Oregon Prescription Drug Affordability Board

Individuals with Scientific or Medical Training - Survey Feedback

Purpose: This document presents feedback submitted through the 2026 survey for individuals with scientific or medical training. The table reproduces the substantive survey information provided by respondents. Survey responses reflect the experience and opinions of individual respondents and have not been independently verified by PDAB. Blank survey items are shown as "No response."

Skyrizi (risankizumab-rzaa)

Response 1

Primary professional role	Healthcare profession involved in patient care
Years of experience treating or studying this condition	More than 10 years
Practice setting	Academic medical center
Typical role of this drug treatment	First-line therapy
Patient population most commonly receiving this drug	Moderate
Is this drug clinically substitutable for at least one alternative?	Yes, for some patients
Compared to therapeutic alternatives, this drug provides	Substantial additional clinical benefit
Strength of evidence supporting use for its primary indication	High (multiple RCTs, guideline-supported)
Off-label use in your practice or system	Rare
Utilization management requirement typically associated with this drug (Select all that apply)	Prior authorization; Step therapy
Administrative burden relative to alternatives	Somewhat higher
Does utilization management delay patient access	Frequently

In your experience, patient out-of-pocket costs for this drug are	Similar
Have patients delayed or declined treatment due to cost?	Rarely
Impact of patient cost on adherence	Moderate impact
Are there other impacts that cause adherence issues?	This medication is awesome as it works incredibly well and is very safe. Maintenance dosing is only quarterly which really increases patient compliance. The hard part about the medication is cost/coverage and patients with government insurance are often not eligible for pharmaceutical company patient assistance programs.
Availability of the drug when clinically needed	Frequently delayed
If delays occur, primary cause	Payer authorization
Overall impact of this drug on health system costs	Increases costs moderately
Overall value of this drug relative to its cost	High value
From a clinical perspective, does this drug contribute to affordability concerns for patients?	No
Is there anything else you would like PDAB to know about this medication?	This is a very effective medication that is very safe. Risks and side effects are very low and the dosing schedule is highly desirable for patients. Earlier generation biologic medications are not as effective (so many patients are also on adjunctive therapy) and also have much higher side effect risks. Having a non-TNF or IL-17 psoriasis treatment options for Medicaid patients that did not require numerous less effective step therapies would be life changing for patients and providers.
If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	Please stop requiring that psoriasis patients try and fail methotrexate or cyclosporine prior to going on biologic therapy. I think it is reasonable to require patients to try a bio-similar adalimumab OR ustekinumab unless there on contraindications. However, requiring archaic step therapy is detrimental to patients health and

	ultimately more expensive to the healthcare system. Having an IL-23 as a treatment option would be life changing for patients and providers.

Response 2

Primary professional role	Pharmacist or pharmacy professional
Years of experience treating or studying this condition	More than 10 years
Practice setting	Specialty Pharmacy
Typical role of this drug treatment	Second-line therapy
Patient population most commonly receiving this drug	Moderate
Is this drug clinically substitutable for at least one alternative?	Yes, for most patients
Compared to therapeutic alternatives, this drug provides	Moderate additional benefit
Strength of evidence supporting use for its primary indication	High (multiple RCTs, guideline-supported)
Off-label use in your practice or system	Rare
Utilization management requirement typically associated with this drug (Select all that apply)	Prior authorization; Step therapy; Quantity limits; Specialty pharmacy requirement
Administrative burden relative to alternatives	About the same
Does utilization management delay patient access	Frequently
In your experience, patient out-of-pocket costs for this drug are	Similar
Have patients delayed or declined treatment due to cost?	Occasionally
Impact of patient cost on adherence	Minimal impact
Are there other impacts that cause adherence issues?	Yes. In addition to cost, adherence can be affected by: - prior authorization renewals and

	reauthorization gaps - specialty pharmacy coordination issues - delays between induction and maintenance workflows in GI use - missed follow-up or lab monitoring - infection concerns or temporary holds during illness - injection hesitancy or difficulties with device handling - benefit transitions between pharmacy and medical coverage - patient perception that improvement means treatment is no longer needed
Availability of the drug when clinically needed	Occasionally delayed
If delays occur, primary cause	Payer authorization
Overall impact of this drug on health system costs	Increases costs moderately
Overall value of this drug relative to its cost	Moderate value
From a clinical perspective, does this drug contribute to affordability concerns for patients?	Yes
Is there anything else you would like PDAB to know about this medication?	No.
If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	Oregon could improve affordability by using reference-based or value-based pricing for Skyrizi and similar IL-23 inhibitors in Medicaid and state-regulated plans. This would help align price with clinical value, encourage manufacturers to lower prices, and reduce patient cost burden without removing access to treatment.