



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.

Xeljanz (tofacitinib citrate)

Are you completing this form as:	A patient
Is the medication currently being taken?	Previously taken but no longer on
How long has (or was) this medication taken?	3-12 months
How often do you take this medication?	Daily
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 understanding insurance coverage;



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	Individual/Marketplace
Has your insurance ever denied coverage for this medication?	Yes
Has your insurance required you to switch to a different medication for cost reasons?	Yes
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?	The only time this medication was hard to access was when the insurance company kept “forgetting” to apply my copay card. They sent a bill saying I owed \$5800 and had I not known better I would have thought I couldn’t afford this drug
If you could change one thing about how this prescription drug is priced or accessed in Oregon, what would it be?	I wouldn’t it’s free
Do you currently receive prescription medications in Oregon?	Prefer not to answer