Oregon Prescription Drug Affordability Board

THE QUARTERLY

PDAB selects 23 medications for review in 2025

At the June 18 board meeting, the Oregon Prescription Drug Affordability Board (PDAB) selected 23 medications for review over the next four months. This includes 16 prescription drugs and seven insulin products. The board's methodology involved reviewing the cost information by insurance carriers regarding the number of Oregonians using each prescription drug. They filtered the data for drugs with over 1,000 enrollees, as identified through the All Payer All Claims (APAC) reporting program for Medicare, Medicaid, and commercial lines of business. Additionally, the board removed Botox, Dupixent, Humira, and Rinvoq from consideration due to their orphan designations by the Federal Drug Administration (FDA). The medication review list is **posted on the PDAB website**.

Review grouping number	Therapy class	Drug name	Non-proprietary name
1	Antipsychotics & Antimanic agents	Vraylar	Cariprazine HCl
1	Cardiovascular agents – misc.	Entresto	Sacubitril; Valsartan
1	Migraine product	Ajovy	Fremanezumab-vfrm
1	Migraine product	Emgality	Galcanezumab-gnlm
1	Migraine product	Nurtec	Rimegepant/rimegepant sulfate
1	Migraine product	Ubrelvy	Ubrogepant
2	Antiasthmatic and bronchodilator	Trelegy	Fluticasone furoate; Umeclidinum bromide; Vilanterol trifenatate
2	Anticoagulants	Eliquis	Apixaban
2	Anticoagulants	Xarelto	Rivaroxaban
2	Dermatological	Cosentyx	Secukinumab
2	Digestive Aids	Creon	Pancrelipase (Amylase; Lipase; Protease)
3	Antidiabetics	Jardiance	Empagliflozin
3	Antidiabetics	Mounjaro	Tirzepatide
3	Antidiabetics	Ozempic	Semaglutide
3	Antidiabetics	Rybelsus	Semaglutide
3	Antidiabetics	Trulicity	Dulaglutide
4	Insulin product	Basaglar KwikPen	Insulin Glargine
4	Insulin product	Insulin Glardine-yfgn	Insulin Glargine
4	Insulin product	Lantus	Insulin Glargine
4	Insulin product	Lantus SoloStar	Insulin Glargine
4	Insulin product	Semglee-yfgn	Insulin Glargine
4	Insulin product	Toujeo Max SoloStar	Insulin Glargine
4	Insulin product	Toujeo SoloStar	Insulin Glargine

Medication list for review by the Oregon PDAB in 2025

During the June 18 discussion, board members utilized a new **data dashboard** tool developed by staff, based on criteria from Oregon Revised Statutes. Watch the board discussion in the June 18 **meeting video**. Medication reviews will take place during board meetings from July through October. Each month, there will be a designated public comment period for medication under review that month.

The board voted on a subset list of 27 prescription drugs during the March 19 meeting, after discussing a preliminary list of 158 drugs and applying criteria to narrow the list with the help of a data dashboard developed by PDAB staff. At the April 16 meeting, the board voted on a subset list of insulin glargine for review. The board evaluates prescription drugs, including insulin products, to determine whether they pose affordability challenges for Oregonians and state's health care systems. Guided by state statute, **ORS 646A.694**, and administrative rules **OAR 925-200-0010** and **OAR 925-200-0020**, the board applies specific criteria in its review process. In December, the board will present a list to the Oregon Legislature identifying nine drugs and at least one insulin product that meet theses criteria.

Oregon PDAB conducts successful outreach effort on drugs under review

The PDAB received 318 responses from a recent survey about prescription drugs under review by the board. The board sent the survey in April requesting information from people and organizations affected by the cost of **27 prescription drugs** on the board's subset list for potential cost reviews this summer and fall. PDAB received 271 responses from patients, caregivers, and advocacy groups category, 29 responses from individuals with scientific or medical training, 11 responses from safety net clinics and seven responses from pharmaceutical manufacturers. The survey remains open. Board members will review responses prior to final selection of nine prescription drugs and at least one insulin product that may cause affordability challenges for health care systems or high out-of-pocket costs for Oregonians.

> "(Eliquis) is a lifesaving drug that I will need for the rest of my life. I fear losing my insurance or them deciding not to cover it, in which case it would cost me around $900 a month. This would bankrupt me."
>
> - Patient survey response

For the patient responses, 79 were about Eliquis, an anticoagulant, or blood thinner, which patients said they take to prevent blood clots and strokes. Forty-three people indicated they pay $100 or more per month for Eliquis, with three patients reporting paying between $600 to $999 per month. Five patients said they order from Canada while one orders from India because prices are significantly lower. Other drugs that received a high number of responses include Xarelto (18 responses), an anticoagulant or blood thinning used to treat high blood pressure and A-fib, and Jardiance (24 responses), Mounjaro (18 responses), and Ozempic (26 responses), antidiabetics, which patients said they take to treat diabetes, weight control, and sleep apnea.

For survey responses about Eliquis, when asked if they had tried other drugs to treat their conditions, 10 people said they were on warfarin before switching to Eliquis. "Warfarin needs regular blood testing and has many more side effects," one patient said. Another patient added, "I used Coumadin (warfarin) before and the dosage had to be managed very frequently (weekly or biweekly office visits to monitor INR and adjust dosage). Very inconvenient for patient and very costly for provider."

For survey responses about Jardiance, 14 people said they pay more than $100 per month, with three patients reporting paying $600 to more than $1,000 per month. Several patients said they tried other drugs that were not as successful in treating their conditions. The survey format included space for people to write comments. See pages 2-4 of this newsletter for direct quotations from patients about burdensome drug costs.

During the June 18 PDAB meeting, board members reviewed survey results. You can **read the slide presentation** or **watch the video** of the board discussion about the survey. The survey information will be included in board reports for each prescription drug under review in July through October.

What patients say about prescription drug costs

Direct quotations from the PDAB patient survey, April 2025

Eliquis

- "This is a lifesaving drug that I will need for the rest of my life. I fear losing my insurance or them deciding not to cover it, in which case it would cost me around $900 a month. This would bankrupt me."
- "I have applied to the Eliquis foundation and was refused due to my financial records as supplied by tax records, which I would agree to explain further."
- "In 2024, my co-pay for the first two prescription fills/refills (90-day supply) was $135; by the end of 2024 it had gone up to just over $500, and this past March increased to $551 for same refill."
- "High deductible made initial copay $310 for 30 day supply."
- "This drug was $40 a month until 2025; now it's $123 a month."
- "The drug out of pocket was too expensive, so my doctor suggested I purchase it from Canada. I did and the price was less than half."
- "This drug has helped me stay alive. Price would be prohibitive if not covered. Please do not allow this drug to be charged full price."
- "I currently order this medication from Canada, after I paid $600 for the first month here. I can't afford that amount on an ongoing basis. With the planned tariffs, I'm sure the price will go up."
- "This drug is the most expensive one that I take, under my current Medicare Part D plan. I am hopeful that it will decrease in price as the drug becomes generic and Medicare limits on its cost go into effect."
- "When my father had his first stroke in 2023 the hospitalist prescribed Eliquis and told us it was the newest and best anticoagulant available and was on the cutting edge. After being hospitalized for three months, we found the cost for Eliquis was too high to continue taking it once discharged and worked with the doctor to find a cheaper but similar medication. They noted that changing off Eliquis to Pradaxa (current medication) would work almost as well and was cheaper. It is frustrating that the cost of the best available medication was too high and we had to switch to something less effective."
- "Now obtaining drug from mail-order Canadian pharmacy at far less cost than from Optum Rx domestic pharmacy."

Ozempic

- "I've been overweight for over 40 years, in and out of diet programs, including Weight Watchers, and many others, and nothing worked long term. I finally found a medicine that helps me lose weight. (I've lost 30 pounds) and used it for 2 years, and then they cut it off with little to no explanation.

I've already gained part of the weight back. It's very discouraging and depressing."

- "Because I'm over 65 and on Medicare I'm excluded from patient assistance programs. On Medicare my out-of-pocket expenses have increased so much that I now have to rely on food banks for food I can no longer afford. In addition to paying out-of-pocket drug costs, I now have copays for visits to specialists, emergency ambulance transport, and non-emergency transportation to medical appointments. I'm partially disabled and survive only on my Social Security retirement. If Social Security and Medicare are cut, I will be homeless and without medical care. I feel like my life is at risk; no home and no medical care is an almost certain death for me. Sadly I'm one of millions in this country in the same situation. Thank you for your efforts to help!"
- "The FDA announcement preventing pharmacies from compounding semaglutide and tirzepatide at a lower cost than the name brand is going to bankrupt people who need it to prevent or remediate worsening health conditions. I am lucky enough to have some maneuverability in my budget to afford the name brand but it's my single largest monthly expense and I still need to make sacrifices to afford it going forward."
- "Reducing weight led to lower blood pressure and reduced cholesterol and general better health. Stopping the drug will likely lead to increase in weight, blood pressure and cholesterol; but I cannot afford to continue paying $300/month out of pocket."

"Jardiance"

- "The first year it cost me $649 for of the year. Now it's $2,139 a year after insurance."
- "My diabetes would be far more serious without the medication."
- "Before insulin's price was dropped, there were three drugs that fell in the $750 range for a 90-day supply, which is what prompted us to look into the Canadian pharmacy because the costs were so high we were having difficulty affording them."
- "It's a tier 2 drug and I first had to meet my deductible."

"Xarelto"

- "There is a $1,000 deductible on the plan, so the first couple of months it's more expensive."
- "Without this medication I would probably be dead."
- "This is a very expensive drug and before the year is up I use Medicare benefits and price more than doubles."
- "This medication has been on the market for many years but cost is still very high and there is no generic form available."
- "The U.S. is one of the only countries to not have a generic version of Xarelto."
- "I am on Xarelto for life and the price keeps going up."

Mounjara

- "Eli Lilly was offering 50 percent discounts as long as you were NOT using Medicare. Medicare patients were stuck with the full price. Medicare out-of-pocket limits do NOT apply, so the patient gets NO help here. This drug sells for a tiny fraction (<$100/month?) of the cost in Europe."
- "I am going to leave the country soon so I can get decent health care."
- "This drug is a lifesaver and has been nothing short of a miracle in lowering my A1C. Mounjaro has been amazing!"
- "Help make this medication affordable."
- "Manufacturer coupons NOT usable if you are over 65 – when people need it most."

Oregon PDAB launches new drug data dashboard

PDAB launched a new data dashboard in June as a tool for board members to use during cost reviews of prescription drugs and insulin products. The dashboard is posted on the prescription drug data page of the PDAB website. Here is the dashboard direct link. The navigation menu has several options including, dashboard instructions, drug lookup tool, drug level summary, plan type reference, NDC information, drug level alternatives, drug level plan design and others. Here are highlights of three navigation tools.

Dashboard Instructions

On the dashboard instruction page, learn how to filter by specific drug or therapy class, sort columns from ascending or descending, and hover over pie charts to see dollar amounts or other associated values. Some tables and figures are interactive.

Drug Level Summary

On the prescription drug summary page, green columns show information insurance carriers provided to PDAB and white columns show information from the Oregon Health Authority's All Payer All Claims (APAC) data base. Purple columns show information from a university pharmacist who contracts with PDAB to provide details about prescription drugs under board review.

Drug Lookup Tool

On the drug lookup tool, select a drug name and the dashboard will provide the number of enrollees, claims, what patients paid out of pocket, what insurance companies paid, average cost before price concessions and more information. This page also provides the therapeutic alternatives or biosimilars for each drug. Each page has a button to return to the navigation menu.

PDAB member profile: Chris Laman

What inspired you to become a pharmacist?

I grew up in a pharmacy family. My grandfather owned a pharmacy, and my dad ran a hospital pharmacy. I have great memories of cleaning my grandfather's store and being paid in candy. He even taught me how to make suppositories and creams when I was in middle school. Seeing how much their patients and employees loved them greatly influenced my desire to become a pharmacist. My grandfather's patients sometimes paid him with eggs or blankets – he did whatever he could to help them. Those examples of compassion and community service made a lasting impression on me.

PDAB member Chris Laman

Where did you go to school and how did your training shape your career?

I earned my pharmacy degree from the University of Utah, where I also had the opportunity to run track and cross country as an undergraduate. It is also the pharmacy school my father attended, and those family ties opened doors for me – first with an internship at the University Hospital and later at the Huntsman Cancer Institute. I earned my MBA from the University of Notre Dame. That education emphasized applying knowledge to make a positive impact on the world. Those experiences helped shape my values, understanding of patient care, and laid the foundation for the work I have done at Columbia Memorial Hospital (CMH) in Astoria.

Tell us about your work at Columbia Memorial Hospital.

Columbia Memorial Hospital is a Critical Access Hospital (CAH) in Astoria, Oregon. Working in a rural, independent hospital presents unique challenges, but it also brings deep rewards. There is a strong culture of resilience and dedication in our coastal community. You can truly see that spirit in every member of the CMH team. Knowing we are the primary source of health care for much of our region makes our work very personal and fulfilling. In my role, I focus on expanding services and developing partnerships to improve access to care across our community.

What are the biggest challenges facing rural health care and pharmacy services?

One of the most pressing issues is the lack of pharmacy access. Oregon currently ranks 48th out of 50 states in pharmacy access. Pharmacies across the state are closing, creating serious access issues for patients in rural areas who already have limited health care options. We must address this critical concern for rural health through policy and community-level innovation.

How has your background influenced your perspective on affordability and access?

Growing up around pharmacies, I have seen pharmacists' unique role in our communities. I have also seen patients struggle with impossible decisions – choosing between paying for medication or paying rent. Like my father and grandfather, I have paid out of pocket for patients' prescriptions when they could not afford them. Serving on the Oregon Prescription Drug Affordability Board has allowed me to work on these issues on a broader scale and help create policies that improve access and affordability for the people we serve.

What do you enjoy doing outside of work?

I love spending time with my family. My wife, Grace, and I have two boys of which we are incredibly proud. As a family, we enjoy running together and going on active adventures, especially to national parks. Exploring the outdoors and staying active are important parts of our lives.

Board publishes generic drug report

In May, Oregon PDAB approved the PDAB Generic Drug Report 2025 for sending to the Oregon Legislature. The report includes discussion about pricing, market trends, shortages and effects on the health care system, pricing effect on Medicare and Medicaid spending, market concerns with importation and tariffs, group purchasing organization and pharmacy benefit manager practices, and an overview of PBM-owned generic and biosimilar manufacturing. This is the board's fourth generic drug report to present to the Legislature as part of its statutory requirements stated in ORS 646A.697. **Read the generic drug report** on the PDAB website. **View the video** of the board discussion during the May 21, 2025 meeting.

Board, staff thank Robert Judge for his service to Oregon PDAB

Robert Judge

The board and staff want to thank Robert Judge for his dedication to PDAB. Judge resigned in April due to increasing commitments at work. Judge was one of the first governor-appointed board members to serve on the newly-created board on June 10, 2022. He made a tremendous contribution to the board through his commitment to the prescription drug review process with his technical expertise. The board is seeking applicants to fill Judge's seat on PDAB. Board members must be Oregon residents with expertise in health care economics and clinical medicine. The board encourages clinicians with knowledge and experience in the lifecycle of patient care to apply. To apply, submit an application in **Workday** by Monday, **July 7, 2025**.

The board consists of eight members appointed by the governor and confirmed by the Senate. Members serve four years and can seek reappointment. The time commitment is about 10 hours per month, including virtual board meetings held on the third Wednesday of the month. The new member will begin serving in October. The board encourages candidates to apply.

Read a letter about serving on the board. **Apply Now**

News you can use

This column features timely articles about prescription drugs.

- "Oregon pharmacy aims to save rural customers hours of driving for prescriptions," by Kristine de Leon, The Oregonian, April 7, 2025.

This article is about board member John Murray's pharmacy opening a free-standing medication locker in the remote town of Fossil so patients can pick up medications at their convenience.

- "State and Territory attorneys general call on Congress to prohibit pharmacy benefit managers from owning or operating pharmacies," by National Association of Attorneys General, April 14, 2025.

This article is about PMBs use of pharmacy ownership to influence control over competitors, often forcing small businesses to accept complex, unjust, arbitrary and detrimental contractual agreements.

Oregon Governor signed Senate Bill 289 into law

Beginning in 2026, PDAB will provide list of "up to nine" drugs to Legislature

Senate Bill 289, which requested three housekeeping changes for PDAB on behalf of DCBS, was passed by the Senate and House and signed by Gov. Tina Kotek in May. It will take effect Jan. 1, 2026. The Senate Bill will:

State Capitol, Salem, Oregon

- Change the board's statutory language to "up to nine" drugs a year for cost reviews. The previous language was "nine drugs a year." The language change will give the board more flexibility in following its requirement to present the Oregon Legislature with an annual list of drugs that may cause affordability challenges based on statutory criteria.
- DCBS will provide PDAB with a list of prescription drugs annually instead of quarterly. Manufacturers report price increases for brand-name and generic prescription drugs and DCBS shares this data with PDAB. Reporting the information annually will ensure a more accurate review of prescription drugs by the board.
- Remove the requirement that PDAB prepare a separate generic drug report each year and instead, include generic drug information in the annual report the board submits to the Legislature each December.

Keep track of Oregon PDAB drug reviews with resources on PDAB website

- **Medication review page**: Public comments about specific drugs are posted here. So are the list of drugs under board review. Find video links to watch board discussions.
- **Prescription drug data**: Find the new data dashboard on the PDAB data webpage under the June 18, 2025, meeting resources heading.
- **Board calendar and materials**: Find the agenda materials, minutes, video, and public comments. Click on the links beneath the board meeting date.

How to provide public comment during PDAB drug reviews

There will be two public comment periods on the agenda during the board meetings in July through October. The first public comment period will be for general comments. The second public comment period will be for comments about specific drugs under review.

1. **Submit the public comment form** 24 hours before the meeting for speaking, 48 hours before the meeting to submit letters. On the public comment form, check the box if you want to speak during the board meeting. Attach letters or documents if you are submitting something in writing. You may also type your comments in the text box on the public comment form. If you submit a letter after 48 hours, the board will consider your letter at the next meeting. All letters are posted to the PDAB website.
2. **Register for the Zoom meeting**: Registration links are located on the board calendar page underneath the meeting date on the PDAB website.
3. **Log into Zoom** on board meeting day and be sure your name is displayed in the Zoom title. If you signed up to speak and your name is not called during the public comment period, use the raise hand function in the Zoom control panels. When the board chair or host calls on you, let them know you are in the meeting.
4. **Find more information here:** "How to communicate with the board."

2025 PDAB calendar: click on dates to register

Wednesday, July 16	**9 a.m.**
Wednesday, Aug. 20	**9 a.m.**
Wednesday, Sept. 17	**9 a.m.**
Wednesday, Oct. 15	**9 a.m.**
Wednesday, Nov. 19	**9 a.m.**
Wednesday, Dec. 17	**9 a.m.**