Oregon Prescription Drug
Affordability Board

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Xolair®
(*omalizumab*)

Version 1.0

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Document version history

Version	Date	Description
v1.0	08/11/2026	Original release

Review summary

Therapeutic alternatives[1,2,3]

Xolair® (*omalizumab*) has the following therapeutic alternatives: **Cinquir, Dupixent, Fasenra, Nucala,** and **Tezspire**.

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 the CMS drug Maximum Fair Price (MFP) list
Xolair[4]	*omalizumab*	Genentech & Novartis	2003	8	2025-2043		Yes (2028)
Cinqair[5]	*reslizumab*	Teva	2016				No
Dupixent[6]	*dupilumab*	Regeneron & Sanofi	2017				No
Fasenra[7]	*benralizumab*	AstraZeneca	2017				No
Nucala[8]	*mepolizumab*	GSK	2015				No
Tezspire[9]	*tezepelumb-ekko*	Amgen & AstraZeneca	2021				No

[1]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.

[2] 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.

[3] 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.

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

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

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

Price history[10,11]

Xolair (*omalizumab*) rose at an **average annual rate of 4.9 percent** from 2019 to 2025.

- In the same time period, its therapeutic alternatives rose at these rates:
    - Cinqair: 3.4 percent
    - Dupixent: 4.8 percent
    - Fasenra: 3.0 percent
    - Nucala: 4.5 percent
    - Tezspire: 6.4 percent

Additionally, the average annual rate of Xolair exceeded inflation in **2020, 2023, 2024, and 2025**.

Price concessions [12]

Based on data received from healthcare carriers, Xolair in 2024 had an **average gross spend of $2,618 per claim**, while the **average net spend after discount was $2,120 per claim**. Price concession per claim was reported to be **$498,** resulting in an **average price concession of 19.0 percent per claim**.

Cost to the payers[13]

Table 2 2024 APAC payer annual total expenditure, claims, and cost per enrollee[14]

Proprietary name	No. of enrollees[15]	No. of claims	Total payer paid	Cost per enrollee, mean	Cost per claim, median
Xolair	901	8,833	$19,477,477	$21,618	$2,113
Cinqair	<31[α]	51	$103,731	$20,746	$1,710
Dupixent	3,313	26,974	$91,524,770	$27,626	$3,491
Fasenra	346	1,931	$8,937,627	$25,831	$5,279

[10] Medi-Span. Wolters Kluwer, 2025. https://www.wolterskluwer.com/en/solutions/medi-span/medi-span.
[11] Consumer Price Index. U.S. Bureau of Labor Statistics. https://www.bls.gov/cpi/tables/supplemental-files/.
[12] 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.
[13] 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.
[14] The totals for amounts paid, costs, and claims are from both medical and pharmacy reporting.
[15] 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.

Proprietary name	No. of enrollees[15]	No. of claims	Total payer paid	Cost per enrollee, mean	Cost per claim, median
Nucala	486	4,486	$16,272,480	$33,482	$3,431
Tezspire	148	1,246	$4,372,689	$29,545	$3,941

Cost to enrollees[16]

Table 3 2024 gross APAC annual enrollee out-of-pocket (OOP) cost[17]

Proprietary name	Total paid by enrollee	OOP cost per enrollee, median	OOP cost per claim, mean	OOP cost per claim, median
Xolair	$1,823,093	$150	$206	$0
Cinqair	$15,943	$3,769	$313	$0
Dupixent	$5,228,915	$5	$194	$0
Fasenra	$479,424	$11	$248	$0
Nucala	$590,604	$0	$132	$0
Tezspire	$168,314	$2	$135	$0

Rubric considerations

Table 4 Rubric domains and scoring considerations

Domain	Consideration
Number of APAC enrollees	901
Price evaluation	Average annual percent chang in WAC of 4.9 percent from 2019 to 2025
Price concessions	62.3% of claims received rebates or price concessions
System & payer costs	$19,477,477 gross payer paid
Enrollee burden	$2,023 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 identify affordability or financial concerns	No

[16] 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.

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

Domain	Consideration
Patent expirations more than 18 months away	Yes (one patent expired as of Nov. 2025, and three are expiring in July 2028.)
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.[18,19] 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$^{\beta}$".

[18] 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.
[19] 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.

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.[20] 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 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[21]

Drug proprietary name(s)	Xolair®
Non-proprietary name (active ingredients)	*omalizumab*
Manufacturer	Genentech & Novartis
Pharmacologic category	Antiasthmatic and bronchodilator agents

[20] 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.

[21] Genentech, Inc. (2024). *Xolair (omalizumab) injection: Prescribing information* (Revision 2/2024). U.S. Food and Drug Administration. https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/103976s5245lbl.pdf

Drug proprietary name(s)	Xolair®
Treatment	Treats allergic and inflammatory conditions in both adults and children: Moderate to severe persistent asthma; chronic rhinosinusitis with nasal polyps (CRSwNP); IgE-mediated food allergy; and chronic spontaneous urticaria (CSU).
Dosage strength	• Injection: 75 mg/0.5 mL, 150 mg/mL, and 300 mg/2 mL solution in a single-dose prefilled syringe. (3) • Injection: 75 mg/0.5 mL, 150 mg/mL and 300 mg/2 mL in a single-dose prefilled autoinjector • For injection: 150 mg lyophilized powder in a single-dose vial for reconstitution
Form/Route	Vial (150mg/vial) Syringe (75mg/0.5mL; 150mg/Ml;300mg/2mL)
Physician administered	Yes
NDCs reviewed	50242004062 50242004086 50242021401 50242021455 50242021501 50242021555 50242021586 50242022701 50242022755
First approved by the FDA	06/20/2003
Expedited forms of approval by the FDA	None listed
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.

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. Equity data analysis using APAC is preliminary with additional data cleaning underway as of June 8, 2026. Claim counts and other metrics may change in future updates with improved data cleaning.

Xolair 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[22]	Claims per enrollee
Commercial	5,188	580	8.9
Medicaid	1,589	162	9.8
Medicare	2,056	237	8.7
Total	**8,833**	**979**	**9.0**

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[23]	Mean enrollee OOP/claim	Median enrollee OOP/claim
Commercial	$11,622,624	$2,240	$2,303	$1,517,099	$292	$0
Medicaid	$2,950,590	$1,857	$1,371	$0	$0	$0
Medicare	$4,749,955	$2,310	$1,983	$289,586	$141	$0

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

Race	Claims	Mean payer paid	Median payer paid	Mean enrollee OOP[24]	Median enrollee OOP
White	2,768	$2,107	$1,708	$140	$0
Black/African American	105	$3,405	$2,651	$114	$0
American Indian/Alaska Native	40	$3,341	$1,371	$1	$0
Asian	95	$2,535	$1,365	$60	$0

[22] 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.

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

[24] The mean only includes claims paid from commercial and Medicare enrollees. Medicaid enrollees had [$]0 out-of-pocket costs.

Race	Claims	Mean payer paid	Median payer paid	Mean enrollee OOP[24]	Median enrollee OOP
Native Hawaiian/Pacific Islander	18	$1,591	$1,576	$0	$0
Mix race	262	$2,256	$2,642	$67	$0
Other	209	$2,435	$2,386	$112	$0
Refused to answer	11	$2,845	$2,845	$0	$0
Unknown	5,325	$2,178	$2,209	$255	$0

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

Ethnicity	Claim count	Enrollee count
Hispanic	104	<31[α]
Non-Hispanic	3,661	300-400[β]
Unknown	5,068	547

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

Gender	Claim count	Enrollee count
Female	5,742	593
Male	2,477	247
Unknown	614	61

Residents prescribed

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

Based on APAC, **901 enrollees filled prescriptions** for Xolair with **8,833 claims paid by payers** in 2024.[25]

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 Xolair, 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

[25] 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.

view of Xolair'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

	Xolair	Cinqair[26]	Dupixent	Fasenra	Nucala	Tezspire
Dosage and frequency	600 mg every 1 month	210 mg every 1 month	300 mg every 2 weeks	30 mg every 2 months	100 mg every month	210 mg every 1 month
30-day supply	4 mL	21 mL	4 mL	0.5 mL	1 mL	1.91 mL
Reference NDC	50242021501	59310061031	00024591401	00310183030	00173089201	55513011201
Strength	150 MG/ ML	10 MG/ ML	300 MG/ 2 ML (150 MG/ ML)	30 MG/ ML	100 MG/ ML	210 MG/ 1.9 ML

Table 12 Drug vs therapeutic alternatives for 2019-2025 WAC per 30-day supply[27]

Year	Xolair	Cinqair	Dupixent	Fasenra	Nucala	Tezspire
2019	$4,425	$1,957	$3,020	$2,448	$2,955	
2020	$4,514	$1,997	$3,110	$2,522	$3,074	
2021	$4,649	$2,077	$3,203	$2,598	$3,167	
+-2022	$4,885	$2,161	$3,385	$2,675	$3,325	$3,633
2023	$5,226	$2,205	$3,588	$2,756	$3,581	$3,847
2024	$5,540	$2,293	$3,803	$2,838	$3,689	$4,161
2025	$5,891	$2,386	$3,993	$2,924	$3,837	$4,369
Avg. Annual % Change	4.9%	3.4%	4.8%	3.0%	4.5%	6.4%

[26] The 30-day supply for Cinqair is estimated with the assumed body weight of 70 kg.
[27] Medi-Span. Wolters Kluwer, 2025. https://www.wolterskluwer.com/en/solutions/medi-span/medi-span.

% change 2019 between 2025	33.1%	21.9%	32.3%	19.4%	29.9%	

The WAC of Xolair was approximately **$1472.76 per unit** at the end of 2025.[28] Between 2019-2025, the unit WAC increased at an average annual rate of **4.2 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).[29]

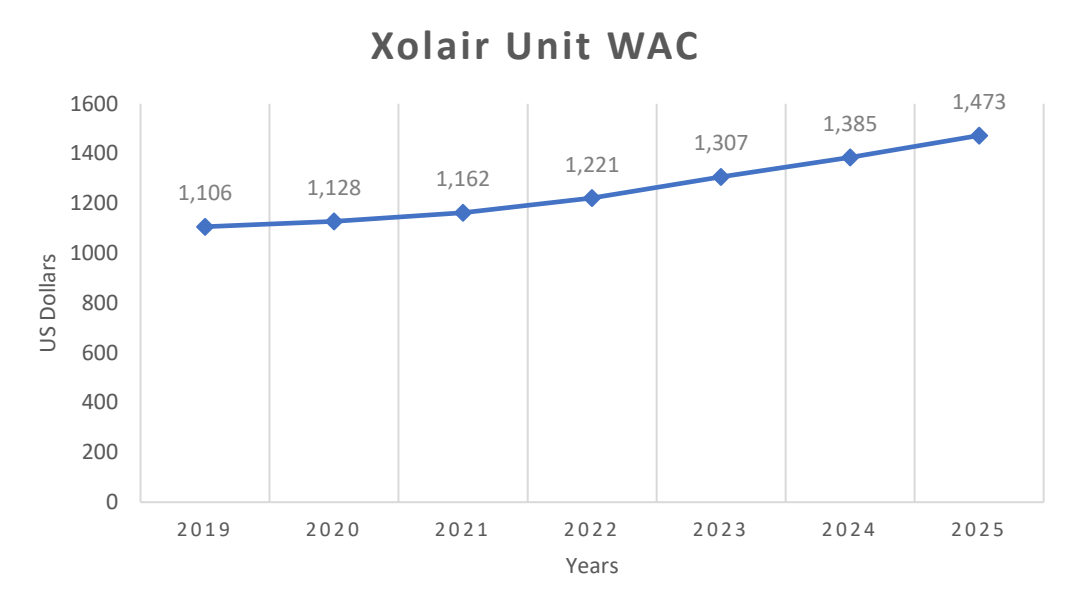

Figure 1 Unit WAC of most utilized NDC from 2019-2025

Table 13 Percent change of unit WAC of drug and therapeutic alternatives with CPI comparison[30]

Years	Xolair	Cinqair	Dupixent	Fasenra	Nucala	Tezspire	CPI-U
2019-2020	2.0%	2.0%	3.0%	3.0%	4.0%		0.7%
2020-2021	3.0%	4.0%	3.0%	3.0%	3.0%		5.3%
2021-2022	5.1%	4.0%	5.7%	3.0%	5.0%		9.0%
2022-2023	7.0%	2.0%	6.0%	3.0%	7.7%	5.9%	3.1%

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

Years	Xolair	Cinqair	Dupixent	Fasenra	Nucala	Tezspire	CPI-U
2023-2024	6.0%	4.0%	6.0%	3.0%	3.0%	8.2%	3.0%
2024-2025	6.3%	4.0%	5.0%	3.0%	4.0%	6.4%	2.7%

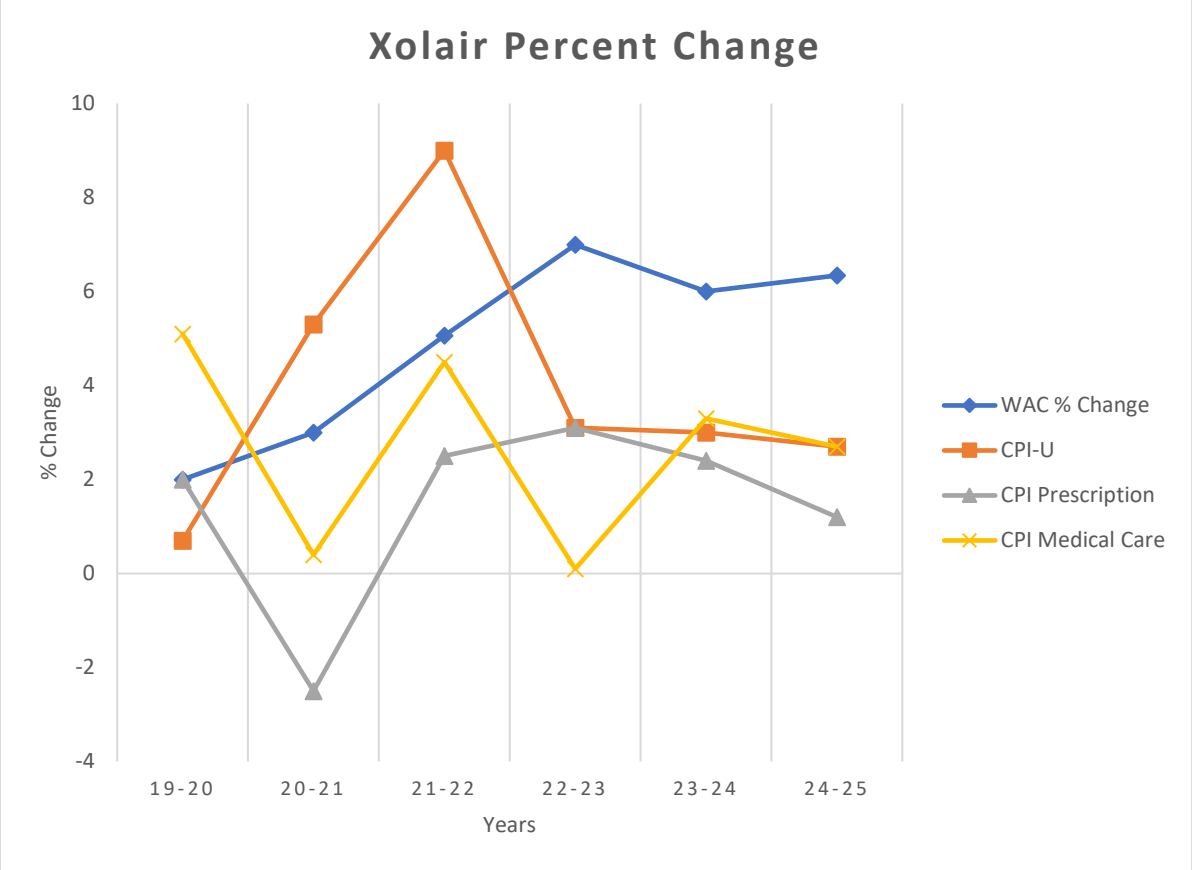

Figure 2 Year over year change in WAC compared to inflation rates[31]

Maximum Fair Price

Xolair 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**.[32] As a negotiation-eligible drug, Xolair 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.

[31] Consumer Price Index. U.S. Bureau of Labor Statistics. https://www.bls.gov/cpi/tables/supplemental-files/.
[32] 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.

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 Xolair 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.

Based on carrier-submitted data for 2024, the **average gross annual cost of Xolair per enrollee in the commercial market was approximately $17,871**. After accounting for manufacturer rebates, pharmacy benefit manager (PBM) discounts, and other price concessions, the **mean net cost per enrollee declined to approximately $14,473**, reflecting an **estimated mean discount of 19.0 percent** relative to gross costs.

Across all reporting carriers and market segments, the **total cost of Xolair before concessions was nearly $1.2 million**, with total reported **price concessions amounting to approximately $56,278**, as detailed in Table 15. Notably, **62.3 percent of claims benefited from some form of price concession,** leaving **81.0 percent at full gross cost**.

Table 14 Net cost price concessions estimate based on carrier submitted 2024 data

Total number of enrollees	664
Total number of claims	4,533
Total number of claims with price concessions applied	2,825

Percentage of claims with price concessions applied	62.3%
Percentage of cost remaining after concessions	81.0%
Percentage of discount	19.0%

Manufacturer price concessions for all market types	$1,198,350
PBM price concessions for all market types	$56,278
Other price reductions for all market types	$1,001,323

Cost before price concessions across all market types	$11,866,242
Total price concessions across all market types	$2,255,951
Cost after price concessions across all market types	$9,610,291

Mean cost per enrollee without price concessions	$17,871
Mean cost per enrollee with price concessions	$14,473

Including all market segments, the **gross average spend** of Xolair **per claim for commercial carriers was $2,618 before any discounts, rebates, or other price concessions**. The **net cost per claim after** discounts, rebates, and other price concessions was **$2,120**, meaning that insurers reported a price concession of **$498** per claim on the initial drug cost as shown in Table 16.

Table 15 Mean price concessions across market types from data call[33]

	Mean	Individual market	Large group	Small group
Spend per claim, gross	$2,618	$2,329	$2,656	$2,685
Spend per claim, net	$2,120	$1,625	$2,200	$2,180
Price concessions per claim	$498	$704	$456	$504
Percent discount	19.0%	30.2%	17.2%	18.8%

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

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

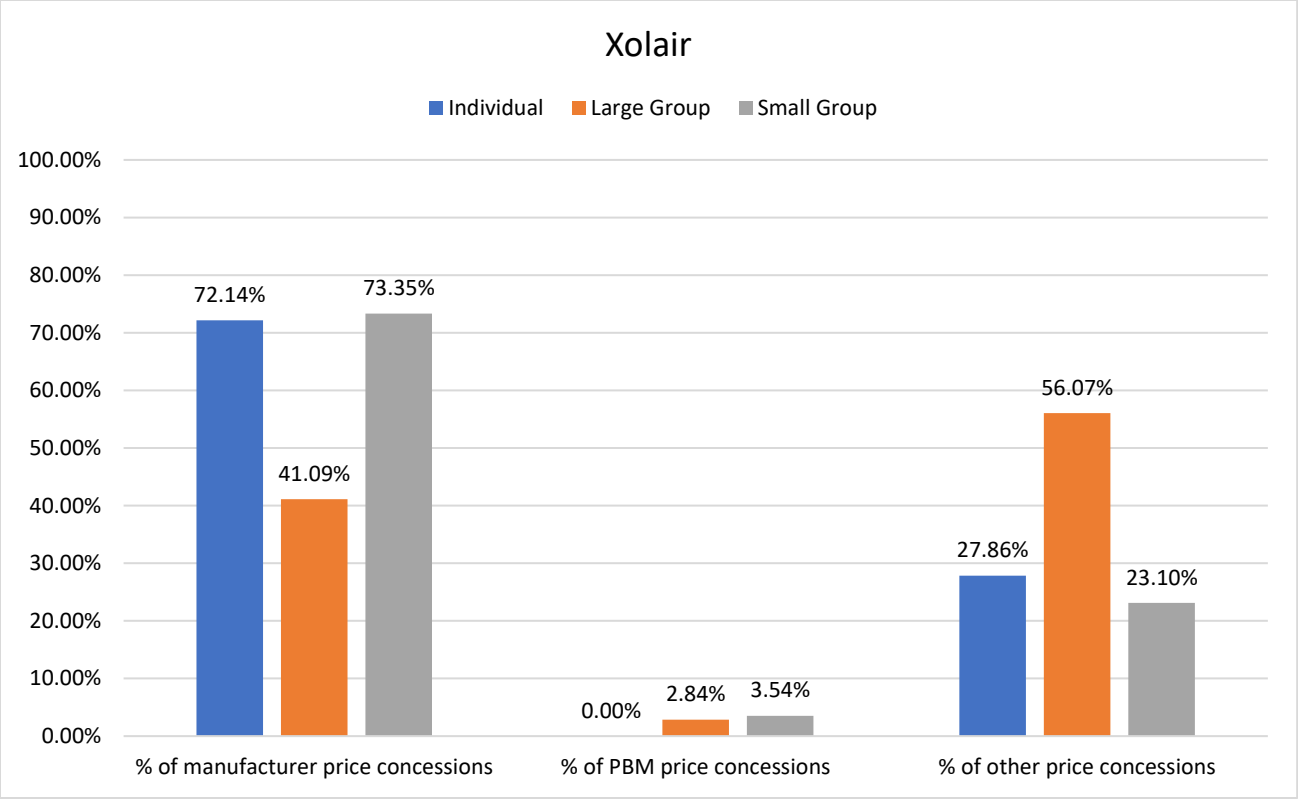

Figure 3 Percent of price concession in each market type[34, 35]

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 Xolair 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.

[34] 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.

[35] 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.

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[36]

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 Xolair 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.

Xolair's gross total payer spend, based on APAC data, was nearly **$19.5 million**. Among its therapeutic alternatives, **Dupixent** has the **highest gross total payer spend** at **$91.5 million**. **Dupixent** also has the **greatest number of claims at 26,974 compared with 8,833 claims for Xolair**. **Cinqair** has the **lowest payer-paid amount per claim at $2,034**, while **Fasenra** has the **highest at $4,628**.

Within its therapeutic class for Xolair, **Dupixent** has the **highest total enrollee-paid amount at $5.2 million**. **Cinqair** has the **highest enrollee-paid amount per claim at $313**, while **Nucala** has the **lowest** at **$132**.

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

Table 16 APAC average healthcare and average enrollee OOP costs for Xolair vs therapeutic alternatives[37]

Proprietary name	No. of enrollees	No. of claims	Total payer paid	Total enrollees paid[38]	Payer paid/ claim	Enrollee paid/ claim[39]
Xolair	**901**	**8,833**	**$19,477,477**	**$1,823,093**	**$2,205**	**$206**
Cinqair	<31[α]	51	$103,731	$15,943	$2,034	$313

[36] 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).

[37] 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.

[38] The cost includes all lines of business.

[39] Ibid.

Proprietary name	No. of enrollees	No. of claims	Total payer paid	Total enrollees paid[38]	Payer paid/ claim	Enrollee paid/ claim[39]
Dupixent	3,313	26,974	$91,524,770	$5,228,915	$3,393	$194
Fasenra	346	1,931	$8,937,627	$479,424	$4,628	$248
Nucala	486	4,486	$16,272,480	$590,604	$3,627	$132
Tezspire	148	1,246	$4,372,689	$168,314	$3,509	$135

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 Xolair. 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 of the therapeutic alternatives per enrollee in the commercial market with Nucala having the highest cost at approximately $35,796 and Fasenra at the lowest with $23,704**. After accounting for manufacturer rebates, pharmacy benefit manager (PBM) discounts, and other price concessions, the **average net spend per enrollee for Nucala was approximately $25,974** reflecting an **estimated mean discount of 19.6 percent** relative to gross costs.

Across all reporting carriers and market segments, the highest gross spend for a therapeutic alternative was **Dupixent at around $41.5 million**, with total reported **price concessions amounting to approximately $12.5 million**. Notably, **30.1 percent of claims benefited from some form of price concession.**

Table 17 Table Net cost estimate for therapeutic alternatives based on carrier submitted 2024 data

	Cinqair	Dupixent	Fasenra	Nucala	Tezspire
Total number of enrollees	0	1,455	58	133	59
Total number of claims	0	10,559	305	1,035	380
Total number of claims with price concessions applied	0	9,240	250	896	213

	Cinqair	Dupixent	Fasenra	Nucala	Tezspire
Percentage of claims with price concessions applied	0.0%	87.5%	82.0%	86.6%	56.1%
Percentage of cost remaining after concessions	0.0%	69.9%	80.5%	72.6%	85.2%
Percentage of discount	0.0%	30.1%	19.6%	27.4%	14.8%
Manufacturer price concessions for all market types	$0	$7,303,437	$227,718	$830,750	$131,007
PBM price concessions for all market types	$0	$986,282	$18,182	$62,264	$20,057
Other price reductions for all market types	$0	$4,179,879	$22,962	$413,199	$100,346
Cost before price concessions across all market types	$0	$41,457,391	$1,374,849	$4,760,810	$1,702,876
Total price concessions across all market types	$0	$12,469,598	$268,861	$1,306,214	$251,410
Cost after price concessions across all market types	$0	$28,987,793	$1,106,499	$3,454,596	$1,451,465
Avg. payer spend per enrollee without price concessions	$0	$28,493	$23,704	$35,796	$28,862
Avg. payer spend per enrollee with price concessions	$0	$19,923	$19,078	$25,974	$24,601

Including all market segments, **Nucala** had the highest **gross average spend per claim at $4,600** before any discounts, rebates, or other price concessions. The net cost per enrollee after discounts, rebates, and other price concessions was **$3,338**, meaning that insurers reported a price concession of **$1,262** per claim on the initial drug cost as shown in Table 19.

Table 18 The average price concessions per claim across market types from data call for identified therapeutic alternatives[40]

Cinqair	Mean	Individual market	Large group	Small group
Spend per claim, gross	$0	$0	$0	$0
Spend per claim, net	$0	$0	$0	$0
Price concessions per claim	$0	$0	$0	$0
Percent discount	0.0%	0.0%	0.0%	0.0%

Dupixent	Mean	Individual market	Large group	Small group
Spend per claim, gross	$3,926	$3,652	$4,013	$3,884
Spend per claim, net	$2,745	$2,255	$2,913	$2,625
Price concessions per claim	$1,181	$1,398	$1,100	$1,259
Percent discount	30.1%	38.3%	27.4%	32.4%

Fasenra	Mean	Individual market	Large group	Small group
Spend per claim, gross	$4,508	$4,146	$4,524	$5,209
Spend per claim, net	$3,628	$3,428	$3,687	$3,951
Price concessions per claim	$880	$718	$838	$1,258
Percent discount	19.5%	17.3%	18.5%	24.2%

Nucala	Mean	Individual market	Large group	Small group
Spend per claim, gross	$4,600	$3,795	$5,025	$3,518
Spend per claim, net	$3,338	$2,473	$3,776	$2,281
Price concessions per claim	$1,262	$1,322	$1,249	$1,236
Percent discount	27.4%	34.8%	24.9%	35.1%

Tezspire	Mean	Individual market	Large group	Small group
Spend per claim, gross	$4,481	$4,032	$4,673	$4,322
Spend per claim, net	$3,820	$3,572	$3,884	$3,827
Price concessions per claim	$662	$459	$789	$494
Percent discount	14.8%	11.4%	16.9%	11.4%

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

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 Xolair 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 **8,833 total claims for Xolair among 901 total enrollees**, corresponding to a **total payer expenditure of nearly $19.5 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 5,188,** with a **total spend of nearly $11.7 million**, and had the **highest number of enrollees at 580**.

Table 19 Estimated 2024 APAC total annual gross payment, total enrollees and total claims [41]

Payer line of business	Total enrollees	Total claims	Total payer paid	Percent of total payer spend by LOB
Commercial	580	5,188	$11,652,130	59.8%
Medicaid	162	1,589	$2,960,361	15.2%
Medicare	237	2,056	$4,864,986	25.0%
Totals[42]	**901**	**8,833**	**$19,477,477**	

Table 21 provides claims information for the healthcare system for Xolair and its therapeutic alternatives, distinguished by lines of business. Among Xolair's therapeutic alternatives, **Dupixent** has higher **total claims of 26,974,** with **commercial showing to have the most claims at 15,655**.

[41] 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.

[42] The total number of enrollees is the summation of enrollees across all markets which differs from the unique enrollees at the drug level.

Table 20 Estimated APAC payer 2024 claims of review drug and its therapeutic alternatives[43]

Proprietary name	Commercial claims	Medicaid claims	Medicare claims	Total claims[44]
Cinqair	0	21	30	**51**
Dupixent	15,655	5,902	5,417	**26,974**
Fasenra	736	577	618	**1,931**
Nucala	1,655	1,490	1,341	**4,486**
Tezspire	454	467	325	**1,246**

Table 22 shows the overall payer expenditure of Xolair's therapeutic alternatives, distinguished by lines of business. Among the therapeutic alternatives Dupixent had the most **expenditure at $91.5 million** with c**ommercial being the biggest portion at $49.5 million.**

Table 21 Estimated 2024 APAC payer annual gross expenditures of the review drug and its therapeutic alternatives from all lines of business[45]

Proprietary name	Commercial expenditure	Medicaid expenditure	Medicare expenditure	Total[46]
Cinqair	$0	$18,346	$85,385	**$103,731**
Dupixent	$49,448,727	$21,641,744	$20,434,299	**$91,524,770**
Fasenra	$3,329,766	$2,572,357	$3,035,504	**$8,937,627**
Nucala	$6,793,082	$4,558,458	$4,920,940	**$16,272,480**
Tezspire	$1,718,446	$1,367,472	$1,286,771	**$4,372,689**

Table 23 compares the overall payer cost per enrollee of Xolair and its therapeutic alternatives, distinguished by lines of business. Among the therapeutic alternatives, **Nucala has the highest mean cost per enrollee at $33,482,** compared to **Xolair's** mean cost per enrollee at **$21,618.**

[43] 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.
[44] Total is the sum of all claims for the drug across all lines of business.
[45] 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.
[46] Total is the sum of all expenditure for the drug across all lines of business.

Table 22 Estimated 2024 APAC payer annual gross cost per enrollee of the review drug and its therapeutic alternatives[47]

Proprietary name	Xolair	Cinqair	Dupixent	Fasenra	Nucala	Tezspire
Commercial cost/enrollee	$20,090	$0	$26,177	$21,482	$34,659	$26,851
Medicaid cost/ enrollee	$18,274	$4,586	$26,169	$19,787	$24,640	$23,177
Medicare cost/ enrollee	$20,527	$28,462	$22,308	$22,485	$26,315	$27,378
Mean[48] **cost/enrollee**	$21,618	$20,746	$27,626	$25,831	$33,482	$29,545
Median, Cost/enrollee	$15,912	$17,493	$24,137	$24,579	$28,726	$28,050
Inter-quartile range (IQR)	$23,621	$12,002	$28,013	$23,864	$31,706	$40,337
Cost per enrollee, 75th percentile	$28,707	$20,464	$38,999	$34,716	$41,773	$48,157
Cost per enrollee, 95th percentile	$69,632	$45,239	$65,823	$63,097	$95,814	$59,772

Table 23 Estimated 2024 APAC payer annual gross cost per claim of the review drugs

Proprietary name	Xolair	Cinqair	Dupixent	Fasenra	Nucala	Tezspire
Commercial cost/claim	$2,246	$0	$3,159	$4,524	$4,105	$3,785
Medicaid cost/claim	$2,246	$874	$3,667	$4,458	$3,059	$2,928
Medicare cost/claim	$2,246	$2,846	$3,772	$4,912	$3,670	$3,959
Cost per claim, mean	$2,205	$2,034	$3,393	$4,628	$3,627	$3,509
Cost per claim, median	$2,113	$1,710	$3,491	$5,279	$3,431	$3,941
IQR	$2,112	$3,021	$1,109	$1,580	$1,248	$1,131
Cost per claim, 75th percentile	$2,798	$3,493	$3,743	$5,674	$3,689	$4,345

[47] 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.
[48] The overall mean cost per enrollee across commercial insurers, Medicaid, and Medicare.

Proprietary name	Xolair	Cinqair	Dupixent	Fasenra	Nucala	Tezspire
Cost per claim, 95th percentile	$5,484	$4,446	$6,656	$6,608	$10,847	$4,689

Data for plan year 2024 submitted via the carrier data call further stratifies commercial expenditures by market segment. The collected **total net cost from reporting market types was around $9.6 million**, with payers paying **$9 million**, and **enrollees out-of-pocket estimated** to be **$580,000.**

Table 24 Estimated 2024 annual total net costs to the healthcare system, payers and OOP/enrollee[49]

Market	Number of claims	Number of enrollees	Total net annual spending	Total annual payer paid	Total annual enrollee out-of- pocket cost
Individual	99	600	$975,090	$843,003	$132,087
Large Group	441	3,120	$6,862,650	$6,594,692	$267,958
Small Group	124	813	$1,772,553	$1,593,149	$179,404
Total	**664**	**4,533**	**$9,610,294**	**$9,030,844**	**$579,449**

Table 26 includes the average plan costs per enrollee in the commercial market, ranging from **$14,295 (small group) to $9,849 (individual)** annually.

Table 25 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	$1,625	$1,405	$220	$9,849	$8,515	$1,334
Large Group	$2,200	$2,114	$86	$15,562	$14,954	$608
Small Group	$2,180	$1,960	$221	$14,295	$12,848	$1,447

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

As shown in Figure 5, the **large group market segment** represented the majority of commercial spending (71.4% of total), followed by individual markets and small group.

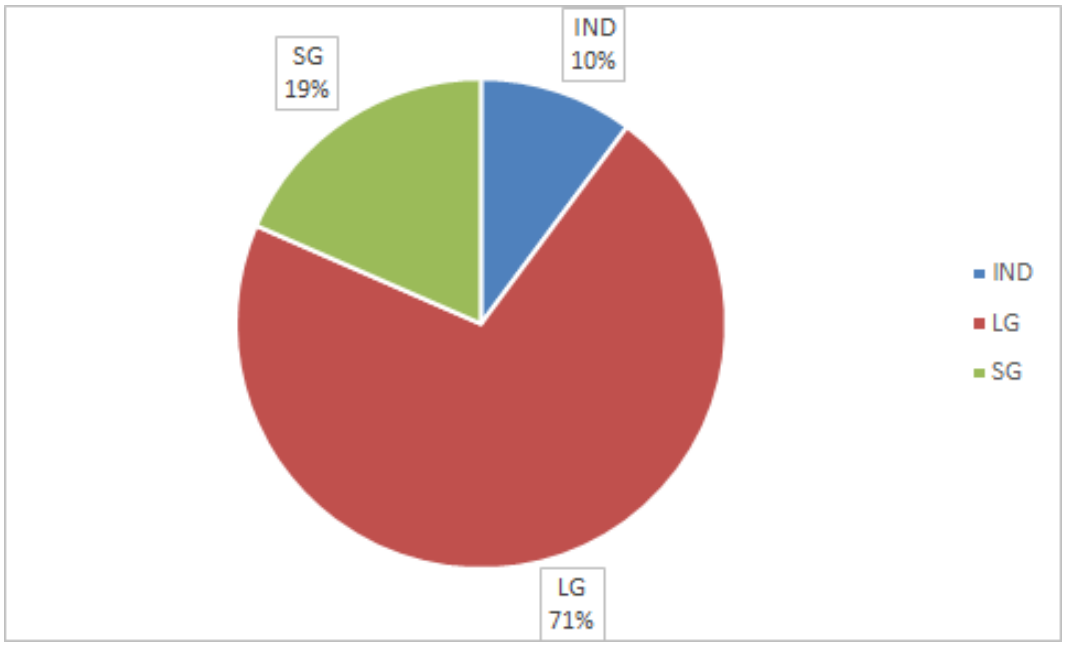

Figure 4 Data call total annual percent spend (payer paid) by market

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 Xolair, 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 Xolair. In 2024, approximately **100 percent of reporting plans required prior authorization (PA)** for coverage of the drug, and **no plans required step therapy** before approving its use.

For formulary placement, **4.2 percent of plan types categorized Xoliar as a non-preferred drug**, and **all plans covered it**.

Table 26 Plan design analysis from 2024

Percentage of plans	
Required prior authorization	100.0%
Required step therapy	0.0%
On a non-preferred formulary	4.2%
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 Xolair 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 Xolair in Oregon, as reported in 2024 by the Oregon All Payers All Claims (APAC).[50] These costs include

[50] 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.

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.

Table 27 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) [51]

Proprietary name	Commercial	Medicare	Medicaid	Mean[52]	Median[53]	IQR	75th percentile	95th percentile
Xolair	$2,616	$1,290	$0	$2,023	$150	$2,200	$2,200	$12,557
Cinqair	$0	$5,314	$0	$3,189	$3,769	$5,003	$5,003	$6,738
Dupixent	$2,213	$1,145	$0	$1,578	$5	$1,447	$1,447	$8,118
Fasenra	$1,566	$1,754	$0	$1,386	$11	$1,740	$1,740	$6,253
Nucala	$1,433	$1,656	$0	$1,215	$0	$987	$987	$6,824
Tezspire	$1,689	$1,281	$0	$1,137	$2	$904	$904	$5,809

Table 28 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) [54]

Proprietary name	Commercial	Medicare	Medicaid	Mean[55]	Median	IQR	75th percentile	95th percentile
Xolair	$292	$149	$0	$206	$0	$91	$91	$1,500
Cinqair	$0	$531	$0	$313	$0	$597	$597	$900
Dupixent	$267	$194	$0	$194	$0	$35	$35	$1,149
Fasenra	$330	$383	$0	$248	$0	$11	$11	$1,529
Nucala	$170	$231	$0	$132	$0	$0	$0	$701
Tezspire	$238	$185	$0	$135	$0	$0	$0	$897

[51] 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.
[52] Includes summation of copay, coinsurance, and deductible across all from all markets across all claims.
[53] Median represents the middle value of the data set when arranged in ascending order.
[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.

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).

The clinical review section prepared and provided by Myers and Stauffer LC is available at https://dfr.oregon.gov/pdab/Documents/Xolair-2026-Clinical-Review-Draft.pdf. The information is preliminary and may be revised, updated, or supplemented before the final report is released.

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:

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

Individuals with scientific or medical training

No survey information has been received from individuals with scientific or medial training about this drug as of the last update of this document.

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

One manufacturer response was received regarding Xolair. The manufacturer reported that Xolair was first approved by the FDA in 2003, remains marketed in Oregon, and was the first anti-immunoglobulin E (IgE) therapy approved for its primary indication. The manufacturer indicated that FDA-approved biosimilar products exist but are not yet marketed and reported that most patent protections expired by 2025. It was also reported that Xolair is approved for non-orphan indications and that its current pricing aligns with its clinical value.

The manufacturer reported providing rebates, discounts, administrative or service fees, and other price concession in the U.S. market while indicating that detailed information regarding recipients of these concessions constitutes confidential business information. It was also reported that the manufacturer offered copay assistance, patient assistance programs, free and replacement drug programs, and support through independent charitable foundations. According to the manufacturer, Xolair is commonly subject to utilization management requirements. Additional comments emphasized that the manufacturer believes Xolair does not present an affordability challenge in Oregon, described approximately $6.9 million in patient cost-sharing assistance provided to Oregonians in 2024, and noted that additional clinical and value information was submitted separately for the board's review. See Appendix A for additional information from the manufacturer.

Pharmacy benefit managers

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

Health insurers

One health plan insurer submitted feedback regarding all drugs being reviewed in 2026. The respondent represented a Medicare Advantage health plan covering more than 500,000 individuals. The health plan reported that the overall impact of each drug on plan spending, rebates, and premium was unknown. The respondent also indicated that patients enrolled in the plan never experience affordability challenges for the drugs under review and that no primary utilization management tools are routinely applied to these medications.

The respondent reported that covered drugs are generally subject to standard copayment cost-sharing and indicated that manufacturer rebates are not applied at the point of sale to reduce patient out-of-pocket costs. When asked which policy approach would most improve prescription drug affordability for patients, the respondent identified manufacturer price reductions. The respondent did not provide additional comments regarding the cost of coverage of the drugs under review.

Appendix A: Stakeholder feedback

Table 29 Feedback

Name	Association to drug under review	Drug	Format	Date	Exhibit website link
Lynda A. Mitchell	Allergy and Asthma Network	Xolair	Letters	8/5/2026	Click to view the letter
Shyam Joshi	Oregon Health and Science University	Xolair	Letter	8/4/2026	Click to view the letter
Kenneth Mendez	Asthma and Allergy Foundation of America	Xolair	Letter	8/4/2026	Click to view the letter
Jennifer Morgan	Registered nurse, Baker Allergy and Asthma	Xolair	Letter	8/4/2026	Click to view the letter
Evan Hamilton	Student	Xolair	Letter	8/3/2026	Click to view the letter
Jessica Hamilton	Patient	Xolair	Letter	8/3/2026	Click to view the letter
Tyron Tracy	Portland Allergy and Asthma	Xolair	Letter	7/31/2026	Click to view the letter
Susan Powell	Patient	Xolair	Letter	7/28/2026	Click to view the letter
Dr. Adam Williams	Summit Health	Xolair	Letter	7/2/2026	Click to view the letter
Mary Wachter, RN	Genentech Inc	Xolair	Letter	5/6/2026	Click to view the letter
Mary Wachter, RN	Genentech Inc	Xolair	Letter	3/13/2026	Click to view the letter
Mary Wachter, RN	Genentech Inc	Xolair	Letter	2/9/2026	Click to view the letter