supply. I contacted my insurance company for a better explanation.
If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	Advance notice of the copay increase would have been appreciated.
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?	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?	$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?	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?	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	Medication backordered or shortages; Pharmacy closures or limited hours;
How much of a financial burden is paying for this medication?	Moderate 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?	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?	
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 3

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?	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?	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)?	No
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?	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?	n/a
If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	no suggestion
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?	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	Difficulty navigating manufacturer assistance program
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?	Yes
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?	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 I didn't qualify for both the patient assistance program and Legacy Health covering the cost of the copay, I would NOT be able to take this medication.
If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	Make the copay MUCH lower.
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?	Yes
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?	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	Difficulty navigating manufacturer assistance program; My doctor faxed all my personal data including copies of SSN and income to Nova Nordisk and never heard back from them! Also for years I was forced to buy it from outside the USA.
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	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?	I only get $23 a month in food stamps, even tho I pay about $500 in cash a month in food and DME for CPAP supplies, shoe insoles, pharmacy copays, and car registration ($438 + DEQ $25 +$35 trip permit + $200 to repair car to pass) just in March 2026, putting me in debt. Yet, I do not qualify for a caregiver, like all the residents in my building who have never worked, and get generous OTC benefits.
If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	Here's what really makes me mad...preferences are always made for "commercial insurance" where I have seen coupons as low as $25. Those ppl are working & don't need any help. But little ol' me, a retired RN, 72, with cardiomyopathy, and extreme bradycardia on Soc Sec, has $225 a month taken out of my monthly check. I do not get "Extra Help" to cover my Medicare bc I am over the income limit by $150, and yet I pay high deductibles, doctor copays, and prescription copays, so that some months my 20% copays add up to more than 60% of my income. I am thousands of dollars in dept bc of all the preferences given to D-SNPS and commercial insurance. I took out two personal loans for $10K to make it through last year. I saw Wegovy pills for $25 a month, but Medicare patients have to pay $199 up to $399 a month. Add the cost of my Medicare to that, and it is cheaper to get Ozempic outside the USA.
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?	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?	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?	
Have you ever skipped doses or taken less than prescribed due to cost?	
Have you ever stopped taking this medication due to cost?	
Have you had difficulty obtaining this medication due to insurance requirements (e.g., prior authorization, step therapy)?	
Have you experienced any of the following barriers? Select all that apply	Cost over $500 per month copay;
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?	Not sure
Primary insurance type	Medicare
Has your insurance ever denied coverage for this medication?	Not sure
Has your insurance required you to switch to a different medication for cost reasons?	
Has your copay or coinsurance for this medication changed in the past year?	
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?	
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?	Lower the copay
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?	No
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?	Not applicable

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?	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	Difficulty navigating manufacturer assistance program; Medication backordered or shortages; My insurance (Oregon Health Plan) doesn't cover the cost so I can't get my medication
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?	Not sure
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?	Not sure

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 need a hip replacement and need to lose weight to get the surgery and I have been approved through my PCP for the medicine and I have OHP and they will not cover the medication. To save my life. The CCO's pick and choose who can get these kind of medication. If you are poor you have to suffer without. That is wrong
If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	I believe if you make the medicine available for one it should be available for all!!!!
Do you currently receive prescription medications in Oregon?	Prefer not to answer

Response 8

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?	No longer taking
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?	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?	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	Pharmacy closures or limited hours; Transportation challenges; Medication backordered or shortages; Medication not covered by OHP for my condition
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?	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?	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?	Yes
Is there anything else you would like PDAB to know about how medication costs or access affects you?	I can't get on glp-1 meds because chronic pain isn't a qualifying reason to be prescribed the medication even though clearly 240lbs with a lumbar fusion is not going to be good for pain. We no longer have a pool near us which helped me with some exercise but the pain is ridiculous and OHP doesn't cover it because I don't have diabetes
If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	If I could pay for it with cash I would but I'm disabled.
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?	No
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?	Yes
What is your typical out-of-pocket cost for a 30-day supply?	Not applicable
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?	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	My prescription was approved for 3 months pending a pre-authorization on month two they stopped filling my medication my doctor has since ordered wegovi and my insurance still won't pay for it and I can't afford the out-of-pocket cost.
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?	No
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?	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 has since called in a waygovi prescription to try to get the weight off due to high blood pressure hypertension and degenerative disc disease and the insurance still will not approve it even with cardiac risk
If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	To mandate insurance to cover medications prescribed by the provider
Do you currently receive prescription medications in Oregon?	Yes