Oregon Prescription Drug
Affordability Board

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Xeljanz®
Xeljanz XR®
(*tofacitinib*)[1]

Version 1.0

[1] Image source: https://vidafarmacias.com/en/oncologia/5386-Xeljanz(XR)-5-mg-bottle-with-28-tablets-tofacitinib.html

Table of contents

Document version history

Version	Date	Description
v1.0	07/07/2026	Original release

Review summary

Therapeutic alternatives[2,3,4]

Xeljanz/Xeljanz XR (*tofacitinib*) has the following therapeutic alternatives: **Enbrel, Humira, Olumiant, Remicade, Rinvoq,** and **Simponi**

Table 1 Subject drug and therapeutic alternative information

Proprietary name	Non-proprietary name	Manufacturer	Year approved	Number of patents	Patent date range	Exclusivity expiration	On CMS drug Maximum Fair Price (MFP) list
Xeljanz/ Xeljanz XR	*tofacitinib*	Pfizer Inc.	2012	8	2025-2034	2028	Yes (2028)
Enbrel[5]	*etanercept*	Amgen	1998	-	-	-	Yes (2026)
Humira[6]	*adalimumab*	AbbVie Inc.	2002	66	2022-2033	-	No
Olumiant[7]	*baricitinib*	Eli Lilly and Co.	2018	-	-	-	No
Remicade[8]	*infliximab*	Janssen Biotech, Inc.	1998	-	-	-	No
Rinvoq[9]	*upadacitinib*	AbbVie Inc.	2019	-	-	-	No

[2]Approved Drug Products with Therapeutic Equivalence Evaluations | Orange Book. U.S. Food & Drug Administration. https://www.fda.gov/drugs/drug-approvals-and-databases/approved-drug-products-therapeutic-equivalence-evaluations-orange-book.

[3] Frequently Asked Questions on Patents and Exclusivity, U.S. Food & Drug Administration, Feb. 5, 2020. https://www.fda.gov/drugs/development-approval-process-drugs/frequently-asked-questions-patents-and-exclusivity#What_is_the_difference_between_patents_a.

[4] Selected Drugs and Negotiated Prices. Centers for Medicare & Medicaid Services. https://www.cms.gov/priorities/medicare-prescription-drug-affordability/overview/medicare-drug-price-negotiation-program/selected-drugs-and-negotiated-prices.

[5] No patent or exclusivity information was listed for Enbrel. Purple Book Database of Licensed Biological Products. U.S. Food & Drug Administration. https://purplebooksearch.fda.gov/.

[6] No exclusivity information was listed for Humira. Purple Book Database of Licensed Biological Products. U.S. Food & Drug Administration. https://purplebooksearch.fda.gov/.

[7] No patent or exclusivity information was listed for Olumiant. Purple Book Database of Licensed Biological Products. U.S. Food & Drug Administration. https://purplebooksearch.fda.gov/.

[8] No patent or exclusivity information was listed for Remicade. Purple Book Database of Licensed Biological Products. U.S. Food & Drug Administration. https://purplebooksearch.fda.gov/.

[9] No patent or exclusivity information was listed for Rinvoq. Purple Book Database of Licensed Biological Products. U.S. Food & Drug Administration. https://purplebooksearch.fda.gov/.

Proprietary name	Non-proprietary name	Manufacturer	Year approved	Number of patents	Patent date range	Exclusivity expiration	On CMS drug Maximum Fair Price (MFP) list
Simponi[10]	*golimumab*	Janssen Biotech, Inc.	2009	26	2029-2039	-	No

Price history[11,12]

Xeljanz/Xeljanz XR (*tofacitinib*) WAC per 30-day supply **increased** at an **average annual rate of 4.5 percent** from 2019 to 2025.

- In the same time period, its therapeutic alternatives WAC per 30-day supply increased at these rates:
    - Enbrel: 6.8 percent
    - Humira: 4.3 percent
    - Olumiant: 3.8 percent
    - Remicade: 0.0 percent
    - Rinvoq: 4.5 percent
    - Simponi: 1.4 percent

Additionally, the average annual rate of Xeljanz/Xeljanz XR exceeded inflation in **2020, 2023, 2024, and 2025**. Pharmacy acquisition costs for **Medicaid also increased by 27.9 percent** over the same period, reflecting broader trends in pricing escalation.

Price concessions [13]

Based on data received from healthcare carriers, Xeljanz/Xeljanz XR in 2024 had an **average gross spend of $4,122 per claim**, while the **average net spend after discount was $2,756 per claim**. Price concession per claim was reported to be **$1,366,** resulting in an **average price concession of 33.1 percent per claim**.

[10] No exclusivity information was listed for Simponi. Purple Book Database of Licensed Biological Products. U.S. Food & Drug Administration. https://purplebooksearch.fda.gov/.
[11] Medi-Span. Wolters Kluwer, 2025. https://www.wolterskluwer.com/en/solutions/medi-span/medi-span.
[12] Consumer Price Index. U.S. Bureau of Labor Statistics. https://www.bls.gov/cpi/tables/supplemental-files/.
[13] Based on data submitted to the Department of Consumer and Business Services (DCBS) by Oregon's commercial insurance carriers. The data call includes information about the cost of the drug before and after price concessions in the commercial market.

Cost to the payers[14]

Table 2 2024 APAC payer annual total expenditure, claims, and cost per enrollee[15]

Proprietary name	No. of enrollees[16]	No. of claims	Total payer paid	Cost per enrollee, mean	Cost per claim, median
Xeljanz (XR)[17]	662	5,095	$24,324,715	$36,744	$5,333
Enbrel	1,540	12,917	$84,469,470	$54,850	$6,973
Humira	3,285	22,421	$162,255,618	$49,393	$6,438
Olumiant	80	586	$1,854,828	$23,185	$2,762
Remicade	556	3,428	$5,709,972	$10,270	$1,297
Rinvoq	412	2,594	$18,123,224	$43,988	$6,162
Simponi	810	4,717	$14,901,799	$18,397	$2,284

Cost to enrollees[18]

Table 3 2024 gross APAC annual enrollee out-of-pocket (OOP) cost[19]

Proprietary name	Total paid by enrollee	OOP cost per enrollee, median	OOP cost per claim, mean	OOP cost per claim, median
Xeljanz (XR)	$906,804	$22	$178	$0
Enbrel	$2,971,887	$250	$230	$0
Humira	$8,631,551	$567	$385	$5
Olumiant	$48,091	$12	$82	$0
Remicade	$587,742	$65	$171	$0
Rinvoq	$540,718	$50	$208	$0
Simponi	$1,375,450	$568	$292	$0

[14] Based on Oregon's 2024 All Payer All Claims (APAC) data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons. For more information regarding APAC data visit: https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims.aspx.

[15] The totals for amounts paid, costs, and claims are from both medical and pharmacy reporting.

[16] The number of enrollees is derived from unique individuals collected from APAC at the drug level. A single unique individual may occur across multiple lines of business, indicating that an enrollee can be counted for each claim line of business. As a result, this leads to the elevated enrollment numbers presented in Table 6, 9, and 10 as compared to other totals indicated in this report.

[17] Xeljanz (XR) indicated both Xeljanz/Xeljanz XR (*tofacitinib*).

[18] Based on Oregon's 2024 All Payer All Claims (APAC) data across commercial insurers and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons. For more information regarding APAC data visit: https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims.aspx.

[19] Total patient out-of-pocket costs is the sum of reported copayments, coinsurances, and deductibles.

Rubric considerations

Table 4 Rubric domains and scoring considerations

Domain	Consideration
Number of APAC enrollees	662
Price evaluation	Average annual percent chang in WAC of 4.5% from 2022-2025
Price concessions	33.1% of claims received rebates or price concessions
System & payer costs	$24,324,715 gross payer paid
Enrollee burden	$1,370 mean of APAC enrollee OOP annual cost
Equity impact	TBD
Access restrictions such as prior authorization, etc.	Yes
Less expensive therapeutic alternative available	Yes
Stakeholder input to identify affordability or financial concerns	Yes
Patent expirations more than 18 months away	Yes
Absent from the CMS MFP review list	No

Review background

This review incorporates supporting information from Medi-Span, FDA databases (e.g., Orange Book, Purple Book), and other publicly available data where applicable.

Two primary data sources inform this review: the Oregon All Payers All Claims (APAC) Reporting Program database and the Oregon commercial carrier data call. APAC aggregates claims data across all payer types in Oregon, including Medicaid, Medicare, and commercial plans, and presents gross cost estimates. In contrast, the data call reflects submissions from 11 commercial health insurers and reports primarily net costs after manufacturer rebates, PBM discounts, and other price concessions. As a result, APAC generally reflects larger total claims and cost figures due to broader reporting for more enrollees, while the data call offers insight into actual expenditures from private payers in the commercial market.

In 2023, APAC included data for approximately 3.5 million Oregonians. Approximately 27% of people in APAC had Medicare coverage, 33% of people had Medicaid coverage, and 39% of people had commercial coverage. APAC cannot require submission of claims and enrollment data from entities regulated under the Employee Retirement Income Security Act of 1974

(ERISA), so data for many self-insured plans are not included.[20,21] For these drug reviews, APAC data on people with Medicare coverage are limited to Medicare Advantage and Part D only and do not include claims for Traditional Medicare Part A or Part B.

In this review, cell values with enrollee counts derived from APAC data are suppressed to protect confidentiality when the cell has 30 or fewer individuals. In data tables, this is shown as "<31$^{\alpha}$" with the α (alpha) superscript indicating the exact value of the cell value has been suppressed to protect confidentiality. In some tables, secondary suppression is applied to cell values to prevent backward calculation of other suppressed values. Cells with secondary suppression are shown as a value range with a β (beta) superscript, such as "100-200$^{\beta}$".

The 2026 Oregon commercial carrier data call included data from commercial health plans providing coverage for approximately 800,000 Oregonians based on claims in 2024.[22] The data call is limited to fully-insured plans that are regulated by the state and does not include coverage regulated under ERISA.

This review addresses the affordability review criteria to the extent practicable. Due to limitations in scope and resources, some criteria receive minimal or no consideration.

In accordance with OAR 925-200-**0020**, PDAB conducted affordability reviews on prioritized prescription drugs selected under OAR 925-200-**0010**. The board selected ten drugs and two insulin products for affordability review in 2026. The selection process emphasized brand-name products with substantial cost impact and excluded antivirals, toxoids, vaccines, and products with available therapeutic equivalents or biosimilars as of February 2026. The board also removed from consideration products reviewed in 2025 and determined to possibly have potential system- or patient-level cost implications. To ensure broad relevance across Oregon's insured population, the board prioritized drugs reported by seven or more commercial health carriers.

For insulin products, the board focused on products with the highest end-of-year unit prices while excluding those with fewer than 100 covered enrollees. Insulin glargine products reviewed by the board in 2025 were also removed to maintain focus on products not yet evaluated. This approach ensured that the final selection aligned with statutory intent, reflected consistent application of rule-based selection factors, and supported a comprehensive

[20] Oregon All Payer All Claims Database (APAC) Data User Guide. Version 1.1 updated Nov 19, 2025. APAC-Data-User-Guide.pdf. The number of people represented in 2024 APAC data has not been published as of May 2026.
[21] For 2024, the DCBS Division of Financial Regulation reported that just under one million people in Oregon were enrolled in commercial health plans and slightly more than one million people in Oregon were enrolled in self-insured health plans. *2024 Quarterly enrollment report*, https://dfr.oregon.gov/business/reg/reports-data/annual-health-insurance-report/Pages/health-ins-enrollment.aspx, accessed June 1, 2026.
[22] The number of people covered by plans reporting to the commercial carrier data call was estimated using 2024 insurer data reported in 2025 to the Oregon Drug Price Transparency Program which receives reports on state-regulated health insurance plans.

assessment of products with meaningful affordability implications for Oregon's health care system and patients.

Visit the PDAB webpage for more information about purpose and statutory authority of the Oregon Prescription Drug Affordability Board (PDAB).

Drug information

Table 5 Drug and FDA information[23]

Drug proprietary name(s)	Xeljanz®/Xeljanz XR®
Non-proprietary name (active ingredients)	*tofacitinib*
Manufacturer	Pfizer Inc.
Pharmacologic category	Analgesics – anti-inflammatory
Treatment	Treats several autoimmune and inflammatory conditions in adults and children: Rheumatoid arthritis (RA) – Adults; Psoriatic arthritis (PsA) – Adults; Ankylosing spondylitis (AS) – Adults; Ulcerative colitis (UC) – Adults; Polyarticular Course Juvenile Idiopathic Arthritis (pcJIA) – Pediatric (≥2 years).
Dosage strength	Oral solution: 1 mg/mL tofacitinib Tablets: 5 mg, 10 mg tofacitinib XR tablets: 11 mg, 22 mg tofacitinib
Form/Route	Solution/Oral
Physician administered	No
NDCs reviewed	00069050130 00069100101 00069100201 00069102902
First approved by the FDA	Nov. 6, 2012
Expedited forms of approval by the FDA	Standard
Designations under the Orphan Drug Act	No

Health equity considerations

ORS 646A.694(1)(a) and OAR 925-200-0020 (1)(a) & (2)(a)(A-B). Limitations in scope and resources available for this statute requirement.

[23] U.S. Food and Drug Administration. *Xeljanz/ Xeljanz XR – Prescribing Information.* Revised September 2024. Accessed at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/203214s036,208246s023,213082s008lbl.pdf

Claims data from APAC was evaluated for health equity considerations related to utilization in Oregon. The analysis included line of business (payer type), race, ethnicity, and gender where available and evaluated member counts, claims numbers, insurer paid amounts, and enrollee out-of-pocket costs.

Xeljanz/Xeljanz XR claims were primarily **observed among commercial enrollees**. Median and average claim costs were reviewed to understand typical and overall impacts. Median enrollee costs were generally similar across coverage categories, while average costs were higher in some groups, indicating a smaller number of higher-cost claims. Race, ethnicity, and gender information was included in the review; however, a substantial proportion of records were categorized as unknown, limiting interpretation of demographic differences.

Table 6 2024 APAC claim and enrollee count by line of business

Line of business	Claim count	Enrollee count[24]	Claims per enrollee
Commercial	3,063	387	7.9
Medicaid	814	133	6.1
Medicare	1,218	208	5.9
Total	5,095	662	7.7

Table 7 2024 APAC cost by line of business

Line of business	Total payer paid	Mean payer paid/claim	Median payer paid/claim	Total enrollee OOP[25]	Mean enrollee OOP/claim	Median enrollee OOP/claim
Commercial	$13,217,800	$4,315	$4,983	$709,981	$232	$0
Medicaid	$4,128,896	$5,072	$5,534	$0	$0	$0
Medicare	$6,948,051	$5,704	$5,606	$194,746	$160	$0

Table 8 2024 APAC mean and median insurer and enrollee out-of-pocket costs per claim, by race

[24] The number of enrollees is derived from unique individuals collected from APAC at the drug level. A single unique individual may occur across multiple lines of business, meaning that an enrollee can be counted for each claim line of business. As a result, the difference in enrollment numbers may be different as compared to other totals indicated in this report.

[25] Total patient out-of-pocket costs is the sum of reported copayments, coinsurances, and deductibles for all enrollees in a line of business.

Race	Claims	Mean payer paid	Median payer paid	Mean enrollee OOP[26]	Median enrollee OOP
White	1,581	$5,480	$5,587	$139	$0
Black/African American	16	$5,126	$4,984	$0	$0
American Indian/Alaska Native	45	$5,272	$5,529	$0	$0
Asian	114	$5,336	$5,751	$158	$0
Native Hawaiian/Pacific Islander	0	-	-	-	-
Mix race	94	$5,026	$5,483	$112	$0
Other	230	$4,950	$5,560	$40	$0
Refused to answer	16	$2,917	$1,259	$1	$0
Unknown	2,999	$4,350	$4,984	$216	$0

Table 9 2024 APAC claim counts and enrollee counts, by ethnicity

Ethnicity	Claim count	Enrollee count
Hispanic	194	<31$^{\alpha}$
Non-Hispanic	1,932	200-300$^{\beta}$
Unknown	2,969	381

Table 10 2024 APAC claim counts and enrollee counts, by gender

Gender	Claim count	Enrollee count
Female	3,647	474
Male	1,000	129
Unknown	448	59

Residents prescribed

ORS 646A.694(1)(b) and OAR 925-200-0020(1)(b) & (2)(b). Data source from APAC.

[26] The mean only includes claims paid from commercial and Medicare enrollees. Medicaid enrollees had $ zero out-of-pocket costs.

Based on APAC, **662 enrollees filled prescriptions** for Xeljanz/Xeljanz XR with **5,095 claims paid by payers** in 2024.[27]

Price for the drug

ORS 646A.694(1)(c) and OAR 925-200-0020(1)(c) & (2)(e), (f), & (g). Data source from Medi-Span, APAC, and carrier data call.

This section examines the pricing dynamics of Xeljanz/Xeljanz XR, drawing on multiple data sources to characterize its historical price trends and implications for affordability. It includes an analysis of the drug's wholesale acquisition cost (WAC) and the Oregon Actual Average Acquisition Cost (AAAC), compared to its therapeutic alternatives. Together, the data provides a comprehensive view of Xeljanz/Xeljanz XR's list price trajectory and pharmacy acquisition costs, and the degree to which the list price impacts costs.

Price history

WAC per 30-day supply was calculated with package and unit WAC from Medi-Span based on the most utilized NDC in APAC in 2024 and was reviewed as an indication of historic price trends for the drug. However, WAC does not account for discounts, rebates, or other changes to the drug's cost throughout the supply chain.

Table 11 30-day supply for review drug and its therapeutic alternatives

	Xeljanz	Enbrel	Humira	Olumiant	Remicade[28]	Rinvoq	Simponi
30-day supply	60 tablets	4 syringes (4 mL)	1 kit (2 pens)	30 tablets	3.5 vials (350 mg)	30 tablets	1 vial (4 mL)
Reference NDC	00069100201	58406003204	00074055402	00002418230	57894003001	00074231030	57894035001
Strength	10 MG	50 MG/ML	40 MG/0.4 ML (100 MG/ML)	2 MG	100 MG/10 ML (10 MG/ML)	30 MG	50 MG/ 4 ML (12.5 MG/ML)

Table 12 Drug vs therapeutic alternatives for 2019-2025 WAC per 30-day supply[29]

[27] Number of 2024 enrollees in APAC database across commercial insurers, Medicaid, and Medicare. For more information regarding APAC data: https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims.aspx.
[28] The 30-day supply for Remicade is estimated with the assumed body weight of 70 kg.
[29] Medi-Span. Wolters Kluwer, 2025. https://www.wolterskluwer.com/en/solutions/medi-span/medi-span.

Year	Xeljanz	Enbrel	Humira	Olumiant	Remicade	Rinvoq	Simponi
2019	$4,481	$5,174	$2,587	$2,137	$6,189	-	$1,819
2020	$4,700	$5,557	$2,778	$2,265	$6,189	-	$1,908
2021	$4,930	$5,968	$2,984	$2,378	$6,189	-	$1,999
2022	$5,202	$6,564	$3,205	$2,497	$6,189	$5,671	$1,999
2023	$5,514	$7,049	$3,461	$2,622	$6,189	$6,125	$1,999
2024	$5,784	$7,624	$3,461	$2,740	$6,189	$6,431	$1,999
2025	$6,073	$8,158	$3,461	$2,767	$6,189	$6,753	$1,999
Avg. Annual % Change	4.5%	6.8%	4.3%	3.8%	0.0%	4.5%	1.4%
% change 2019 between 2025	35.5%	57.7%	33.8%	29.5%	0.0%	-	9.9%

The WAC of Xeljanz/Xeljanz XR was approximately **$101.22 per unit** at the end of 2025.[30] Between 2019-2025, the unit WAC increased at an average annual rate of **4.5 percent**, exceeding the general consumer price index (CPI-U) inflation rate in **2019-2020, 2022-2023, 2023-2024 and 2024-2025** (See Figure 1 and Table 13).[31]

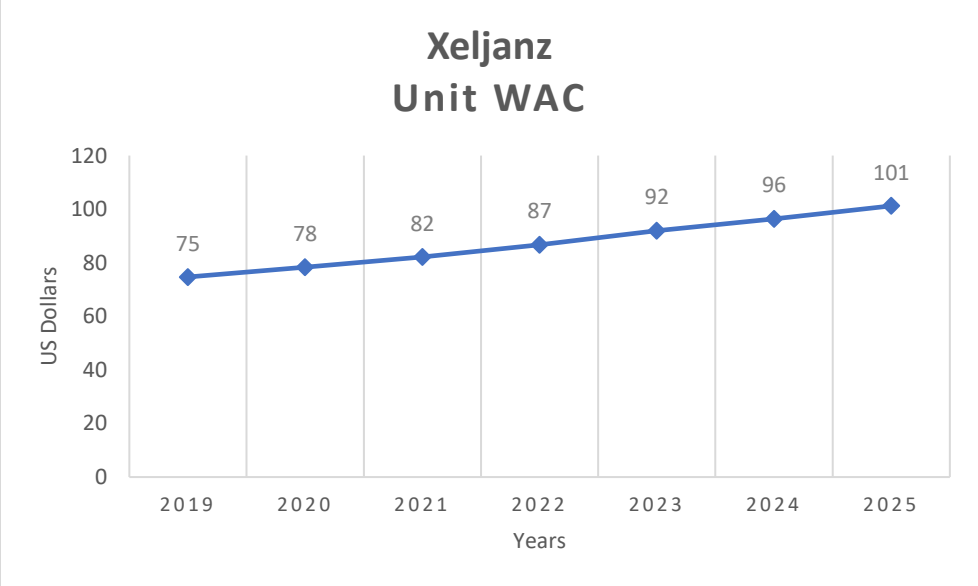

Figure 1 Unit WAC of most utilized NDC from 2019-2025

[30] Medi-Span. Wolters Kluwer, 2025. https://www.wolterskluwer.com/en/solutions/medi-span/medi-span.
[31] Consumer Price Index. U.S. Bureau of Labor Statistics. https://www.bls.gov/cpi/tables/supplemental-files/.

Table 13 Percent change of unit WAC of drug and therapeutic alternatives with CPI comparison[32]

Years	Xeljanz	Enbrel	Humira	Olumiant	Remicade	Rinvoq	Simponi	CPI-U
2019-2020	4.9%	7.4%	7.4%	6.0%	0.0%	0.0%	4.9%	0.7%
2020-2021	4.9%	7.4%	7.4%	5.0%	0.0%	0.0%	4.8%	5.3%
2021-2022	5.5%	10.0%	7.4%	5.0%	0.0%	0.0%	0.0%	9.0%
2022-2023	6.0%	7.4%	8.0%	5.0%	0.0%	8.0%	0.0%	3.1%
2023-2024	4.9%	8.2%	0.0%	4.5%	0.0%	5.0%	0.0%	3.0%
2024-2025	5.0%	7.0%	0.0%	1.0%	0.0%	5.0%	0.0%	2.7%

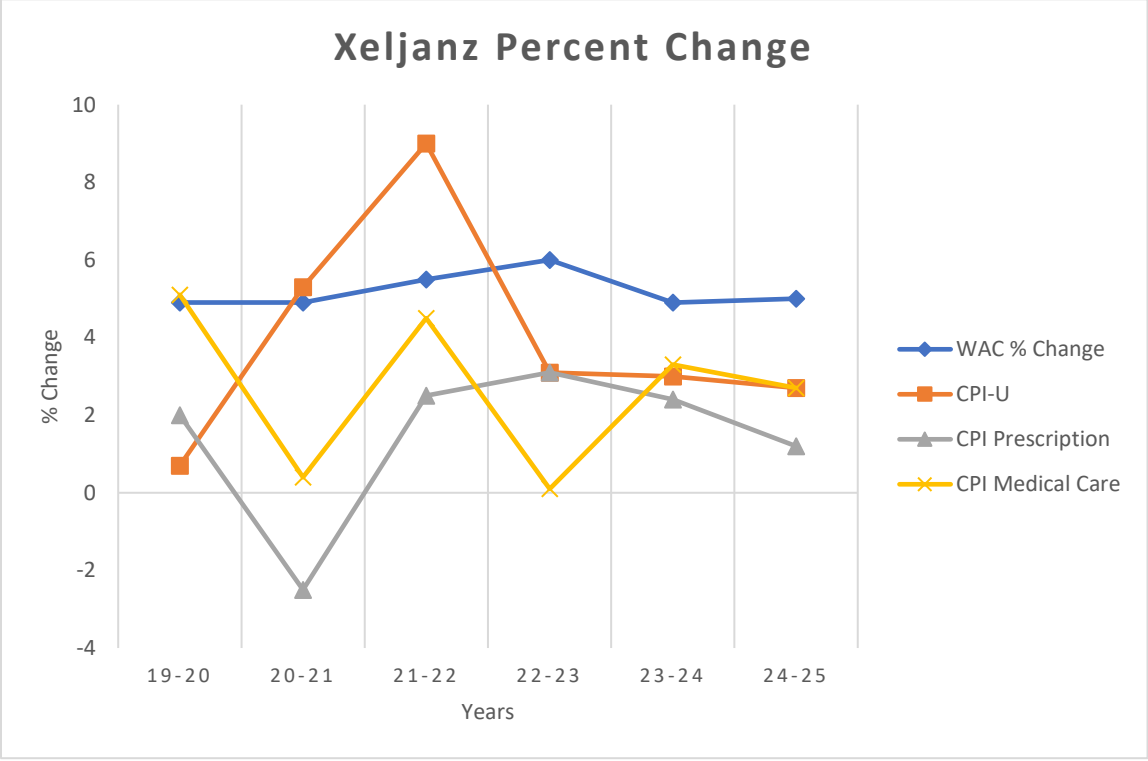

Figure 2 Year over year change in WAC compared to inflation rates[33]

[32] Percentages might differ from Table 12 as Table 13 percentages are based on unit WAC only.
[33] Consumer Price Index. U.S. Bureau of Labor Statistics. https://www.bls.gov/cpi/tables/supplemental-files/.

Pharmacy acquisition costs

The AAAC, which reflects pharmacies' actual purchase prices for Medicaid fee-for-service claims, rose from **$112.82 per unit in Quarter 1 of 2020 to $114.30 per unit in Quarter 4 of 2025**, an approximate **27.9 percent increase** over the period (see Table 14).[34] Relative to the **$101.22** WAC in end-of-year 2025, the AAAC in end-of-year 2025 **is 44.6 percent higher**.

While WAC provides a standardized benchmark of list price, it does not account for negotiated price concessions. In contrast, the AAAC offers a more representative estimate of the point-of-sale price incurred by Medicaid payers in Oregon, derived from regular pharmacy surveys conducted by the Oregon Health Authority. Monitoring these trends over time contextualizes Xeljanz/Xeljanz XR's price trajectory relative to inflation and affordability for public and private payers.

Table 14 2020-2025 AAAC Medicaid FFS quarterly purchase prices

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual AAAC Average	Unit WAC
2020	$113	$114	$114	$114	$113	$78
2021	$119	$119	$119	$118	$119	$82
2022	$125	$125	$125	$125	$125	$87
2023	$132	$132	$132	$131	$132	$92
2024	$138	$138	$138	$138	$138	$96
2025	$145	$145	$145	$144	$145	$101

[34] This data was compiled using the first weekly AAAC chart of each month from January 2020 to December 2025, available at https://myersandstauffer.com/client-portal/oregon/.

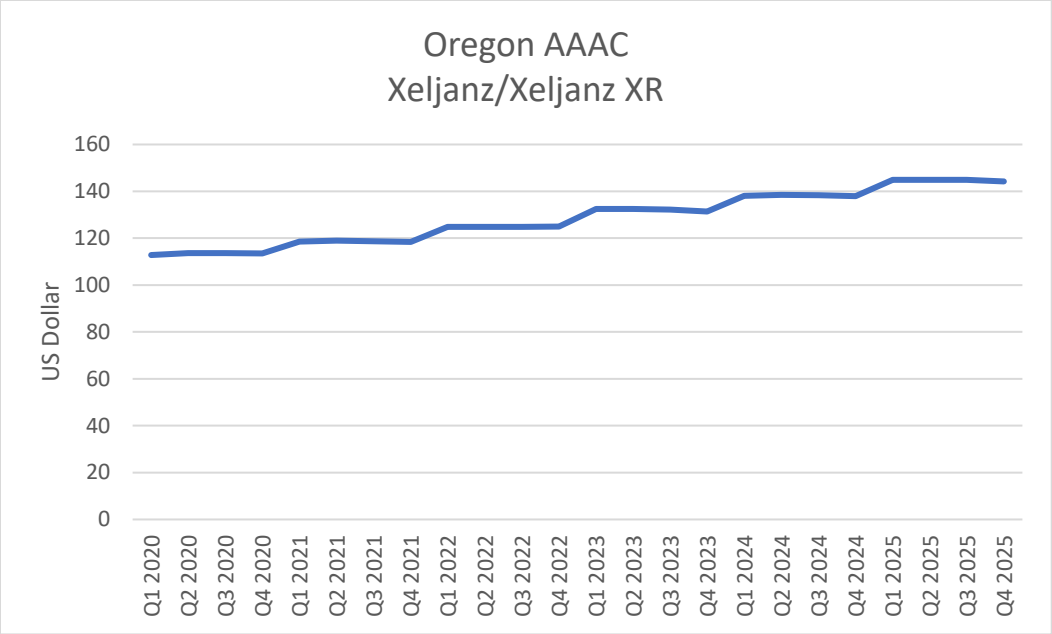

Figure 3 AAAC from Q1 2020 to Q4 2025

Maximum Fair Price

Xeljanz and Xeljanz XR have been selected by the Centers for Medicare & Medicaid Services (CMS) for inclusion in the **Medicaid Drug Price Negotiation Program** for the **Initial Price Applicability Year 2028**.[35] As a negotiation-eligible drug, Xeljanz and Xeljanz XR will be subject to a **Maximum Fair Price (MFP)** beginning **January 1, 2028**. CMS will establish an MFP that reflects the maximum amount Medicaid will pay for the drug and is intended to reduce beneficiary out-of-pocket costs and overall program spending.

Estimated average monetary price concession

ORS 646A.694(1)(d) and OAR 925-200-0020(1)(d) & (2)(d) & (2)(L)(A-B). Data source information provided from data call.

This section provides an analysis of the average monetary discounts, rebates, and other price concessions applied to Xeljanz/Xeljanz XR claims in the commercial market. Drawing on 2024 data submitted through the carrier data call, it evaluates the extent to which these concessions reduced gross drug costs and estimates the average net costs to payers after adjustments. The analysis includes claim-level data on the proportion of claims with applied discounts, and the breakdown of the total concession amounts by type, offering insight into the reduced costs provided through manufacturer, PBM, and other negotiated price reductions.

[35] Centers for Medicare & Medicaid Services (CMS). *Medicare Drug Price Negotiation Program: Top 50 Negotiation-Eligible Drugs for Initial Price Applicability Year 2028.* Published June 2024. Available at: https://www.cms.gov/files/document/factsheet-medicare-top-50-negotiation-eligible-drug-list-ipay-2028.pdf.

Based on carrier-submitted data for 2024, the **average gross annual cost of Xeljanz/Xeljanz XR per enrollee** in the commercial market was approximately **$29,906**. After accounting for manufacturer rebates, pharmacy benefit manager (PBM) discounts, and other price concessions, the **mean net cost per enrollee** decreased to approximately **$19,992**, reflecting an estimated **mean discount of 33.1 percent** relative to gross costs.

Across all reporting carriers and market segments, the **total gross cost** of Xeljanz/Xeljanz XR was approximately **$9.3 million**, with **total reported price concessions** amounting to approximately **$6.2 million**, as detailed in Table 15. Notably, **44.5 percent** of claims benefited from some form of price concession, leaving **55.5 percent at full gross cost**.

Table 15 Net cost price concessions estimate based on carrier submitted 2024 data

Total number of enrollees	310
Total number of claims	2,249
Total number of claims with price concessions applied	1,000
Percentage of claims with price concessions applied	44.5%
Percentage of cost remaining after concessions	66.9%
Percentage of discount	33.1%
Manufacturer price concessions for all market types	$2,436,670
PBM price concessions for all market types	$370,420
Other price reductions for all market types	$266,162
Cost before price concessions across all market types	$9,270,801
Total price concessions across all market types	$3,073,252
Cost after price concessions across all market types	$6,197,550
Mean cost per enrollee without price concessions	$29,906
Mean cost per enrollee with price concessions	$19,992

Including all market segments, the **gross average spend** of Xeljanz/Xeljanz XR **per claim for commercial carriers was $4,122 before any discounts, rebates, or other price concessions**. The **net cost per claim after** discounts, rebates, and other price concessions was **$2,756**, meaning that insurers reported a price concession of **$1,366** per claim on the initial drug cost as shown in Table 16.

Table 16 Mean price concessions across market types from data call[36]

	Mean	Individual market	Large group	Small group
Spend per claim, gross	$4,122	$4,475	$3,837	$5,114
Spend per claim, net	$2,756	$2,685	$2,768	$2,775
Price concessions per claim	$1,366	$1,790	$1,068	$2,340
Percent discount	33.1%	40.0%	27.8%	45.7%

Figure 4 shows manufacturer concessions comprised the largest share, supplemented by PBM discounted price arrangements and other adjustments across the payer types.

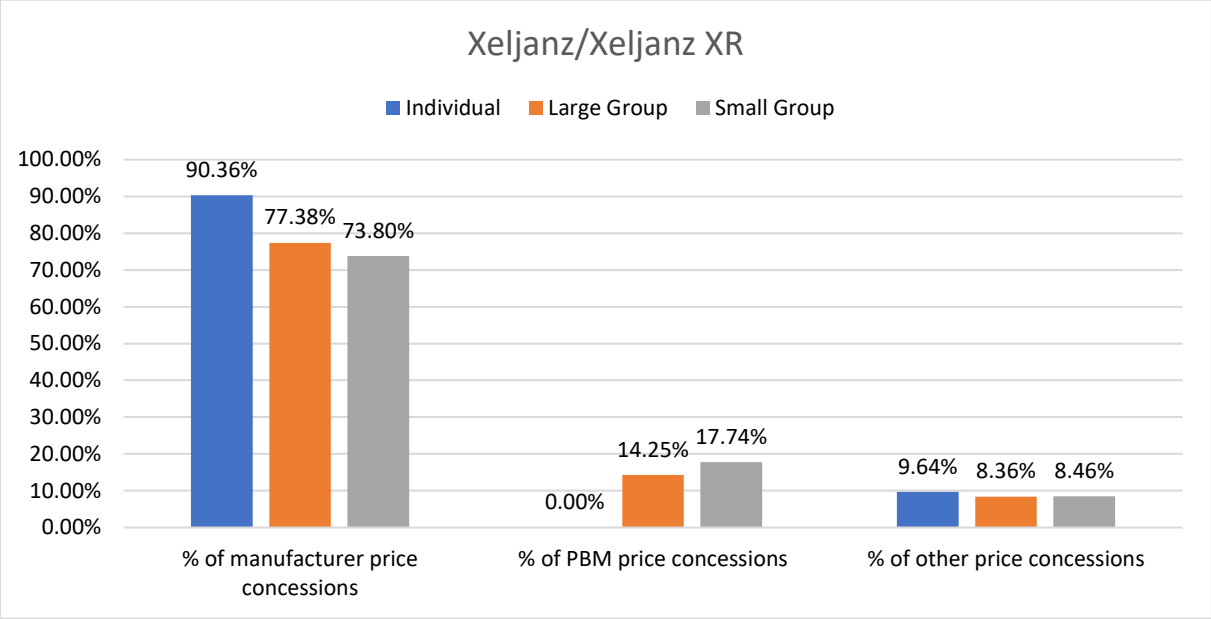

Figure 4 Percent of price concession in each market type[37, 38]

[36] Based on data submitted to the Department of Consumer and Business Services (DCBS) by Oregon's commercial insurance carriers.

[37] Price concession refers to any form of discount, directed or indirect subsidy, or rebate received by the carriers or its intermediary contracting organization from any source that serves to decrease the costs incurred under the health plan by the carriers. Examples of price concessions include but are not limited to: Discounts; chargebacks; rebates; cash discounts; free goods contingent on purchase agreement; coupons; free or reduced-price services; and goods in kind. Definition adapted from Code of Federal Regulations, Title 42, Chapter IV, Subchapter B, Part 423, Subpart C. See more at: CFR-2024-title42-vol3-sec423-100.pdf.

[38] Rebate refers to a discount that occurs after drugs are purchased from a pharmaceutical manufacturer and involves the manufacturer returning some of the purchase price of the purchaser. When drugs are purchased by a managed care organization, a rebate is based on volume, market share, and other factors. Academy of Managed Care Pharmacy. https://www.amcp.org/about/managed-care-pharmacy-101/managed-care-glossary.

Estimated total amount of the price concession to PBMs

ORS 646A.694(1)(e) and OAR 925-200-0020(1)(e) & (2)(d) & (2)(L)(A-B). Limitations in scope and resources available for this statute requirement. Possible data source carrier data call.

This section is intended to quantify the total discounts, rebates, or other price concessions provided by the manufacturer of Xeljanz/Xeljanz XR to each pharmacy benefit manager, expressed as a percentage of the drug's price. At the time of this review, there was no specific data available to PDAB to determine the total amount of such price concessions in the Oregon market.

The statutory and regulatory criteria calls for consideration of such information to the extent practicable. However, due to limitations in available evidence and reporting, this analysis was not performed. Future reviews may incorporate this data as it becomes available through improved reporting or additional disclosures from manufacturers, PBMs, and payers.

Estimated price for therapeutic alternatives[39]

ORS 646A.694(1)(f) and OAR 925-200-0020(1)(f), (2)(c) & (2)(m). Data source information provided from APAC.

This section presents information on the estimated spending associated with Xeljanz/Xeljanz XR and its therapeutic alternatives using 2024 data from APAC. APAC data reflects gross spending across Medicare, Medicaid, and commercial health plans in Oregon. The therapeutic alternatives are represented using APAC data, which does not reflect price concession or rebates.

Xeljanz/Xeljanz XR's **gross total payer spend**, based on APAC data, was nearly **$24.3 million**. Among its therapeutic alternatives, **Humira** had the **highest gross total payer spend** at nearly **$162.3 million**. **Humira** also recorded the **largest number of claims** at **22,421**, compared with **5,095** claims for Xeljanz/Xeljanz XR. **Remicade** had the **lowest payer-paid amount per claim** at **$1,666**, while Humira had the highest at **$7,237**.

Within the therapeutic class that includes Xeljanz/Xeljanz XR, **Humira** had the **highest total enrollee-paid amount** at **$8.6 million**, followed by **Enbrel** at nearly **$3 million**. Humira also had the **highest enrollee-paid amount per claim** at **$385**, while **Olumiant** had the lowest at **$82**.

[39] The definition of therapeutic alternative is a drug product that contains a different therapeutic agent than the drug in question, but is FDA-approved, compendia-recognized as off-label use for the same indication, or has been recommended as consistent with standard medical practice by medical professional association guidelines to have similar therapeutic effects, safety profile, and expected outcome when administered to patients in a therapeutically equivalent dose. ORS 925-200-0020(2)(c).

Neither the drug nor its therapeutic alternatives are listed by the FDA as being in shortage, so availability is assumed to be unaffected.

Table 17 APAC average healthcare and average enrollee OOP costs for Xeljanz/Xeljanz XR vs therapeutic alternatives[40]

Proprietary name	No. of enrollees	No. of claims	Total payer paid	Total enrollees paid[41]	Payer paid/ claim	Enrollee paid/ claim[42]
Xeljanz (XR)	**662**	**5,095**	**$24,324,715**	**$906,804**	**$4,774**	**$178**
Enbrel	1,540	12,917	$84,469,470	$2,971,887	$6,539	$230
Humira	3,285	22,421	$162,255,618	$8,631,551	$7,237	$385
Olumiant	80	586	$1,854,828	$48,091	$3,165	$82
Remicade	556	3,428	$5,709,972	$587,742	$1,666	$171
Rinvoq	412	2,594	$18,123,224	$540,718	$6,987	$208
Simponi	810	4,717	$14,901,799	$1,375,450	$3,159	$292

Estimated average price concession for therapeutic alternatives

ORS 646A.694(1)(g) and OAR 925-200-0020(1)(g) & (2)(d) & (2)(L)(A-B). Limitations in scope and resources available for this statute requirement.

This section provides an analysis of the average monetary discounts, rebates, and other price concessions applied to the therapeutic alternatives identified for Xeljanz/Xeljanz XR. Based on 2024 data submitted through the carrier data call, it evaluates the extent to which these concessions reduced gross drug costs and estimates the average net costs to payers after adjustments. The analysis includes claim-level data on the proportion of claims with applied discounts, and the breakdown of the total concession amounts by type, offering insight into the reduced costs provided through manufacturer, PBM, and other negotiated price reductions.

Table 18 shows the average **gross cost per enrollee** for therapeutic alternatives in the commercial market ranged broadly, with **Humira** having the **highest cost at $49,865** and **Remicade at the lowest with $16,607**. After accounting for manufacturer rebates, pharmacy benefit manager (PBM) discounts, and other price concessions, the **average net spend per**

[40] The therapeutic alternative information is based on 2024 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons. https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims.asp.
[41] The cost includes all lines of business.
[42] Ibid.

enrollee for Humira was approximately $16,637 reflecting an **estimated mean discount of 66.6 percent** relative to gross costs.

Across all reporting carriers and market segments, **Humira** accounted for the **highest gross spend** at approximately **$87 million**, with **total reported price concessions** amounting to approximately **$28 million**. Notably, **91.0 percent of claims benefited from some form of price concession.**

Table 18 Table Net cost estimate for therapeutic alternatives based on carrier submitted 2024 data

	Enbrel	Humira	Olumiant	Remicade	Rinvoq	Simponi
Total number of enrollees	783,	1,748	24	118	310	192
Total number of claims	5,999	10,954	148	621	2,190	1,282
Total number of claims with price concessions applied	3,931	9,969	52	0	1,680	632
Percentage of claims with price concessions applied	65.5%	91.0%	35.1%	0.0%	76.7%	49.3%
Percentage of cost remaining after concessions	55.0%	66.4%	87.9%	100%	70.2%	88.9%
Percentage of discount	45.0%	66.6%	12.1%	0.0%	29.8%	11.1%
Manufacturer price concessions for all market types	$14,595,260	$46,225,999	$18,552	$0	$3,474,876	$264,561
PBM price concessions for all market types	$1,270,471	$9,225,330	$19,304	$0	$423,293	$215,197
Other price reductions for all market types	$1,288,453	$2,631,958	$24,575	$0	$308,504	$176,712
Cost before price concessions across all market types	$38,111,572	$87,164,462	$516,138	$1,959,685	$14,132,985	$5,668,383
Total price concessions across all market types	$17,154,356	$28,083,288	$62,431	$0	$4,206,674	$626,471

	Enbrel	Humira	Olumiant	Remicade	Rinvoq	Simponi
Cost after price concessions across all market types	$20,957,216	$19,081,174	$453,707	$1,959,685	$9,926,311	$5,041,912

Avg. payer spend per enrollee without price concessions	$48,674	$49,865	$21,506	$16,607	$45,590	$29,523
Avg. payer spend per enrollee with price concessions	$26,765	$16,637	$18,904	$16,607	$32,020	$26,260

Remicade did not have reported price concessions across any market. Across all market segments, **Humira** had the **highest gross average spend per claim** at **$7,957**, before any discounts, rebates, or other price concessions. The **net cost per claim** after discounts, rebates, and other price concessions was **$2,655**, indicating that insurers received **$5,302** in price concessions per claim from the initial drug cost, as shown in Table 19.

Table 19 The average price concessions per claim across market types from data call for identified therapeutic alternatives[43]

Enbrel	Mean	Individual market	Large group	Small group
Spend per claim, gross	$6,353	$6,503	$6,273	$6,548
Spend per claim, net	$3,493	$3,179	$3,602	$3,346
Price concessions per claim	$2,860	$3,324	$2,671	$3,203
Percent discount	45.0%	51.1%	42.5%	48.9%

Humira	Average	Individual market	Large group	Small group
Spend per claim, gross	$7,957	$6,958	$8,498	$7,746
Spend per claim, net	$2,655	$2,395	$2,921	$2,345
Price concessions per claim	$5,302	$4,564	$5,577	$5,402
Percent discount	66.6%	65.6%	65.6%	69.7%

Olumiant	Average	Individual market	Large group	Small group
Spend per claim, gross	$3,487	$36,193	$19,434	$27,540
Spend per claim, net	$3,066	$36,193	$16,455	$26,107

[43] Based on data submitted to the Department of Consumer and Business Services (DCBS) by Oregon's commercial insurance carriers.

Olumiant	Average	Individual market	Large group	Small group
Spend per claim, gross	$3,487	$36,193	$19,434	$27,540
Price concessions per claim	$422	$0	$578	$179
Percent discount	12.1%	0.0%	15.3%	5.2%

Remicade	Average	Individual market	Large group	Small group
Spend per claim, gross	$3,156	$2,413	$3,628	$2,567
Spend per claim, net	$3,156	$2,413	$3,628	$2,567
Price concessions per claim	$0	$0	$0	$0
Percent discount	0.0%	0.0%	0.0%	0.0%

Rinvoq	Average	Individual market	Large group	Small group
Spend per claim, gross	$6,453	$6,292	$6,540	$6,331
Spend per claim, net	$4,532	$4,241	$4,746	$4,143
Price concessions per claim	$1,921	$2,052	$1,794	$2,188
Percent discount	30.0%	32.6%	27.4%	34.6%

Simponi	Average	Individual market	Large group	Small group
Spend per claim, gross	$4,422	$4,378	$4,378	$4,524
Spend per claim, net	$3,933	$4,071	$3,885	$3,950
Price concessions per claim	$489	$307	$493	$574
Percent discount	11.1%	7.0%	11.3%	12.7%

Estimated costs to health insurance plans

ORS 646A.694(1)(h) and OAR 925-200-0020(1)(h) & (2)(h) & (m). Data source information provided from APAC and data call.

This section quantifies the aggregate financial impact of Xeljanz/Xeljanz XR on health insurance plans in Oregon, based on claims and expenditure data from APAC and the 2024 carrier data call. Costs are delineated by payer type—including commercial plans, Medicaid, and Medicare—as well as by market segment within the commercial plans. These estimates highlight the distribution of expenditures across different types of health coverage and inform assessments of the drug's budgetary implications for public and private payers.

In 2024, the Oregon APAC database recorded **5,095 total claims for Xeljanz/Xeljanz XR among 662 total enrollees**, corresponding to a **total payer expenditure of nearly $24.3 million.**

Table 20 provides gross cost estimates by the total APAC payer spend across all lines of business:

- **Commercial** accounted for the **largest share of claims at 3,063** with a **total spend of $13.2 million**.
- **Medicare** had the **second highest number of enrollees at 208** with expenditures of approximately **$7.0 million**.

Table 20 Estimated 2024 APAC total annual gross payment, total enrollees and total claims for Xeljanz/Xeljanz XR[44]

Payer line of business	Total enrollees	Total claims	Total payer paid	Percent of total payer spend by LOB
Commercial	387	3,063	$13,215,408	54.3%
Medicaid	133	814	$4,128,896	17.0%
Medicare	208	1,218	$6,980,411	28.7%
Totals[45]	**662**	**5,095**	**$24,324,715**	

Table 21 provides claims information for the healthcare system for Xeljanz/Xeljanz XR and its therapeutic alternatives, distinguished by lines of business. Among its therapeutic alternatives, **Humira** has the most claims at **22,421,** with **commercial** accounting for the largest share at **14,607 claims**.

Table 21 Estimated APAC payer 2024 claims of review drug's therapeutic alternatives[46]

Proprietary name	Commercial claims	Medicaid claims	Medicare claims	Total claims[47]
Enbrel	7,365	2,207	3,345	12,917
Humira	14,607	2,502	5,312	22,421
Olumiant	224	209	153	586
Remicade	672	1,668	1,088	3,428
Rinvoq	1,814	518	262	2,594
Simponi	1,898	1,545	1,274	4,717

[44] Based on 2024 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[45] The total number of enrollees is the summation of enrollees across all markets which differs from the unique enrollees at the drug level.
[46] Based on 2024 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[47] Total is the sum of all claims for the drug across all lines of business.

Table 22 shows the overall payer expenditure of Xeljanz/Xeljanz XR and its therapeutic alternatives, distinguished by lines of business. Xeljanz/Xeljanz XR has a **total expenditure of $84.5 million** with **commercial being the biggest portion at $45.3 million.** The therapeutic alternative with the **least expenditure is Humira, at $1.9 million.**

Table 22 Estimated 2024 APAC payer annual gross expenditures of the review drug and its therapeutic alternatives from all lines of business[48]

Proprietary name	Commercial expenditure	Medicaid expenditure	Medicare expenditure	Total[49]
Xeljanz (XR)	$45,326,797	$14,413,099	$24,729,574	$84,469,470
Enbrel	$99,774,364	$17,431,496	$45,049,759	$162,255,618
Humira	$691,044	$592,919	$570,864	$1,854,828
Olumiant	$1,668,797	$2,252,166	$1,789,009	$5,709,972
Remicade	$12,172,698	$3,668,547	$2,281,979	$18,123,224
Rinvoq	$7,462,714	$3,466,666	$3,972,419	$14,901,799
Simponi	$45,326,797	$14,413,099	$24,729,574	$84,469,470

Table 23 compares the overall payer cost per enrollee of Xeljanz/Xeljanz XR and its therapeutic alternatives, distinguished by lines of business. Among the therapeutic alternatives, **Enbrel has the highest mean cost per enrollee at $54,850,** compared to **Xeljanz/Xeljanz XR's** mean cost per enrollee **at $1,370.**

Table 23 Estimated 2024 APAC payer annual gross cost per enrollee of the review drug and its therapeutic alternatives[50]

Proprietary name	Xeljanz (XR)	Enbrel	Humira	Olumiant	Remicade	Rinvoq	Simponi
Commercial cost/enrollee	$1,833	$51,275	$48,670	$16,855	$11,920	$43,787	$24,388
Medicaid cost/ enrollee	$0	$49,360	$36,316	$21,176	$7,766	$39,447	$10,833
Medicare cost/ enrollee	$949	$49,658	$54,081	$21,956	$9,776	$31,694	$15,047

[48] Based on 2024 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[49] Total is the sum of all expenditure for the drug across all lines of business.
[50] Based on 2024 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

Proprietary name	Xeljanz (XR)	Enbrel	Humira	Olumiant	Remicade	Rinvoq	Simponi
Mean[51] cost/enrollee	$1,370	$54,850	$49,393	$23,185	$10,270	$43,988	$18,397
Median, Cost/enrollee	$29,217	$52,464	$37,830	$19,068	$7,154	$38,958	$10,639
Inter-quartile range (IQR)	$40,026	$57,284	$59,636	$24,188	$9,803	$43,193	$14,211
Cost per enrollee, 75th percentile	$56,669	$80,899	$75,733	$32,270	$13,261	$62,739	$19,359
Cost per enrollee, 95th percentile	$77,985	$112,419	$133,511	$56,637	$29,896	$93,729	$71,927

Table 24 Estimated 2024 APAC payer annual gross cost per claim of the review drugs

Proprietary name	Xeljanz (XR)	Enbrel	Humira	Olumiant	Remicade	Rinvoq	Simponi
Commercial cost/claim	$4,315	$6,154	$6,831	$3,085	$2,483	$6,710	$3,932
Medicaid cost/claim	$5,072	$7,393	$8,481	$3,731	$1,644	$8,710	$3,118
Medicare cost/claim	$5,731	$6,531	$6,967	$2,837	$1,350	$7,082	$2,244
Cost per claim, mean	$4,774	$6,539	$7,237	$3,165	$1,666	$6,987	$3,159
Cost per claim, median	$5,333	$6,973	$6,438	$2,762	$1,297	$6,162	$2,284
IQR	$1,966	$1,043	$557	$138	$1,427	$729	$3,881
Cost per claim, 75th percentile	$5,671	$7,204	$6,795	$2,762	$2,188	$6,560	$5,352
Cost per claim, 95th percentile	$6,664	$7,686	$13,433	$6,462	$3,919	$11,878	$6,737

Data for plan year 2024 submitted via the carrier data call further stratifies commercial expenditures by market segment. The total **net cost** reported across all market types was

[51] The overall mean cost per enrollee across commercial insurers, Medicaid, and Medicare.

approximately **$8.1 million**, with payers paying **$7.6 million**, and **enrollees out-of-pocket estimated** to be **$531,217**.

Table 25 Estimated 2024 annual total net costs to the healthcare system, payers and OOP/enrollee[52]

Market	Number of claims	Number of enrollees	Total net annual spending	Total annual payer paid	Total annual enrollee out-of- pocket cost
Individual	367	48	$1,393,905	$1,222,413	$171,493
Large Group	1,563	217	$5,514,116	$5,348,069	$166,047
Small Group	319	45	$1,262,255	$1,068,576	$193,679
Total	**2,249**	**310**	**$8,170,276**	**$7,639,059**	**$531,217**

Table 26 includes the average plan costs per enrollee in the commercial market, ranging from **$18,050 (small group) to $29,040 (individual)** annually.

Table 26 Estimated 2024 annual total net costs to the healthcare system, payers and OOP/enrollee

Market	Avg. total paid/ claim	Avg. payer paid/ claim	Avg. enrollee paid/ claim	Avg. total paid/ enrollee	Avg. payer paid/ enrollee	Avg. enrollee OOP/ enrollee
Individual	$3,798	$3,331	$467	$29,040	$25,466	$3,573
Large Group	$3,528	$3,422	$106	$25,411	$24,645	$765
Small Group	$3,957	$3,350	$607	$18,050	$23,746	$4,304

As shown in Figure 5, the **large group market segment** represented the majority of commercial spending (68% of total), followed by individual markets and small group.

[52] Cost information from the data call is the cost of the drug after price concessions.

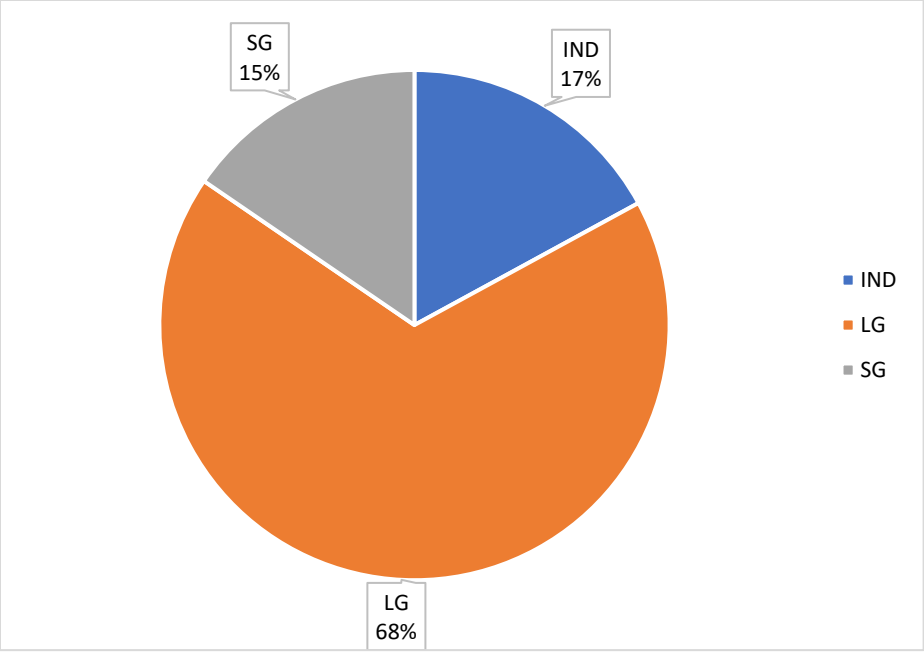

Figure 5 Data call total annual percent spend (payer paid) for Xeljanz/Xeljanz XR by market

Impact on enrollee access to the drug

ORS 646A.694(1)(i) and OAR 925-200-0020(1)(i). Data source information provided from carrier data call.

This section summarizes information reported by carriers regarding plan design features that relate to coverage of Xeljanz/Xeljanz XR, including prior authorization requirements, step therapy protocols, and formulary placement. The data describes how the drug is positioned within insurance benefit designs and the extent to which utilization management processes were applied during the reporting period.

Based on information reported through the carrier data call, the following plan design features were observed for Xeljanz/Xeljanz XR. In 2024, **all reporting plans (100 percent)** required prior authorization (PA) for coverage of the drug, and **1.4 percent of plans required step therapy** before approving its use.

For formulary placement, **13.9 percent** of plan types categorized Xeljanz/Xeljanz XR as a **non-preferred drug**, while **all plans covered it**.

Table 27 Plan design analysis from 2024

Percentage of plans	
Required prior authorization	100.0%
Required step therapy	1.4%
On a non-preferred formulary	13.9%
Not covered	0.0%

Note: percentages can equal over 100 percent as some carrier and market combos may have multiple plans that fall under different designs. For example: Carrier A may have three plans in the small group market that require prior authorization but two other plans in the small group market that do not require prior authorization.

Relative financial impacts to health, medical, or social services costs

ORS 646A.694(1)(j) and OAR 925-200-0020(1)(j) & (2)(i)(A-B). Limitations in scope and resources available for this statute requirement.

This section addresses the extent to which the use of Xeljanz/Xeljanz XR may affect broader health, medical, or social service costs, as compared to alternative treatments or no treatment. At the time of this review, there was no quantifiable data available to PDAB to assess these relative financial impacts in the Oregon population.

The statutory and regulatory criteria calls for consideration of such information to the extent practicable. However, due to limitations in available evidence and reporting, this analysis was not performed. Future reviews may incorporate this data as it becomes available through carrier reporting, manufacturer disclosures, or other sources.

Future reviews may incorporate findings from real-world evidence, health technology assessments, or economic modeling as such data become available.

Estimated average patient copayment or other cost-sharing

ORS 646A.694(1)(k) and OAR 925-200-0020(1)(k) & (2)(j)(A-D). Data source information provided from APAC and carrier data call. Data limitations with patient assistance programs

This section summarizes the average annual enrollee out-of-pocket (OOP) costs for Xeljanz/Xeljanz XR in Oregon, as reported in 2024 by the Oregon All Payers All Claims (APAC).[53] These costs include enrollee copayments, coinsurance, and deductible contributions for the drug and are presented by insurance lines of business of Medicare and commercial heath care carriers.

Tables 29 and 30 presents the average annual enrollee OOP costs derived from APAC. The APAC data, which includes claims from commercial, and Medicare enrollees, showed average per-enrollee and per-claim and OOP gross costs. For example, **commercial enrollees recorded higher average annual OOP costs**. Medicaid enrollees pay $0 OOP costs.

[53] Gross costs from the APAC database are prior to any price concessions such as discounts or coupons. Net cost information from the data call is the cost of the drug after price concessions.

Table 28 Review drug vs. therapeutic alternatives: Annual out-of-pocket cost per enrollee by line of business (light green table header) and descriptive statistics for total market (dark green table header) [54]

Proprietary name	Commercial	Medicare	Medicaid	Mean[55]	Median[56]	IQR	75th percentile	95th percentile
Xeljanz (XR)	$1,833	$949	$0	$1,370	$22	$742	$743	$7,667
Enbrel	$2,694	$1,186	$0	$1,930	$250	$2,000	$2,000	$8,001
Humira	$3,904	$753	$0	$2,628	$567	$3,901	$3,906	$10,305
Olumiant	$657	$814	$0	$601	$12	$460	$460	$4,385
Remicade	$1,871	$1,780	$0	$1,057	$65	$1,610	$1,610	$4,632
Rinvoq	$1737	$805	$0	$1,312	$50	$900	$900	$6,485
Simponi	$2,945	$1,797	$0	$1,698	$568	$2,366	$2,366	$6,538

Table 29 Review drug vs. therapeutic alternatives: Annual out-of-pocket cost per claim by line of business (light green table header) and descriptive statistics for total market (dark green table header) [57]

Proprietary name	Commercial	Medicare	Medicaid	Mean[58]	Median	IQR	75th percentile	95th percentile
Xeljanz (XR)	$232	$162	$0	$178	$0	$20	$20	$1,494
Enbrel	$323	$177	$0	$230	$0	$100	$100	$1,671
Humira	$548	$118	$0	$385	$5	$200	$200	$2,005
Olumiant	$120	$138	$0	$82	$0	$5	$5	$250
Remicade	$390	$299	$0	$171	$0	$257	$257	$732
Rinvoq	$266	$221	$0	$208	$0	$100	$100	$1,248
Simponi	$475	$372	$0	$292	$0	$368	$368	$1,329

[54] Based on 2024 Oregon APAC data across commercial insurers and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[55] Includes summation of copay, coinsurance, and deductible across all from all markets across all claims.
[56] Median represents the middle value of the data set when arranged in ascending order.
[57] Based on 2024 Oregon APAC data across commercial insurers and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[58] Includes summation of copay, coinsurance, and deductible across all from all markets across all claims.

Clinical information based on manufacturer material

ORS 646A.694(1)(L) and OAR 925-200-0020(1)(L). Information provided from manufacturers and information with sources from contractor(s).

Drug indications

- FDA Approved:
    - Xeljanz is a Janus kinase (JAK) inhibitor indicated for the treatment of adult patients with:
        - Moderately to severely active **rheumatoid arthritis (RA)**, who have had an inadequate response or intolerance to one or more TNF blockers.
        - Active **psoriatic arthritis (PsA)**, who have had an inadequate response or intolerance to one or more TNF blockers.
        - Active **ankylosing spondylitis (AS)**, who have had an inadequate response or intolerance to one or more TNF blockers.
        - Moderately to severely active **ulcerative colitis (UC)**, who have had an inadequate response or intolerance to one or more TNF blockers.
        - Active **polyarticular course juvenile idiopathic arthritis (pcJIA)**, who have had an inadequate response or intolerance to one or more TNF blockers.
- Limitations of Use:
    - Use of Xeljanz for RA, AS, PsA, or pcJIA in combination with biologic DMARDs or potent immunosuppressants such as azathioprine and cyclosporine is not recommended.
    - Use of Xeljanz for UC in combination with biological therapies for UC or with potent immunosuppressants such as azathioprine and cyclosporine is not recommended.
- Off Label Uses:
    - Other systemic rheumatic diseases.[59]
    - Other dermatologic conditions including atopic dermatitis, alopecia areata, and plaque psoriasis.[60]

[59] Zichu Zhao, Cong Ye, Lingli Dong, The off-label uses profile of tofacitinib in systemic rheumatic diseases, *International Immunopharmacology, Volume 83*, 2020, 106480, ISSN 1567-5769, https://doi.org/10.1016/j.intimp.2020.106480.

[60] Tegtmeyer K, Zhao J, Maloney NJ, Atassi G, Beestrum M, Lio PA. Off-label studies on tofacitinib in dermatology: a review. *J Dermatolog Treat*. 2021 Jun;32(4):399-409. https://pubmed.ncbi.nlm.nih.gov/31581859/

Clinical efficacy

Efficacy in Rheumatoid Arthritis

Xeljanz efficacy in RA was evaluated in six randomized controlled trials in adults with moderate to severe active RA. The percentages of patients who achieved ACR20, ACR50, and ACR70 responses in Studies RA-I, IV, and V are shown in Table 1. Similar results were observed with Studies RA-II and III. In trials RA-I through V, patients treated with 5 mg twice daily Xeljanz had higher ACR20, ACR50, and ACR70 response rates versus patients treated with placebo, with or without background DMARD treatment, at Month 3 and Month 6. Higher ACR20 response rates were observed within 2 weeks compared to placebo. In the 12-month trials, ACR response rates in Xeljanz-treated patients were consistent at 6 and 12 months.

Table 30 Efficacy in Moderate to Severe RA

	Monotherapy in nonbiologic or biologic DMARD inadequate responders[a]		MTX inadequate responders[b]		TNF blocker inadequate responders[c]	
	Study RA-1		Study RA-IV		Study RA-V	
	Xeljanz + background DMARD	Placebo + background DMARD	Xeljanz + background MTX	Placebo + background MTX	Xeljanz + background MTX	Placebo + background MTX
	N=243	N=122	N=321	N=160	N=133	N=132
ACR20						
Month 3	59%	26%	55%	27%	41%	24%
Month 6	69%	NA	50%	25%	51%	NA
ACR50						
Month 3	31%	12%	29%	8%	26%	8%
Month 6	42%	NA	32%	9%	37%	NA
ACR70						
Month 3	15%	6%	11%	3%	14%	2%
Month 6	22%	NA	14%	1%	16%	NA

DMARD = Disease-modifying antirheumatic drugs; MTX = methotrexate

[a] Inadequate response to at least one DMARD (biologic or nonbiologic) due to lack of efficacy or toxicity.

[b] Inadequate response to MTX defined as the presence of sufficient residual disease activity to meet the entry criteria.

[c] Inadequate response to at least one TNF blocker due to lack of efficacy and/or intolerance.

Efficacy in Psoriatic Arthritis

Xeljanz efficacy in PsA was evaluated in two multicenter, randomized, double-blind, placebo-controlled trials in 816 adults with active PsA (Studies PsA-I and PsA-II). At Month 3, patients treated with Xeljanz 5 mg twice daily had higher ($p \leq 0.05$) response rates versus placebo for ACR20, ACR50, and ACR70 in Study PsA-I and for ACR20 and ACR50 in Study PsA-II; ACR70 response rates were also higher for Xeljanz 5 mg twice daily versus placebo in Study PsA-II, although the differences versus placebo were not statistically significant ($p > 0.05$).

Table 31 Proportion of Adults with Active PsA with an ACR Response at Month 3 in Study PsA-II (TNF Blocker Inadequate Responders)*

Treatment Group	Xeljanz 5mg twice daily N=131		Placebo N=131
	Response Rate	Difference (%) 95% CI from Placebo	Response Rate
Month 3			
ACR20	50%	26.0 (14.7, 37.2)	24%
ACR50	30%	15.3 (5.4, 25.2	15%
ACR70	17%	6.9 (-1.3, 15.1)	10%

Patients with missing data were treated as non-responders.

* Patients received one concomitant nonbiologic DMARD.

Efficacy in Ankylosing Spondylitis

In study AS-I, patients treated with XELJANZ 5 mg twice daily achieved greater improvements in ASAS20 and ASAS40 responses compared to patients treated with placebo at Week 16. Consistent results were observed in the subgroup of patients who had an inadequate response to TNF blockers for both the ASAS20 (primary endpoint) and ASAS40 (secondary endpoint) at Week 16.

Table 32 ASAS20 and ASAS40 Responses in Adults with Active AS at Week 16 in Study AS-I

Treatment Group	Xeljanz 5mg twice daily		Placebo
	Response Rate	Difference from Placebo (95% CI)	Response Rate
All Patients	N=136		N=136
ASAS20	56%	27 (16, 38)	29%
ASAS40	41%	28 (18, 38)	13%

Treatment Group	Xeljanz 5mg twice daily		Placebo
	Response Rate	Difference from Placebo (95% CI)	Response Rate
TNFi-IR Patients	N=29	[redacted]	N=30
ASAS20	41%	25 (2, 47)	17%
ASAS40	28%	21 (2, 39)	7%
TNFi-IR = tumor necrosis factor inhibitor inadequate response.			

Efficacy in Ulcerative Colitis

The efficacy of Xeljanz in UC was evaluated in two 12-week induction studies (UC-I and UC-II), a 52-week maintenance study (UC-III), and a long-term extension study (UC-IV). In studies UC-I and UC-II, 1139 adult patients were randomized to Xeljanz 10 mg twice daily or placebo with a 4:1 treatment allocation ratio. These trials included adult patients with moderately to severely active UC (total Mayo score of 6 to 12, with an endoscopy subscore of at least 2, and rectal bleeding subscore of at least 1) and who had failed or were intolerant to at least 1 of the following treatments: oral or intravenous corticosteroids, azathioprine, 6-MP or TNF blocker. The primary endpoint of these studies was the proportion of patients in remission at Week 8.

Table 33 Proportion of Adult Patients with Moderately to Severely Active UC Who Met Primary and Key Secondary Efficacy Endpoints at Week 8 in Study UC-I and Study UC-II

	Xeljanz 10 mg twice daily	Difference from placebo (95% CI)	Placebo
Study UC-I	N=476	[redacted]	N=122
Remission at week 8, total population	18%	10% (4.3, 16.3)	8%
Study UC-II	N=429	[redacted]	N=112
Remission at week 8, total population	17%	13% (8.1, 17.9)	4%
Remission was defined as clinical remission (a Mayo score ≤2 with no individual subscore >1) and rectal bleeding subscore of 0.			

A total of 593 adult patients who completed the induction trials (UC-I or UC-II) and achieved clinical response were re-randomized with 1:1:1 treatment allocation ratio to Xeljanz 5 mg twice daily, Xeljanz 10 mg twice daily, or placebo for 52 weeks in Study UC-III. The primary endpoint was the proportion of patients in remission at Week 52. Within the total population, 34% of patients in the 5 mg treatment group, 41% of patients in the 10 mg treatment group, and 11% of patients in the placebo group met the primary endpoint.

Efficacy in Polyarticular Course Juvenile Idiopathic Arthritis

The efficacy of Xeljanz for pcJIA was assessed in Study pcJIA-I (NCT02592434). This was a 44-week, two-part study (that consisted of an 18-week, open-label, run-in phase, followed by a 26-week double-blind, placebo-controlled, randomized withdrawal phase) in pediatric patients 2 years to 17 years of age with active rheumatoid factor (RF) negative polyarthritis, RF positive polyarthritis, extended oligoarthritis, and systemic JIA without systemic manifestations who had an inadequate response or intolerance to at least one DMARD which could have included MTX or biologic agents. Of the 225 patients, 173 (77%) patients achieved JIA ACR30 response at Week 18 and were randomized into the double-blind phase to either XELJANZ (n=88) or placebo (n=85). At the conclusion of the 18-week, open-label, run-in phase, pediatric ACR 30/50/70 responses were 77%, 70%, and 49%, respectively. The primary endpoint was the occurrence of disease flare at Week 44 relative to the double-blind phase baseline at Week 18. Xeljanz-treated patients experienced significantly fewer disease flares at Week 44 compared to placebo-treated patients (31% [27/88] vs. 55% [47/85]; difference in proportions -25% [95% CI: -39%, -10%]; p=0.0007).

Clinical safety

- FDA safety warnings and precautions:
    - Serious Infections: avoid use during an active serious infection
    - Gastrointestinal Perforations
    - Laboratory Monitoring: potential changes in lymphocytes, neutrophils, hemoglobin, liver enzymes, and lipids
    - Vaccinations: avoid use of live vaccines
- Boxed warning:
    - Increased risk of serious bacterial, fungal, viral, and opportunistic infections, including tuberculosis (TB), leading to hospitalization or death.
    - Higher rate of all-cause mortality, including sudden cardiovascular (CV) death
    - Malignancies have occurred in patients treated with Xeljanz. Higher rate of lymphomas and lung cancers with Xeljanz in RA patients.
    - Higher rate of major adverse CV events (defined as CV death, myocardial infarction, and stroke).
    - Thrombosis has occurred in patients treated with Xeljanz. Increased incidence of pulmonary embolism, venous and arterial thrombosis
- Common side effects:
    - RA, PsA, AS, PcJIA: Upper respiratory tract infection (URI), nasopharyngitis, diarrhea, and headache

- UC: nasopharyngitis, elevated cholesterol levels, headache, URI, increased blood creatine phosphokinase, rash, diarrhea, and herpes zoster

Therapeutic alternatives[61, 62, 63, 64, 65, 66]

Table 34 FDA-approved indications

Drug	Rheumatoid Arthritis (RA)	Psoriatic Arthritis (PsA)	Ankylosing Spondylitis (AS)	Ulcerative Colitis (UC)	Polyarticular Juvenile Idiopathic Arthritis (pJIA)	Plaque Psoriasis (PsO)	Crohn's Disease
Xeljanz (tofacitinib)	Yes	Yes	Yes	Yes	Yes	-	-
Enbrel (etanercept)	Yes	Yes	Yes	No	Yes	Yes	-
Humira (adalimumab)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Olumiant (baricitinib)	Yes	-	-	-	-	-	-
Remicade (infliximab)	Yes	Yes	Yes	Yes	-	Yes	Yes
Rinvoq (upadacitinib)	Yes	Yes	-	Yes	-	-	-
Simponi (golimumab)	Yes	Yes	Yes	Yes	-	-	-

[61] U.S. Food & Drug Administration. *Enbrel (etanercept) Prescribing Information*. Immunex, Revised 1/2026. https://www.accessdata.fda.gov/drugsatfda_docs/label/2026/103795s5605lbl.pdf
[62] U.S. Food & Drug Administration. *Humira (adalimumab) Prescribing Information*. AbbVie Inc., Revised 12/2025. https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/125057s425lbl.pdf
[63] U.S. Food & Drug Administration. *Olumiant (baricitinib) Prescribing Information*. Eli Lilly, Revised 6/2022. https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/207924s007lbl.pdf
[64] U.S. Food & Drug Administration. *Remicade (infliximab) Prescribing Information*. Janssen Biotech, Revised 2/2025. https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/103772s5412lbl.pdf
[65] U.S. Food & Drug Administration. *Rinvoq (upadacitinib) Prescribing Information*. AbbVie Inc., Revised 10/2025. https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/211675Orig1s028,218347Orig1s005lbl.pdf
[66] U.S. Food & Drug Administration. *Simponi (golimumab) Prescribing Information*. Janssen Biotech, Revised 10/2025. https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/125289s158lbl.pdf

Table 35 Route and Dosing

Drug	Route	Initial dosing	Maintenance dosing
Xeljanz (tofacitinib)	Oral	RA, PsA, AS: 5 mg twice daily UC: 10 mg twice daily for 8 weeks	RA, PsA, AS, UC: 5 mg twice daily. 10 mg once daily may be considered in UC
Enbrel (etanercept)	SubQ	RA, PsA, AS: 50 mg weekly	
Humira (adalimumab)	SubQ	RA, PsA, AS: 40 mg every other week	Some patients may benefit from 80 mg every other week
Olumiant (baricitinib)	Oral	RA: 2 mg daily	
Remicade (infliximab)	IV	RA: 3 mg/kg at 0, 2, and 6 weeks AS, PsA, UC: 5 mg/kg at 0, 2, and 6 weeks	RA: 3 mg/kg every 8 weeks. Some patients may benefit from increasing the dose up to 10 mg/kg every 8 weeks or treating as often as every 4 weeks. AS: 5 mg/kg every 6 weeks PsA, UC: AS: 5 mg/kg every 8 weeks
Rinvoq (upadacitinib)	Oral	RA, PsA, AS: 15 mg daily UC: 45 mg daily for 8 weeks	RA, PsA, AS, UC: 15 mg once daily
Simponi (golimumab)	SubQ	RA, PsA, AS: 50 mg monthly UC: 200 mg at week 0, 100 mg at week 2 and week 6	RA, PsA, AS: 50 mg monthly UC: 100 mg every 4 weeks

Table 36 Summary of Key Clinical Trials – ACR Response in Adult Rheumatoid Arthritis (Percent of Patients)[67]

Study Drug/ Number	Xeljanz RA-IV	Enbrel Study II	Humira RA-III	Olumiant RA-3	Remicade RA-I	Rinvoq RA-IV	Simponi RA-2
Population	MTX inadequate responders		MTX inadequate responders	cDMARD inadequate responders	MTX inadequate responders	MTX inadequate responders	MTX inadequate responders
Treatment	Xeljanz[a] + MTX	Enbrel[b] + MTX	Humira[c] + MTX	Olumiant[d] + cDMARDs	Remicade[e] + MTX	Rinvoq[f] + MTX	Simponi[g] + MTX
	N=321	N=59	N=207	N=229	N=86	N=651	N=89
ACR20							
Month 3	55%	66%	-	66%	-	71%	55%
Month 6	50%	71%	63%	61%	50%	67%	60%
Month 12	-	-	59%	-	42%	-	-
ACR50							
Month 3	29%	42%	-	34%	-	45%	35%
Month 6	32%	39%	39%	41%	57%	54%	37%
Month 12	-	-	42%	-	21%	-	-
ACR70							
Month 3	11%	15%	-	18%	-	25%	13%
Month 6	14%	15%	21%	25%	8%	32%	20%
Month 12	-	-	23%	-	11%	-	-

cDMARD = conventional disease-modifying antirheumatic drugs

[a] Xeljanz 5 mg twice daily

[b] Enbrel 25 mg SC twice weekly

[c] Humira 40 mg every other week

[d] Olumiant 2mg daily, outcomes measured at weeks 12 and 24

[e] Remicade 3 mg/kg every 8 weeks, outcomes measured at weeks 30 and 54

[f] Rinvoq 15 mg daily, outcomes measured at weeks 12 and 24

[g] Simponi 50 mg every 4 weeks, outcomes measured at weeks 14 and 24

[67] Data are presented from separate pivotal trials for each agent. Trials are not direct head-to-head comparative trials; differences in trial design, patient population, and follow-up duration preclude direct statistical comparison of the results shown.

Table 37 Safety & therapeutic considerations (from warnings/precautions & highlights)

Drug	Common AEs	Serious risks / warnings
Xeljanz (tofacitinib)	URI, nasopharyngitis, diarrhea, headache, elevated cholesterol levels, increased blood creatine phosphokinase, rash, herpes zoster	Serious infections, mortality, malignancy, major adverse cardiovascular events, thrombosis
Enbrel (etanercept)	infections, injection site reactions	Serious infections, malignancies
Humira (adalimumab)	infections (e.g. URI, sinusitis), injection site reactions, headache, rash	Serious infections, malignancies
Olumiant (baricitinib)	URI, nausea, herpes simplex, herpes zoster	Serious infections, mortality, malignancy, major adverse cardiovascular events, thrombosis
Remicade (infliximab)	Infections (e.g. URI, sinusitis, and pharyngitis), infusion-related reactions, headache, abdominal pain	Serious infections, malignancies
Rinvoq (upadacitinib)	URI, herpes zoster, herpes simplex, bronchitis, nausea, cough, pyrexia, acne, headache, increased blood creatine phosphokinase, neutropenia, elevated liver enzymes, pyrexia, rash	Serious infections, mortality, malignancy, major adverse cardiovascular events, thrombosis
Simponi (golimumab)	URI, nasopharyngitis, injection site reactions	Serious infections, malignancies

Input from specified stakeholders

ORS 646A.694(3) and OAR 925-200-0020(2)(k)(A-D)

See Appendix for all stakeholder comment letters.

Survey style feedback forms were posted on the PDAB website from April to August 2026 to collect voluntary input about drugs under review from a broad range of stakeholders, including patients, caregivers, and advocacy groups; individuals with scientific or medical training; safety net providers; pharmaceutical manufacturers; pharmacy benefit managers; and health insurers. This section summarizes the drug specific input received. Additional general feedback on drug prices and patient experiences is presented in the 2026 community outreach report.

Note: The information summarized here is based on self-reported survey responses from individuals prescribed certain medications. Participation was voluntary, and responses reflect each individual's personal understanding and interpretation of the questions. As a result, the information may include inconsistencies or inaccuracies related to varying levels of comprehension, recall bias, or misinterpretation of question intent. These limitations should be considered when interpreting the findings.

Patients and caregivers:

One patient submitted feedback regarding Xeljanz/Xeljanz XR. The respondent reported that they were currently taking the medication and that their insurance provided coverage for the treatment. They indicated a typical out-of-pocket cost of $0 to $25 for a 30-day supply and stated that paying for the medication does not create a financial burden. The respondent did not report delaying prescription fills, skipping doses, or discontinuing treatment due to cost, and indicated that affordability had not negatively affected their health.

Despite reporting low out-of-pocket costs, the respondent indicated experiencing difficulties obtaining the drug because of insurance requirements, including prior authorization and other coverage restrictions. They also reported that insurance had previously denied coverage for the medication and required a switch to a different therapy for cost related reasons. Overall, the survey response suggests that insurance coverage and utilization management requirements may present access barriers, although the respondent did not report significant affordability concerns.

Individuals with scientific or medical training

One individual with scientific or medical training submitted feedback regarding Xeljanz/Xeljanz XR. The respondent reported that Xeljanz/Xeljanz XR is generally used as a second line therapy and provides substantial clinical benefit for patients who have not achieved adequate disease control with other treatments. They indicated that the evidence supporting its use is high quality and guideline supported, and that the medication can be clinically substitutable for therapeutic alternatives in some patients.

The respondent noted that utilization management requirements, including prior authorization and step therapy, commonly delay patient access and create administrative burden for providers and pharmacies. Patient out-of-pocket costs were described as higher than those of available alternatives, and the respondent reported that patients frequently delay or decline treatment because of cost. Cost related barriers were said to have a moderate impact on medication adherence. The respondent also identified adverse effects, treatment complexity, and insurance related barriers as additional factors that may affect adherence and continuation of therapy. Overall, the respondent characterized Xeljanz/Xeljanz XR as providing moderate value relative to its cost and indicated that the medication contributes to affordability concerns for some patients.

Safety net providers

No survey information has been received from safety net providers about this drug as of the last update of this document.

Manufacturers

No survey information has been received from manufacturers about this drug as of the last update of this document.

Pharmacy benefit managers

No survey information has been received from PBMs about this drug as of the last update of this document.

Health insurers

No survey information has been received from health insurers about this drug as of the last update of this document.

Appendix A: Stakeholder feedback

Table 38 Feedback

Name	Association to drug under review	Drug	Format	Date	Exhibit website link
Robert Nolan	Arthritis Foundation	Xeljanz/Xeljanz XR	Letter	6/15/2026	Click here to view letter
Tom Brownlie	Pfizer	Xeljanz/Xeljanz XR	Letter	4/27/2026	Click here to view letter