



November 17, 2025

Oregon Prescription Drug Affordability Board  
c/o Department of Consumer and Business Services  
350 Winter Street NE  
Salem, OR 97309-0405

TO: Members of Oregon Prescription Drug Affordability Board

As a pediatrician and pediatric rheumatologist who spent my career caring for young people with chronic and disabling conditions, I remain significantly concerned over the Board's antidiabetic drug review. I applaud the Board's efforts obtaining stakeholder input, information, and opinions over Oregonians' drug affordability challenges. However I continue to be troubled as you focus on the drugs' list prices rather than the patients' total drug and health costs. This limited perspective will predictably result in limiting access to essential medications while creating longer term negative health outcomes

Throughout my career, my primary focus is always ensuring the overall well-being of my patients. Given the limited nature of your legislative charges with its focus on implementing Upper Price Limits (UPLs), I fear the Board's analyses and decisions cannot reflect this same mandate.

I was pleased to observe your review of other states' PDAB work during the Board's most recent meetings. The thoughtful presentations and discussions of both the board members' and stakeholders' recommendation to expand the scope to review broader health policies were excellent and spot on. The Board's receptiveness to public input, particularly recommendations to broaden the scope of categories under review and the decision to adopt an extended review timeline, reflects an approach that values careful analysis over expedited decision-making.

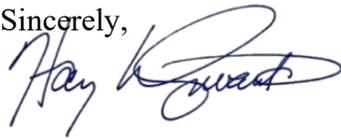
That said, the Board's conversations during its last meeting revealed significant internal divisions regarding its fundamental structure and mission, issues not unique to Oregon. The concerns about Board composition, highlighting that stakeholder feedback suggests the current membership may not reflect the necessary expertise, support for expanding rather than disbanding and highlighting a broadened scope could attract qualified candidates to strengthen the membership are critical and important discussions. The Board also confronts considerable challenges in establishing clear criteria for what constitutes "affordable" medication and defining the parameters of its affordability review process. Greater transparency and detailed clarification of the methodology underlying the drug affordability review process would strengthen stakeholder confidence and ensure consistent application across evaluations. These concerns carry profound implications for the Board's mission, its ability to fulfill it and patient care. When a PDAB lacks clear methodology, sufficient expertise or consensus on its

fundamental purpose, the resulting uncertainty can directly impact patients' ability to access essential medications. A narrow focus on drug list prices, rather than comprehensive patient costs, risks creating artificial barriers that limit access to critical therapies and potentially forcing patients receiving less effective alternatives or creating therapeutic gaps. The Board's internal differences and methodological ambiguities therefore represent more than procedural concerns; they pose tangible risks to patient health outcomes and the credibility of prescription drug affordability efforts statewide.

Everyone shares your goal to lower prescription drug costs, and I applaud how you listen to stakeholders and give thoughtful consideration to the input you receive. I still remain deeply concerned, however, that the current process's narrow focus on drug list prices, rather than the total cost to patients, risks limiting access to essential medications while creating longer-term negative health outcomes rather than achieving the goal of improved access to affordable drugs.

Thank you for your attention to this critical issue.

Sincerely,

A handwritten signature in blue ink, appearing to read "Harry L. Gewanter". The signature is fluid and cursive, with a large initial "H" and "G".

Harry L. Gewanter, MD, FAAP, MACR  
Board Member, Let My Doctors Decide Action Network



Oregon Division of Financial Regulation  
Oregon Prescription Drug Affordability Board  
350 Winter St. SE  
Salem, OR 97309

December 10, 2025

**RE: National Multiple Sclerosis Society, 2025 policy recommendation comments, restated**

Members of the Oregon Prescription Drug Affordability Board:

Thank you for your continued engagement with all stakeholders and focus on the patient's perspective. The National Multiple Sclerosis Society (Society) appreciates the Prescription Drug Affordability Board's (Board) leadership and investigation into the high cost of prescription medications. In preparation for the 2025 legislative recommendations Board vote, the Society would like to restate our position. Please reference our previously submitted letter (November 2025) for more details on each area.

**Pharmacy Benefit Managers 'spread pricing'**

When a pharmacy benefit manager (PBM) charges a health plan more for a medication than what the PBM reimburses the issuing pharmacy, keeping this difference as PBM revenue, this is called 'spread pricing'. The Society advocates prohibiting unfair and deceptive pricing models including spread pricing and would recommend any financing use 'pass through' pricing models.

**Medicaid prescription drug 'carve-outs'**

The Society continues to encourage the state to explore all options which could lower the cost of prescription drugs but cautions that any system should be analyzed and monitored for instances of excessive utilization management and/or limited formularies to ensure such reforms do not create new barriers to accessing needed medications.

**Upper Payment Limit authority**

The Society views upper payment limit (UPL) authority as having the potential to lower out-of-pocket costs for patients by directly addressing the dollar cost of prescription medications. While not included in this year's report, the Society will continue to support the establishment of UPLs and recommends the Board pursue such statutory authority with future recommendations.

**Expanded PDAB scope**

The Society understands the price of the medication is but one aspect of what makes access to these high-cost prescriptions out of reach for many people with MS and other conditions. The Society will continue to support efforts to increase the scope and authority of the current PDAB to encompass more of the prescription drug system and its actors.

The Society thanks the Board for its ongoing focus and engagement on this key issue for all Oregonians. Please consider the Society, and myself, a continued resource.

Respectfully,

Seth Greiner  
Assistant Director, Government Affairs  
[Seth.Greiner@NMSS.org](mailto:Seth.Greiner@NMSS.org)

December 12, 2025

**VIA ELECTRONIC SUBMISSION**

Oregon Prescription Drug Affordability Board  
350 Winter Street NE  
Salem, OR 97309-0405  
pdab@dcbs.oregon.gov

**Re: ELIQUIS Affordability Review**

Dear Members of the Oregon Prescription Drug Affordability Board:

Bristol Myers Squibb (“BMS”) appreciates the opportunity to submit written comments to the Oregon Prescription Drug Affordability Board (the “Board”) on its subset of prescription drugs that have been prioritized for affordability review. **For the following reasons, we respectfully ask that ELIQUIS® (apixaban) be removed from the prioritized subset and not subject to final affordability determinations:**

- ELIQUIS has already been selected for and completed the process for the Medicare Drug Price “Negotiation” Program, with its Maximum Fair Price (MFP) set to begin on January 1, 2026;
- The Board’s own data sources, including patient-reported data from the Board’s survey, demonstrate that ELIQUIS is affordable for Oregonians; and
- ELIQUIS provides many other important clinical and economic benefits to the healthcare system.

We offer the following background and rationale in support of this request.

**ELIQUIS Is Already Subject to the Medicare Drug Price “Negotiation” Program**

ELIQUIS was included as one of the first ten prescription drugs selected for the Medicare Drug Price “Negotiation” Program, with its Maximum Fair Price (MFP) set to take effect on January 1, 2026. This timeline coincides closely with the Board’s final affordability determination, which is planned for January 2026. Given that the vast majority (71%) of ELIQUIS patients in Oregon who responded to the Board’s survey cited Medicare as their primary payer, focusing on ELIQUIS at the state level is redundant. The Board’s limited resources should instead be directed to drugs with greater impacts to Medicaid or commercially-insured patients, which are more closely aligned with the Board’s scope.

**ELIQUIS is Affordable for Oregon Patients**

Affordability is best assessed by examining what patients actually pay out-of-pocket (“OOP”) for their medicines. On this measure, ELIQUIS is affordable for patients across coverage types. Nationwide data shows that, on average, non-valvular atrial fibrillation (NVAf) patients with commercial insurance pay only \$38 per month, and 5 out of 10 pay \$20 per month or less.<sup>1</sup> These figures are similar for Medicaid and Medicare

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<sup>1</sup> Pricing information. AFib Pricing Information for Rx ELIQUIS® (apixaban) | Safety Info (December 2024).  
<https://www.eliquis.bmscustomerconnect.com/afib/price>.

coverage. The Board's patient survey, for which ELIQUIS received the highest response rate among all drugs, also found that the largest group of respondents pay \$0-\$49 per month. Where patients reported higher OOP costs, responses consistently attributed such costs not to any pricing of ELIQUIS itself, but to changes in pharmacy benefit design, such as shifts from fixed copays to coinsurance, deductible resets, or changes in formulary tier placement. These findings reinforce that ELIQUIS remains affordable for patients, and that higher OOP costs in isolated cases are driven primarily by insurance design choices, not the cost of the medicine.

### **ELIQUIS Provides Many Other Important Clinical and Economic Benefits**

ELIQUIS delivers meaningful clinical benefits compared to warfarin, as consistently demonstrated in randomized controlled trials, and demonstrates greater effectiveness than other direct oral anticoagulants (DOACs) as seen in large-scale real-world studies involving U.S. patients. These substantial clinical benefits – lower risk of stroke, systemic embolism, and major bleeding – translate into both measurable and meaningful cost savings for the healthcare system.

By helping to reduce life-altering events such as strokes and major bleeding, ELIQUIS not only improves patient health and longevity, but also reduces the significant personal and financial burdens these events impose on families, caregivers, and communities. Treating 100,000 patients with ELIQUIS instead of warfarin for one year has been estimated to generate \$5.5 billion in consumer value, driven by reduced stroke and bleeding events and their associated costs.<sup>2</sup> Reducing these events also helps reduce long-term disability and lowers reliance on long-term care services, which have also shown to be major drivers of increased healthcare costs, particularly with a steadily aging U.S. population.

### **Conclusion**

The evidence before the Board demonstrates that ELIQUIS is affordable for Oregon patients, delivers proven clinical benefits that reduce the risk of serious and costly medical events, and generates significant economic and societal value. Together, these factors show that ELIQUIS represents not only an important therapeutic option for patients but also a sound investment for the healthcare system. Considering the preceding arguments, **we strongly urge the Board to remove ELIQUIS from the prioritized subset of prescription drugs, as its inclusion is unnecessary and misaligned with the intended focus of the Board's efforts.**

Thank you for the opportunity to provide comments and for considering our concerns. Should you have any questions or concerns, please contact Brent Palmer, Associate Director, U.S. Policy and Reimbursement at [brent.palmer@bms.com](mailto:brent.palmer@bms.com) and Anne Murray, Director, State & Local Government Affairs, U.S. Policy & Government Affairs at [anne.murray@bms.com](mailto:anne.murray@bms.com).

Sincerely,

/s/ Anne Murray

Director, State & Local Government Affairs  
Bristol Myers Squibb

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<sup>2</sup> Johannesen, K et al. EE272 Treating Patients With Non-Valvular Atrial Fibrillation With Apixaban Provides Substantial Consumer Value and Surplus Compared With Warfarin and Rivaroxaban. *Value in Health*, Volume 27, Issue 6, S107



December 12, 2025

Oregon Prescription Drug Affordability Board  
350 Winter Street NE  
Salem, OR 97309-0405  
[pdab@dcbs.oregon.gov](mailto:pdab@dcbs.oregon.gov)

Dear Chair Bailey, Vice Chair Hartung and PDAB Members,

Thank you for your hard work and dedication to this board. As the Oregon Coalition for Affordable Prescriptions, we represent the everyday Oregonians struggling with the rising cost of prescription drugs. We are focused on increasing transparency and decreasing costs for consumers.

Prescription drug prices continue to increase year after year, and Oregonians across the state are struggling. **Since 1980, the price of prescription drugs has increased 97.7% more than the rate of inflation for all other goods and services combined.<sup>1</sup> It's no wonder they continue to bring in massive profits.<sup>2</sup>** All while nearly a third of Oregonians report cutting their pills, rationing medication, or not filling prescriptions because of cost.<sup>3</sup>

Consumers are largely left in the dark as their lifesaving medication moves through the complicated pharmaceutical supply chain. Sudden price changes are often confusing and financially devastating, as many consumer stories collected as part of the Oregon Drug Price Transparency Report released earlier this month.<sup>4</sup>

**People cannot access medication if they cannot afford it.**

The affordability criteria that may be used according to statute, centers on Oregon health care stakeholders, and highlights populations most affected by high costs: people of color, under-resourced communities, and regions with limited pharmacy access.<sup>5</sup>

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<sup>1</sup> Sofia Parra, Taran Heins, and Numi Rehfield-Griffith, "Oregon Prescription Drug Prices Annual Public Hearing" (Oregon Department of Consumer and Business Services, December 4, 2025), <https://dfr.oregon.gov/drugtransparency/Documents/20251204-dpt-hearing/20251204-DPT-hearing-presentation.pdf>.

<sup>2</sup> Kevin Dunleavy, "AbbVie Boosts Revenue Forecast by \$400M Thanks to Booming Sales of Skyrizi, Rinvoq," Fierce Pharma, October 31, 2025, <https://www.fiercepharma.com/pharma/abbvie-boosts-revenue-forecast-again-thanks-booming-sales-skyrizi-rinvoq>.

<sup>3</sup> Altarum, "Oregon Survey Respondents Worry about High Drug Costs; Support a Range of Government Solutions – Healthcare Value Hub," Healthcarevaluehub.org, August 18, 2024, <https://healthcarevaluehub.org/chess-state-survey/oregon/2024/oregon-survey-respondents-worry-about-high-drug-costs-support-a-range-of-government-solutions/>.

<sup>4</sup> Oregon Department of Consumer and Business Services, "Oregon Drug Price Transparency Program — 2025 Annual Report Exhibit," December 4, 2025, <https://dfr.oregon.gov/drugtransparency/Documents/20251204-dpt-hearing/2025-dpt-report-exhibit-1-stories.pdf>.

<sup>5</sup> Senator Patterson and Representative Prusak, "Relating to the Price of Prescription Drugs.," 2 § (2021), <https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/SB844/Enrolled>.

As you bring forward drugs that may be unaffordable, we urge you to keep **the Oregonians most burdened by high prices: those living in poverty, rural, and under-resourced areas, as well as communities of color, at the forefront of your mind.**

We acknowledge that the supply chain is complex, and it is difficult to correlate the "list price" of a drug to the cost paid by consumers at the pharmacy counter. However, a high list price for a drug directly contributes to the initial high costs faced by the health care system before rebates are applied, and specialty drugs, with extremely high list prices, drive the majority of overall prescription spending in Oregon.<sup>6</sup> These costs will be passed onto consumers, and the hardest hit will be our most vulnerable populations.

Every Oregonian should be able to afford their prescription medication. **No one, regardless of race, income, ability, or geography, should ever feel forced to ration their medication** by cutting pills, skipping doses, or not filling prescriptions.

Over the past year, you have worked to uncover more about the true costs of sixteen prescription medications and seven insulin products through your thorough affordability reviews. Your list contains drugs that are unaffordable for residents of Oregon, state and local governments, commercial health plans, health care providers, pharmacies licensed in Oregon and others within our health care system. You have both the opportunity and the responsibility to challenge this excessive drug pricing.

Right now, there are Oregonians across our state who cannot access needed medication, not because of availability but because it is cost prohibitive. **Every Oregonian deserves to be able to afford the medications they need to live healthy and productive lives.**

**We urge you to move forward boldly and without hesitation.**

Thank you for the opportunity to submit these comments. Our board is available to support your work in any way we can. You can reach us at [info@affordablerxnow.org](mailto:info@affordablerxnow.org) or through [BethAnne Darby](#) at Strategies 360 Oregon.

Sincerely,

The Oregon Coalition for Affordable Prescriptions Board

*John Mullin, Board Chair (Seandúine; Health and Human Service Advocate)*

*Christi Marcotte, (Oregon Health Care Professional)*

*Charlie Fisher (OSPRIG)*

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<sup>6</sup> Oregon Department of Consumer and Business Services, "Prescription Drug Price Transparency Program Results and Recommendations -2025 (as Required by ORS 646A.689)," December 4, 2025, <https://dfr.oregon.gov/drugtransparency/Documents/20251204-dpt-hearing/Prescription-Drug-Price-Transparency-Annual-Report-2025.pdf>.



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**National Programs:**

340B Action Center

PDAB Action Center

Transgender Leadership in HIV Advocacy

HIV/HCV Co-Infection Watch

**National Groups:**

Hepatitis Education, Advocacy & Leadership  
(HEAL) Group

Industry Advisory Group (IAG)

National ADAP Working Group (NAWG)

December 12, 2025

Oregon Prescription Drug Affordability Board  
Department of Consumer and Business Services  
350 Winter Street NE  
Salem, OR 97309-0405

**RE: Policy Proposals and Drug Reviews**

Dear Honorable Members of the Oregon Prescription Drug Affordability Board,

The **Community Access National Network (CANN)** is a 501(c)(3) national nonprofit organization focusing on public policy issues relating to HIV/AIDS and viral hepatitis. CANN's mission is to define, promote, and improve access to healthcare services and support for people living with HIV/AIDS and/or viral hepatitis through advocacy, education, and networking.

**Patient Experience Policy Proposals Whose Motions Passed are Encouraging**

The results of the voting process on the potential policy recommendations for inclusion in the 2025 annual legislative report are encouraging. While not the result of a unanimous vote, it is encouraging that recommending the implementation of upper payment limit (UPL) authority is not being included. This decision aligns with the Board's renewed and evolving focus on evidence-based, patient-centered initiatives to improve patient affordability and healthcare access. It is not in the state's fiscal best interests to recommend pursuing expensive, unproven, and poorly conceived actions such as UPLs. State expenditures are already strained, and future federal legislation and other factors threaten state budgets further. Additionally, in states where the UPL process is further along, its development is problematic on multiple fronts, and the start of implementation is still far in the future. Oregonians deserve more thoughtful and timely solutions.

We are encouraged by the inclusion of policy recommendation "1a" concerning PBM reform and pricing transparency, as it aims to engage in PBM reform at the state level, independent of waiting for federal reforms to be formulated and executed. Suggesting the elimination of spread pricing in all state health care market plans is a forceful modification to the status quo of Oregon law, which just requires PBMs licensed in the state to report "monies received through spread

## **RE: Policy Proposals and Drug Reviews**

**December 12, 2025**

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pricing” (along with other payments/fees) to the state’s Drug Price Transparency Program. Additionally, the recommendation of PBM delinking and the utilization of data such as Average Actual Acquisition Cost and National Average Drug Acquisition Cost (NADAC) for reimbursement benchmarking will help address Oregon-specific pharmacy needs.

Passing recommendation “2a” will improve patient access and pharmacy fiscal solvency. Adopting an “any-willing-provider” standard would prohibit pharmacy steering and give patients options to use pharmacies that are geographically accessible to communities in need. For pharmacies, passing recommendation “4b” is an additional fiscal remedy. Point-of-sale rebate models also hold potential to directly benefit patients, rather than relying on optimistic hopes of effective passive pass-through.

The passage of recommendations “3a” and “3b” positively affects patient access and strengthens state bargaining power and contract negotiation with PBMs.

The passage of policy recommendations “7a” and “7b” also directly addresses the Board’s desire to explore means of effective, evidence-based change. Expanding the PDAB’s authority to allow broader review of Oregon’s prescription drug delivery system opens avenues for investigating solutions that are not entirely possible under the present statutory language. The suggestion to bar media from the discussion of trade secret or proprietary information in executive session will protect confidential data and strengthen the relationship between the Board and other entities, such as manufacturers. Quality data enables beneficial outcomes. The free flow of some necessary data cannot occur if media is present.

### **Ongoing Drug Reviews**

As we mentioned previously, we encourage clear explanations of how the scoring rubric and domains are used in final determinations. Without a transparent methodology of how determinations are decided, public trust is at risk and would weaken the legislature’s ability to confidently support actions based on your findings.

### **HIV Medications are listed on the Draft 2026 Drug Review Preliminary List**

We are concerned that multiple medications used for the treatment and prevention of HIV are listed on the 2026 draft of the preliminary drug list: Biktarvy, Descovy, and Emtricitabine-Tenofovir. Extensive board discussions in the past resulted in not including HIV medications in cost reviews for questions of affordability due to their public-health benefit status and proven status of not posing affordability challenges for patients. In particular, Biktarvy and Descovy are also highly-utilized first-line therapies.

To date, all other state PDABs have removed consideration of antiretroviral medications for affordability review or imposition of an upper payment after affordability review because of the unique nature of HIV as a health condition and because of the robust public health programs ensuring both fiscal responsibility of program entities (including state budgets) and patient access and affordability. Thus, again, we encourage you to remove these HIV antiviral medications from the 2026 preliminary review list.

**RE: Policy Proposals and Drug Reviews**  
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While CANN is primarily focused on policy matters affecting access to care for people living with and affected by HIV, we stand in firm support of all people living with chronic and rare diseases and recognize the very reality of those living with multiple health conditions and the necessity of timely, personalized care for every one of those health conditions. State Prescription Drug Affordability Boards are of profound importance to our community.

We thank you for all of your thoughtful and deliberate work and discourse this year.

**Respectfully submitted,**



**Ranier Simons**  
**Director of State Policy, PDABs**  
**Community Access National Network (CANN)**

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**On behalf of**  
**Jen Laws**  
**President & CEO**  
**Community Access National Network**



December 15, 2025

Oregon Prescription Drug Affordability Review Board

Labor & Industry Building

350 Winter Street, NE

Salem, OR 97309-0405

RE: Selection of Cardiovascular Medications by the Oregon Prescription Drug Affordability Board

Dear Members of the Board,

The Partnership to Advance Cardiovascular Health (PACH) is a nonprofit cardiovascular stakeholder coalition of patient, provider, and advocacy organizations dedicated to advancing public policies and practices that accelerate innovation and improve cardiovascular health for heart patients. As a platform for the 20 member organizations that collaborate with us, PACH advocates at the federal, state, and health plan levels for reforms that increase access to care for patients with cardiovascular and related conditions.

As an organization committed to improving patient access and outcomes, we appreciate the Oregon PDAB's commitment to ensuring that medication is accessible and affordable for Oregon residents. We write today to respectfully encourage the Oregon PDAB to remove apixaban and rivaroxaban from its list of drugs to be formally considered in January for an affordability review.

## The Cardiovascular Disease Burden:

Cardiovascular disease remains the second leading cause of death in Oregon, killing anywhere from seven to nine thousand Oregonians annually.<sup>1</sup> Despite the remarkable innovation that has been developed in cardiovascular medicine, cardiovascular disease still kills more Americans annually than anything else. Furthermore, these innovations are not relevant unless patients have adequate access to them; the protection of this access is of the utmost importance to PACH and our partners.

## Why These Drugs Matter:

Apixaban and rivaroxaban are two of the most important, widely used medications in cardiovascular medicine. These two drugs are both factor Xa inhibitors and direct oral anticoagulants (DOACs).

### Apixaban:

Apixaban is a treatment for Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE), reducing the risk of recurrence. Apixaban is also approved for reducing the risk of stroke and systemic embolism for patients with atrial fibrillation (AFib).

### Rivaroxaban:

Rivaroxaban is a treatment for Deep Vein Thrombosis (DVT). Rivaroxaban is also used to prevent blood clots after surgery, to prevent stroke in patients with atrial fibrillation, and as secondary prevention of acute coronary syndrome and peripheral artery disease.

Studies have found that DOACs, like apixaban and rivaroxaban, have resulted in a 60% reduction in intercranial hemorrhage, a nearly 30% risk reduction for thromboembolic stroke, and a 34% reduction in mortality compared to current generic drugs of the same class.<sup>2</sup> A separate study on the cost-effectiveness of DOACs found that DOAC usage directly results in less medical spending long-term. The improved medical outcomes,

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<sup>1</sup> *Heart Disease Mortality*, Centers for Disease Control and Prevention, [www.cdc.gov/nchs/state-stats/deaths/heart-disease.html](http://www.cdc.gov/nchs/state-stats/deaths/heart-disease.html)

<sup>2</sup> Graham DJ, Baro E, Zhang R, Liao J, Wernecke M, Reichman ME, Hu M, Illoh O, Wei Y, Goulding MR, Chillarige Y, Southworth MR, MaCurdy TE, Kelman JA. Comparative Stroke, Bleeding, and Mortality Risks in Older Medicare Patients Treated with Oral Anticoagulants for Nonvalvular Atrial Fibrillation. *Am J Med*. 2019 May;132(5):596-604.e11. doi: 10.1016/j.amjmed.2018.12.023. Epub 2019 Jan 9. PMID: 30639551.

decreased risk for major bleeding, and reduced drug monitoring that DOACs provide compared to warfarin and generics result in lower expenditures over time.<sup>3</sup>

#### Comprehensive Approach to Affordability and Access:

It is worth noting that apixaban and rivaroxaban have already been subjected to the Centers for Medicare and Medicaid Services “Maximum Fair Price” (MFP) drug negotiations that were authorized by the Inflation Reduction Act. During the comment period of those negotiations, we at PACH supported the broad aim of making medications more affordable for Medicare recipients, as we always have. However, we also recognized that the price caps set by MFP drug negotiations likely would not actually result in patients paying less for these drugs and that, without a comprehensive assessment of the medication pipeline, true affordability for patients would not be achieved.

We are also concerned with the possibility of increased utilization management for these medications. Delays and access issues that are often associated with utilization management are particularly hazardous for patients on anticoagulant therapy. Cardiovascular medicine has seen remarkable increases in prior authorization and step therapy protocols in recent years, far outpacing other disease states. Clinicians and patients bear the majority of the burden of these oftentimes unnecessary administrative hurdles.

We believe that these same concerns translate to the state level and that Oregon’s PDAB could frustrate both access and affordability for patients.

#### Actions to Protect Patients and Increase Affordability and Access

In order to truly increase drug affordability for patients, the PDAB should review health insurer and pharmacy benefit manager practices like step-therapy and prior authorization protocols, work to prohibit spread pricing, prohibit co-pay accumulator or “maximizer” programs, and require pass-through savings directly to patients. In order for the Oregon PDAB to effectively achieve their stated goal it is necessary to create a more transparent medication supply chain and until that happens affordability will remain a goal and not an outcome.

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<sup>3</sup> Duvalyan, A., Pandey, A., Vaduganathan, M., Essien, U. R., Halm, E. A., Fonarow, G. C., & Sumarsono, A. (2021). Trends in anticoagulation prescription spending among Medicare Part D and Medicaid beneficiaries between 2014 and 2019. *Journal of the American Heart Association*, 10(24). <https://doi.org/10.1161/jaha.121.022644>

We would like to thank the board for their work to improve prescription drug affordability for patients. At this time, we ask that the board remove apixaban and rivaroxaban from its list of drugs to be formally considered in January for an affordability review. These drugs have already been subjected to MFP negotiations in the Inflation Reduction Act and have been proven to lower healthcare expenditures over time. Evidence suggests that further review will not achieve the PDAB's stated goal of affordability. We advise consideration of the actions listed above to increase transparency in the medication delivery pipeline, which would more effectively support patient affordability.

Respectfully Submitted,

Sarah Hoffman

Senior Director

Partnership to Advance Cardiovascular Health



December 15, 2025

Oregon Prescription Drug Affordability Board  
Department of Consumer and Business Services  
350 Winter Street NE  
Salem, OR 97309-0405

**RE: Public Comments on 2025/2026 Cost Reviews**

Dear Members and Staff of the Oregon Prescription Drug Affordability Board:

The Ensuring Access through Collaborative Health (EACH) and Patient Inclusion Council (PIC) is a two-part coalition that unites patient organizations, allied groups, patients, and caregivers to advocate for drug affordability policies that put patient needs first.

We write ahead of the board's upcoming meeting, during which you will continue deliberations related to the 2025 affordability review while also initiating the 2026 review process. As we have consistently noted in prior letters, we remain deeply concerned that the structure, pace, and scope of Oregon's affordability review process undermine the board's ability to reach informed, patient-centered conclusions.

**Concluding the 2025 Affordability Review**

As we have emphasized throughout the 2025 review cycle, Oregon's affordability review process has been rushed from the outset. The ambitious decision to review more than 20 medications within a compressed timeframe has placed extraordinary strain on both board members and staff, limiting the depth and rigor of deliberations.

Based on discussions during the most recent meeting, we are not confident that sufficient time has been dedicated to reviewing the data compiled for each drug. Board members have openly acknowledged being overwhelmed by the volume and complexity of materials and have requested executive summaries to facilitate review. While summaries can be useful reference tools, reliance on them as a substitute for deliberative discussion and careful evaluation does not constitute a rigorous or transparent review process, particularly when decisions may have far-reaching consequences for patients.

This challenge has been evident for several months. We applaud the board for extending their review process for 2025, yet even a three month extension has not proven adequate to accommodate the scope of the undertaking that the board has taken on. Compounding this concern, staff noted during the last meeting that a clear measure of affordability has still not been established. Proceeding toward affordability determinations without first resolving this foundational issue raises serious questions about the validity of any conclusions reached.

We strongly encourage the board to refrain from making final affordability determinations until members have had adequate time to review the data, openly deliberate in public meetings, and apply a clearly defined, patient-centered understanding of affordability. Continuing under the



current structure risks undermining the efficacy of the board's work and its ability to achieve its stated goals.

### **Initiating the 2026 Affordability Review**

Despite the unresolved challenges associated with the 2025 review, the board is already moving forward with the 2026 process. This is particularly concerning given that, even after reducing the original 2025 drug list and seeking an extension, the board still struggled to complete a thorough and deliberative review. We urge the board to take these lessons seriously.

The board must start with patient implications and work outward. Our [Patient Experience Survey](#) demonstrates that affordability is not defined by a single price point and is often driven by insurance design, access barriers, cumulative health costs, and life circumstances, factors that only patients can fully explain.

Public engagement timelines must also be reconsidered. A 30-day comment period for 27 products did not allow adequate time for patients, caregivers, or patient organizations to meaningfully participate. In addition to lowering the amount of drugs to review, we also encourage the board to proactively invest both time and resources into public outreach so that patients who are most likely to be impacted are aware of and able to engage in the process.

To that end, we strongly encourage the board to incorporate patient roundtables, listening sessions, and direct collaboration with patient organizations as a core component of the 2026 process, not as an afterthought. Patient organizations bring capacity, trust, and expertise that can help the board obtain meaningful insights efficiently and responsibly.

### **Conclusion**

We share the board's goal of improving prescription drug affordability for Oregonians. Achieving that goal requires a process that is deliberate, realistic in scope, and grounded in patient experience. Without course correction, the current approach risks producing decisions that are rushed, inadequately supported, and disconnected from the realities patients face.

We appreciate the opportunity to provide these comments and remain available as a resource to support a more effective, patient-centered affordability review process in Oregon.

Sincerely,

A handwritten signature in cursive script that reads "Tiffany Westrich-Robertson".

Tiffany Westrich-Robertson  
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Ensuring Access through Collaborative Health (EACH) Coalition Lead

A handwritten signature in cursive script that reads "Vanessa Lathan".



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