DFR | Division of Financial Regulation

Department of Consumer and Business Services

2026 Analysis: Insurer Reports

Results and analysis of 2025 data

Drug Price Transparency Program



Nov. 16, 2026

About the Drug Price Transparency Program

Oregon's Drug Price Transparency (DPT) Program, part of the Division of Financial Regulation (DFR) at the Department of Consumer and Business Services (DCBS), provides accountability for prescription drug pricing through the notice and disclosure of specific drug costs and price information from pharmaceutical manufacturers, health insurers, pharmacy benefit managers, and consumers.

Visit https://dfr.oregon.gov/drugtransparency.

Terms and acronyms used throughout this report

Brand-name drug: A prescription drug, having a unique national drug code (NDC), marketed under a unique proprietary name or registered trademark name, including a biological product.

Generic drug: A prescription drug, having a unique NDC, whether identified by its chemical, proprietary, or nonproprietary name, that is not a brand-name drug, is therapeutically equivalent to a brand-name drug in dosage, strength, method of consumption, performance, and intended use. Generic drug includes a biosimilar product.

National drug code (NDC): Drug products are identified using these unique numbers, which serve as universal product identifiers for drugs and can be found online in the U.S. Food and Drug Administration (FDA) NDC directory.

Operations year (ops. year): Refers to the calendar year of the data reported by insurers. This 2026 report has data for the operations year of Jan. 1 to Dec. 31, 2025.

Specialty drug: For 2025, a specialty drug[1] is a prescription drug with a list price of $950 or more for a 30-day supply or for a course of treatment shorter than one month. Specialty drugs can be brand-name or generic drugs as some generic or biosimilar drugs meet this price threshold. This is the amount used for the DPT manufacturer reporting threshold for new drugs.[2] The DPT definition of specialty drug is based only on price and does not consider other drug characteristics such as restricted distribution or special handling requirements that are used in some specialty drug definitions.

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[1] For the DPT Program, as defined in ORS 646A.689, specialty drugs are identified by the price threshold alone. This definition is separate and distinct from the definition of specialty drug in ORS 735.530, which identifies drugs that are subject to restricted distribution or require special handling.

[2] In 2025, OAR 836-200-0520 was updated to match the 2024 amount for specialty drugs as designated by the Centers for Medicare and Medicaid Services for Medicare Part D of $950 for a one-month supply as used in this report. The specialty price threshold was further updated in 2026 rulemaking and will be $1,080 starting Jan. 1, 2027.
https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3795.

Therapeutic class: A group of drugs used for the treatment, remediation, or cure of specific disorders or diseases. Descriptions are available on the therapeutic classes webpage.[3]

Refer to pharmaceutical terms in the glossary on our website.

Additional report information

This data report is based on insurer reports received by the DPT Program during 2026 about operations in 2025. Insurers are required to provide information according to ORS 743.025 and OAR 836-053-1630 as instructed on DPT's insurers webpage.

ORS 743.025 requires the program to update the legislative committees related to health about the information reported by insurers.

Throughout our report we also reference drug prices and therapeutic class information that we extracted from the Medi-Span drug database produced by UpToDate Inc. Descriptions of therapeutic classes used in this report can be found in Appendix B or on our therapeutic classes webpage.

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The attribution to UpToDate Inc. of the data from Medi-Span does not constitute, and must in no way be characterized as UpToDate's endorsement of the data, views, opinions, or findings expressed, shared, or otherwise published or displayed in this report.

Acknowledgements

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[3] Refer to Appendix B for therapeutic classes used in this report. Also refer to the DPT website for descriptions of therapeutic classes used in our reports: https://dfr.oregon.gov/drugtransparency/Pages/therapeutic-classes.aspx.

Table of Contents

About the Drug Price Transparency Program 2
Terms and acronyms used throughout this report 2
Additional report information 3
Acknowledgements 3
Report highlights 5
Health insurance company reporting 6
Plan spending on prescription drugs 7
Consumer cost sharing 16
Rebates 18
Member months and members served by company 22
Most-prescribed drugs 24
Most-costly drugs 26
Drugs with the greatest increases in health insurer spending 28
Conclusion: 30
Appendix A: Types of plans for insurer reports received in 2026 31
Appendix B: Descriptions of therapeutic classes referenced 32

Report highlights

As shown across many different analyses in this report, high-cost drugs (defined as specialty drugs for DPT reporting) make up the majority of prescription drug spending by insurers in Oregon. While lower cost generic drugs tend to have the most prescription counts and are taken by more Oregonians, high-cost drugs make up most drug spending reported by insurers.

Among the 11 insurers studied in this report, the total insurance premiums collected in 2025 were $6.72 billion for about 865,000 members. Individual insurers' pharmaceutical spending ranged widely from 13 percent to 41 percent of the premium collected. Reported premiums per member per month varied between $555 and $797.

The three most frequently prescribed drugs were amphetamine-dextroamphetamine (Amphetamine), with 255,931 prescription claims, levothyroxine sodium (Euthyrox, Levothyroxine, Synthroid), with 226,149 prescription claims, and atorvastatin calcium (Atorvastatin), with 210,643 prescription claims.

The three most-costly drugs were risankizumab (Skyrizi), with more than $64 million in annual plan spending, pembrolizumab (Keytruda), with more than $40 million in annual plan spending, and semaglutide (Ozempic, Rybelsus, and Wegovy), with $38 million in annual plan spending.

The drug with the greatest year-over-year increase in the amount of annual plan spending was risankizumab (Skyrizi), also 2025's most-costly drug, with a spending increase of more than $20 million between 2024 and 2025 across all insurers. Tirzepatide (Mounjaro, Zepbound) was the drug with the second-highest increase in plan spending, with an increase of more than $12.6 million. Pembrolizumab (Keytruda), the second-costliest drug this year, had the third-highest increase in plan spending, with insurers reporting a plan spending increase of more than $8.5 million between 2024 and 2025.

Health insurance company reporting

Each year, health insurance companies that operate in Oregon must report top 25 drugs lists to the DPT Program. These reports include drugs covered under both pharmacy and medical benefits by health plans regulated by the state. Total annual spending must include the net impact of any rebates or price concessions for the drugs. These reports are mandatory for health benefit plans in the fully insured small-group, large-group, and individual markets. Altogether, the data reported covers prescription drug claims for about 865,000 people, representing roughly a fifth of all Oregonians.[4]

The 11 reporting insurance companies are:

- Aetna Life Insurance Co.
- BridgeSpan Health Co.
- Cigna Health and Life Insurance Co.
- Health Net Health Plan of Oregon Inc.
- Kaiser Foundation Health Plan of the Northwest
- Moda Health Plan Inc.
- PacificSource Health Plans
- Providence Health Plan
- Regence BlueCross BlueShield of Oregon
- Samaritan Health Plans Inc.
- United Healthcare Insurance Co./United Healthcare of Oregon Inc

The same 11 insurance companies reported aggregate data in 2026, 2025, and 2024 (for operations years 2025, 2024, and 2023 respectively). The market segments each company reported are included in Appendix A. Note that both Regence and Samaritan reported on different market segments for operations year 2025 compared to earlier years.

Following program reporting guidance, insurance companies aggregate all claims for all drug products with the same name, including versions with different or modified release dosages. They include all claims for drugs under the pharmacy benefit and the medical benefit. Then, they submit the following lists:

- The 25 most-prescribed drugs in 2025 based on the number of claims received.
- The 25 drugs with the highest total health insurer spending in 2025 based on total amounts spent by insurers and plan members in the year, net of any rebates or other price concessions.

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[4] Total Oregon population of 4,301,164 as of July 1, 2025, as reported by the Portland State University Population Research Center, https://www.pdx.edu/population-research/population-estimate-reports. Accessed Oct. 20, 2026.

- The 25 drugs with the greatest increase in year-over-year insurer spending based on total amounts spent in 2024 and 2025, net of any rebates or other price concessions.

Insurers submit separate lists for generic drugs, brand-name drugs, and specialty drugs. The program instructs insurers to provide these three categories, defined as follows:

- Generic prescription drugs aggregated by the type of molecule regardless of manufacturer.
- Brand-name prescription drugs aggregated by brand-name NDCs with the same manufacturer. This may result in multiple entries for brand-name drugs with similar active ingredients produced by different manufacturers—this is most likely to occur with biosimilar biologic products that are often marketed under unique brand names by each manufacturer.
- Specialty prescription drugs that cost more than $950 for a 30-day supply in 2025. The specialty category may include both brand-name and generic drugs. The DPT definition of specialty drug is based only on price and does not consider other drug characteristics such as restricted distribution or special handling requirements that are used in some specialty drug definitions.

After combining the data and aggregating drugs across insurers, the program identified 560 unique drugs by nonproprietary name, as reported for 2025. The final lists in this report show the top 10 drugs statewide in each category, aggregated from the data for all 11 insurers.

Plan spending on prescription drugs

The DPT program collects information on drug spending compared to total premiums to measure the percentage of insurer spending directed to prescription drugs versus all other costs, including all other medical claims, plan administration, profit, and financial reserves.

The data presented in these charts represents prescription drug spending in the small-group, large-group, and individual-market segments.[5] It does not include data for the Public Employees' Benefit Board (PEBB), Oregon Educators Benefit Board (OEBB), self-insured employer-provided health benefits, Medicare, or Medicaid, because insurers are not required to submit data for these markets. Insurers report total drug spending for each market segment including spending for drugs that are not included on their top 25 lists.

[5] Generally, under the Affordable Care Act, small-group plans are defined as those purchased by an employer with 50 or fewer enrollees; large-group plans are those purchased by an employer with 51 or more enrollees; and individual plans are plans purchased directly by the enrollee.

Figure 1: Premium amounts collected by individual, small-group, and large-group plans reported for operations years 2023 through 2025 (billions of dollars)



Figure 1 shows that the large-group market collected the most premium for all years visualized. In 2025, the total premium collected by the large-group market was $4.36 billion, an increase of $870 million (25.0 percent) from 2024 to 2025. Most, $630 million, of the increase in reported large-group premiums was due to the addition of Regence large-group reporting for 2025 operations. Regence did not report information about large-group market operations in 2023 or 2024.

The individual market collected $1.23 billion in premiums in 2025, an increase of $90 million (7.9 percent) from 2024. Finally, the small-group market collected $1.13 billion in premiums, an increase of $30 million (2.7 percent) from 2024. Across all markets, insurers collected a total premium of $6.72 billion in 2025. Note that the original 2025 report had errors for premium amounts collected, and a corrected report issued in 2026 fixed the errors.

Figure 2.1 compares all three markets (large-group, individual, and small-group) by spending on drugs reported in the generic, brand-name, and specialty categories. This includes amounts paid by insurers and plan members.

Figure 2.1: Prescription drug spending by markets and drug category (millions of dollars)

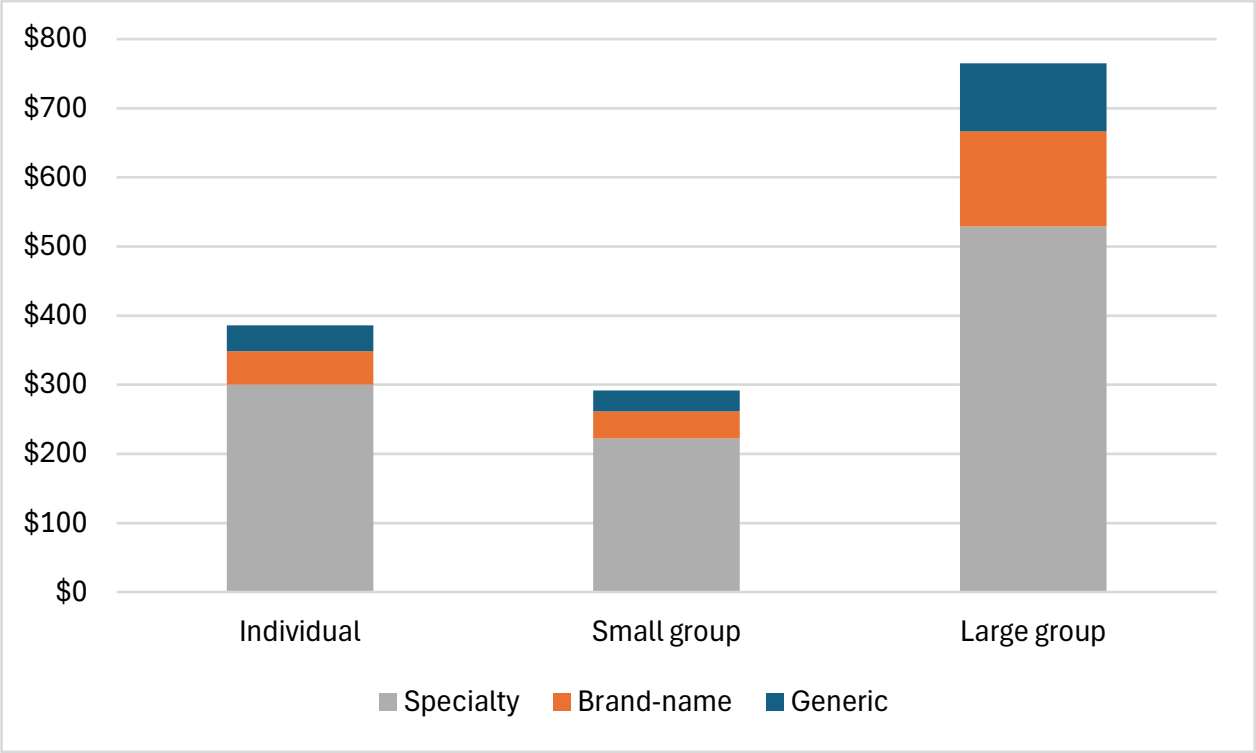


Figure 2.2: Table of prescription drug spending by markets and drug category

Drug category	Individual market	Large-group market	Small-group market	Total
Generic	$37,779,209	$98,098,435	$30,180,486	$166,058,130
Brand-name	$48,318,968	$137,931,764	$39,328,316	$225,579,048
Specialty	$300,040,854	$529,018,600	$222,324,032	$1,051,383,486
Total	$386,139,031	$765,048,800	$291,832,833	$1,443,020,664

Large-group spending totaled more than $765 million, individual market spending totaled more than $386 million, and small-group spending totaled less than $292 million. Across all markets, insurance companies spent $1.44 billion on all drug types, with most (more than $1 billion or 73 percent of the total) spent on specialty drugs.[6]

[6] Refer to definitions in this report for explanation of what specialty drug means.

Shown in Figure 3 is the spending per enrollee for all drugs sorted by category (generic, brand name, and specialty) and list type (most prescribed (MP), most costly (MC), and greatest increase (GI)). The program aggregated the number of enrollees and total annual spending across each category to calculate the average spending per enrollee. As described in the health insurance company reporting section, insurers report drugs on each list (MP, MC, GI) based on specific criteria. Therefore, the average cost per enrollee varies since each list may include different individual drugs.

Figure 3: Mean insurer spending per enrollee and per category reported

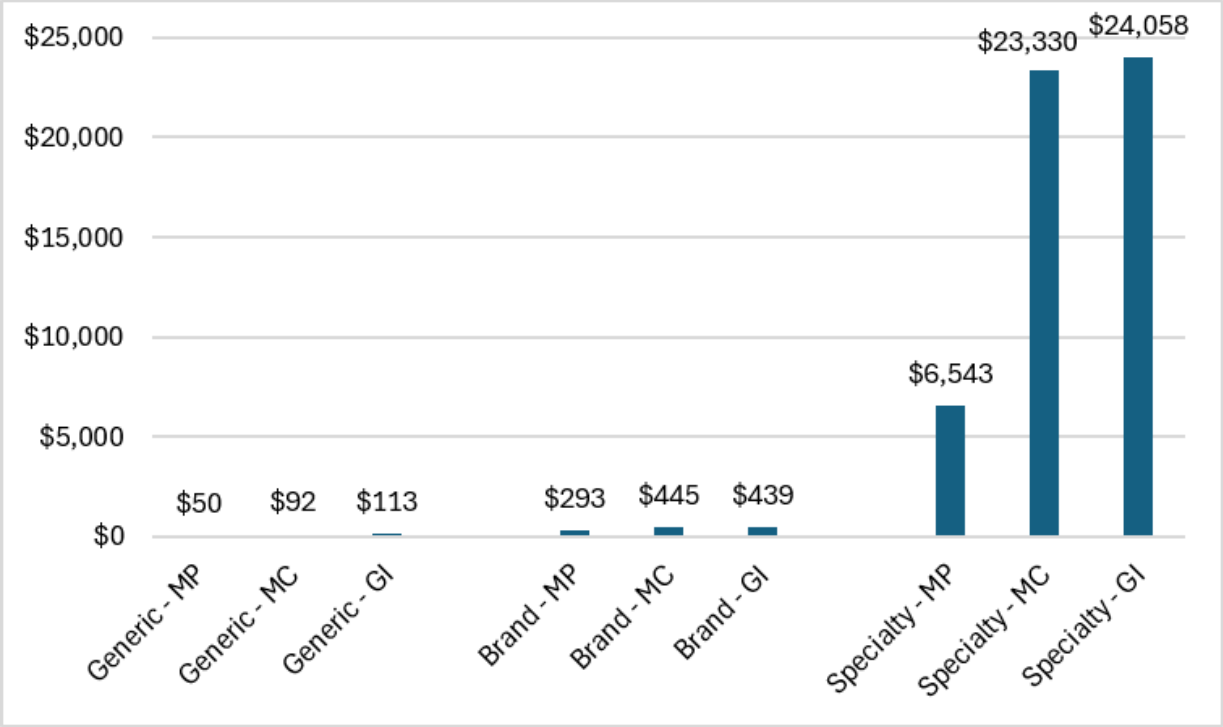
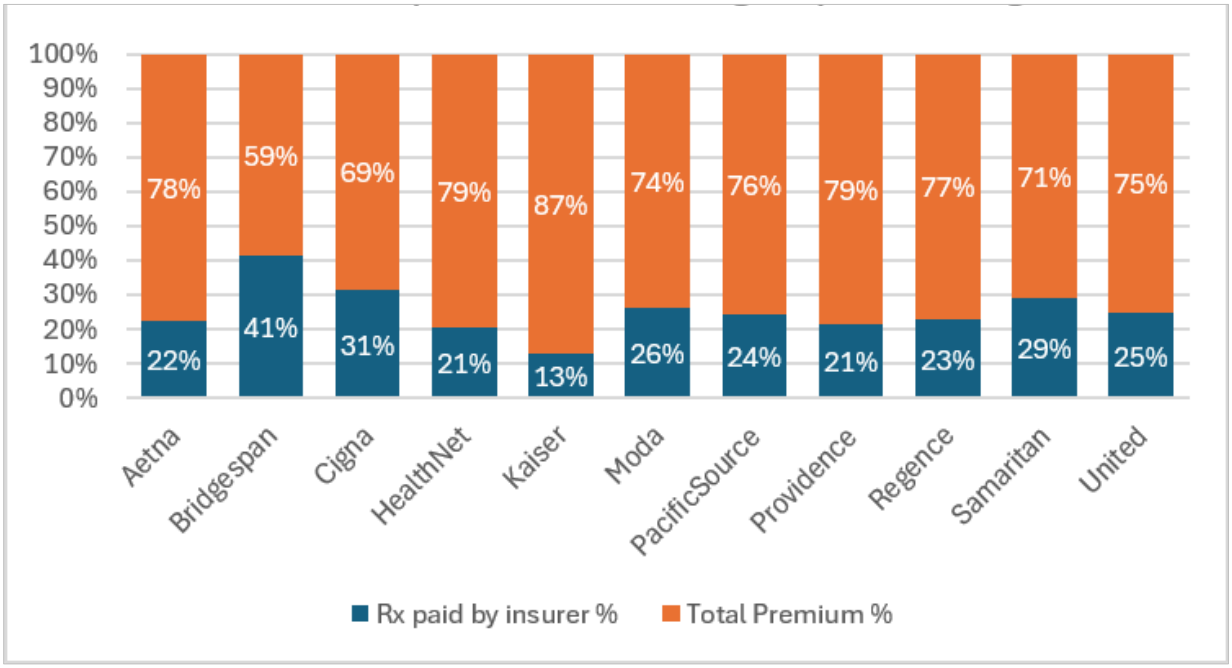


Figure 4 shows that insurer spending on prescription drugs after rebates varies widely as a percentage of total premiums collected. We list insurers in alphabetical order throughout this report so that readers can easily compare the various figures. Bridgespan had the highest share of spending on drugs, reporting that 41 percent of its total collected premium was spent on pharmaceuticals. Cigna had the second-highest share of spending on pharmaceuticals, with 31 percent. Kaiser had the smallest share of spending on pharmaeuticals with respect to total premium collected, with 13 percent. Providence and HealthNet were the second smallest, each with around 21 percent of premiums collected being spent on pharmaceuticals. Kaiser has reported the smallest share of spending on pharmaceuticals among reporting insurers each operations year from ops. year 2021 to 2025. Prior to ops. year 2021 this analysis was not done.

Figure 4: Insurer spending, after rebates, on prescription drugs as a percentage of premiums collected



Insurers reported information about total premiums and the number of member months covered. Figure 5 shows the companies' premium collected per member per month (PMPM), calculated by dividing total reported premium by the number of reported member months. The insurance companies with the highest average premiums were BridgeSpan and PacificSource, with $797 and $704 PMPM. The company with the lowest premium was HealthNet, at $555 PMPM.

Figure 5: The average premium per member per month (PMPM) for each insurer

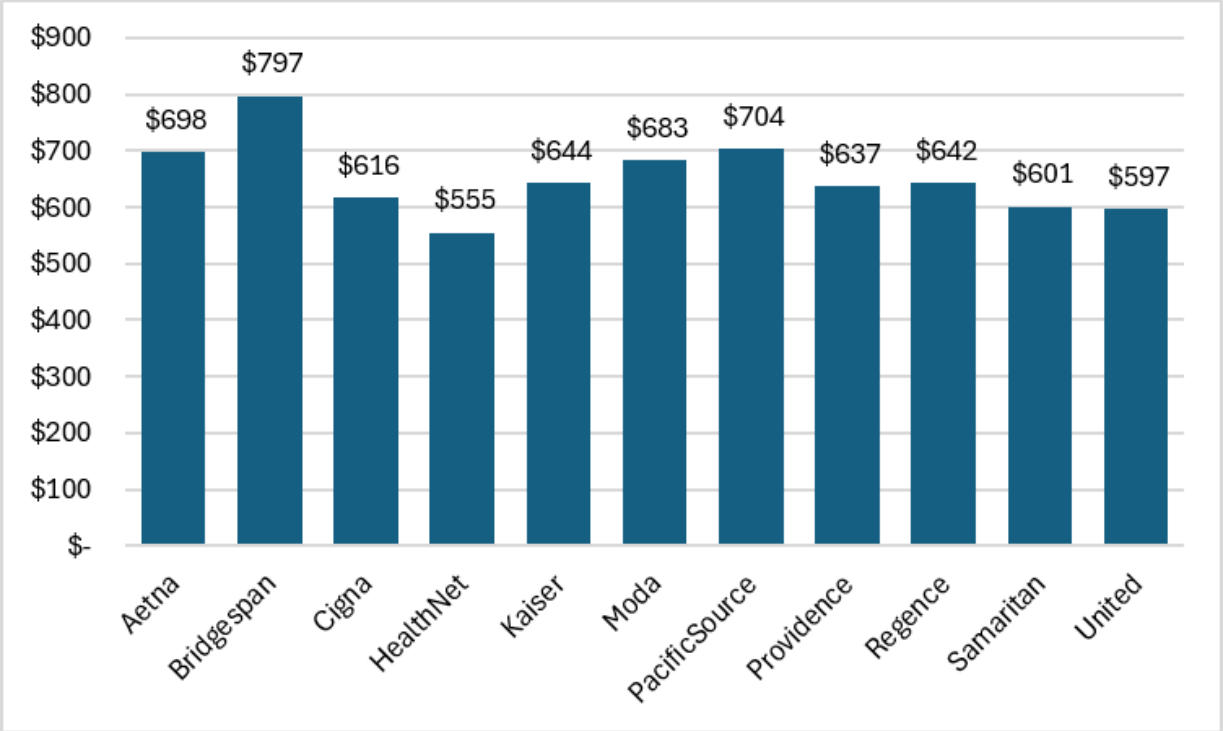


Figure 6 shows spending on each drug category as a percentage of total spending on prescription drugs. All insurers spent the most on specialty drugs, which is expected because specialty drugs are identified by their cost of $950 or more per 30-day supply. Some companies spent more on generic drugs than on brand-name drugs, and some companies spent more on brand-name drugs than generic drugs.

In general, generic drugs constitute the majority of prescriptions written and filled, while specialty drugs (generic and brand-name drugs that cost more than $950 for a one-month supply) represent a fraction of prescription claims, despite driving the majority of spending. BridgeSpan was the company with the highest percentage of pharmaceutical spending on specialty drugs at 86 percent. PacificSource and Kaiser were the companies with the lowest percentages of pharmaceutical spending on specialty drugs at 60 and 66 percent, respectively.

While Figure 6 shows spending in percentage terms, figures 7.1 and 7.2 show the total spending on each category for the same companies. High-cost specialty drugs represent the majority of drug spending reported by insurance companies.

Figure 6: Share of insurer spending on prescription drugs by category (brand name, generic, specialty)

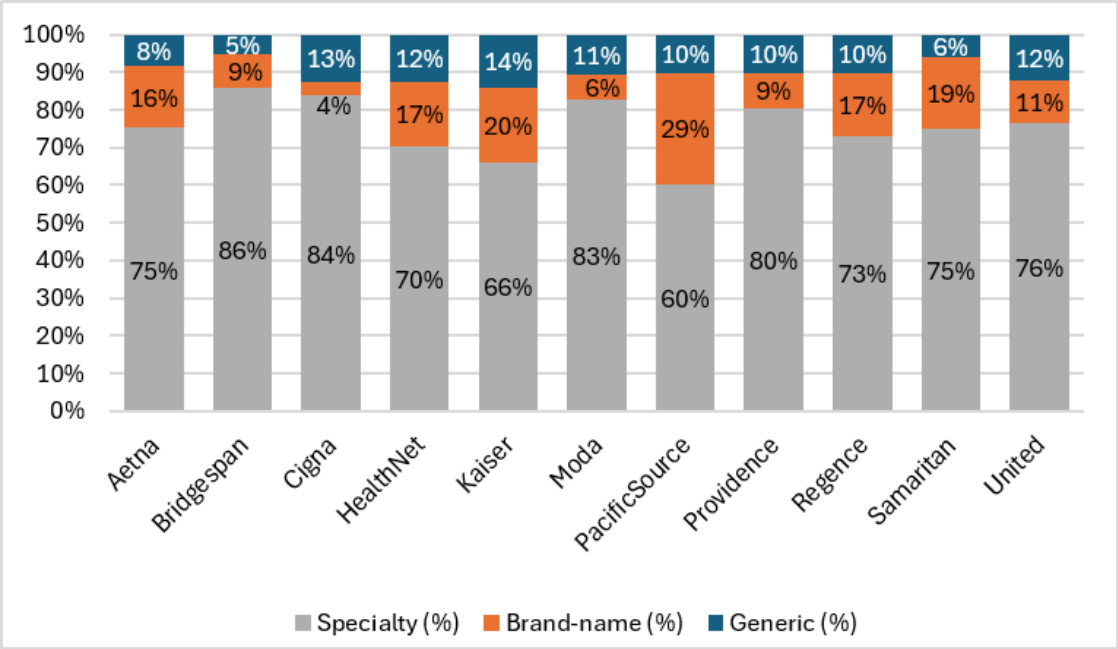


Figure 7.1: Amounts spent on prescription drugs by category (brand name, generic, specialty) for all insurers (millions of dollars)

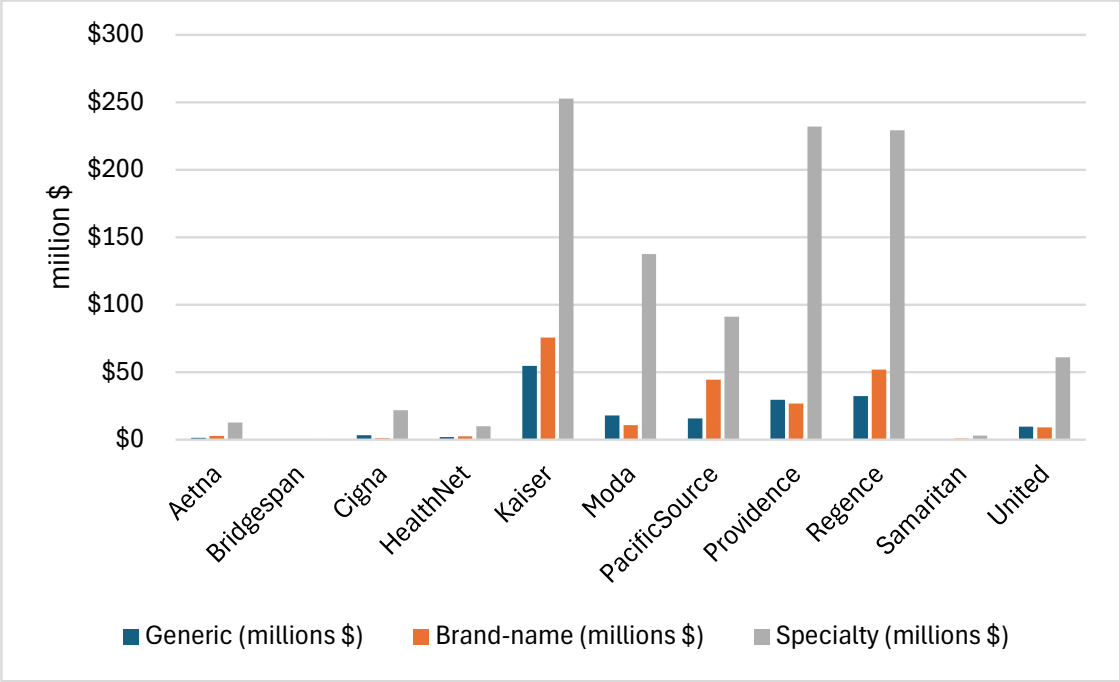


Figure 7.2: Amounts spent on prescription drugs by category (brand name, generic, specialty) for the five insurers with the smallest spending (millions of dollars)

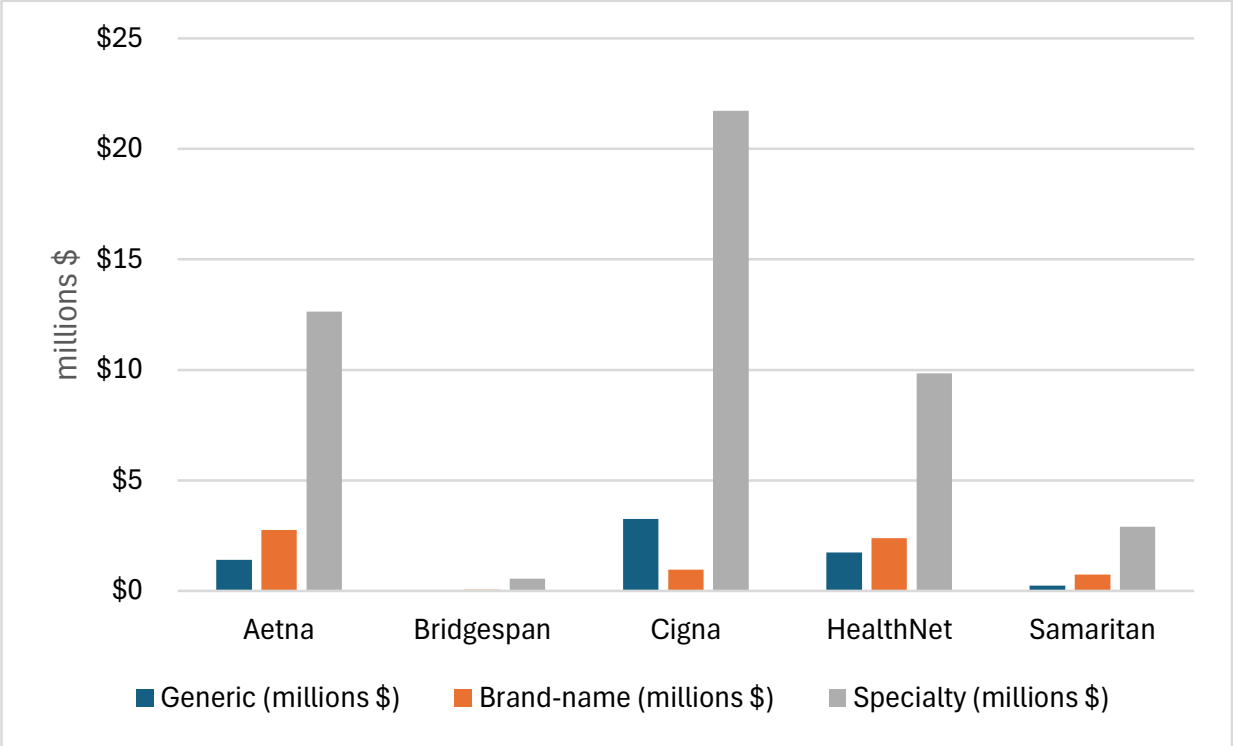


Figure 7.3: Table of amounts spent on prescription drugs by category (brand name, generic, specialty) for all insurers

Company name	Generic spending	Brand-name spending	Specialty spending	Total spending
Aetna	$1,405,756	$2,753,549	$12,644,341	$16,803,646
BridgeSpan	$33,147	$57,370	$554,833	$645,350
Cigna	$3,253,479	$965,551	$21,732,135	$25,951,165
HealthNet	$1,745,572	$2,392,834	$9,847,983	$13,986,389
Kaiser	$54,584,568	$75,517,525	$252,629,970	$382,732,063
Moda	$17,849,961	$10,784,892	$137,634,602	$166,269,455
PacificSource	$15,672,017	$44,416,505	$91,212,170	$151,300,692
Providence	$29,424,405	$26,806,381	$231,923,452	$288,154,238
Regence	$32,225,481	$52,014,833	$229,320,020	$313,560,334
Samaritan	$240,706	$742,936	$2,915,171	$3,898,813
United	$9,623,037	$9,126,672	$60,968,810	$79,718,519
Total	$166,058,129	$225,579,048	$1,051,383,487	$1,443,020,664

Figure 8.1: Total prescription drug spending by insurers from 2019 through 2025 (years being reported) in millions of dollars

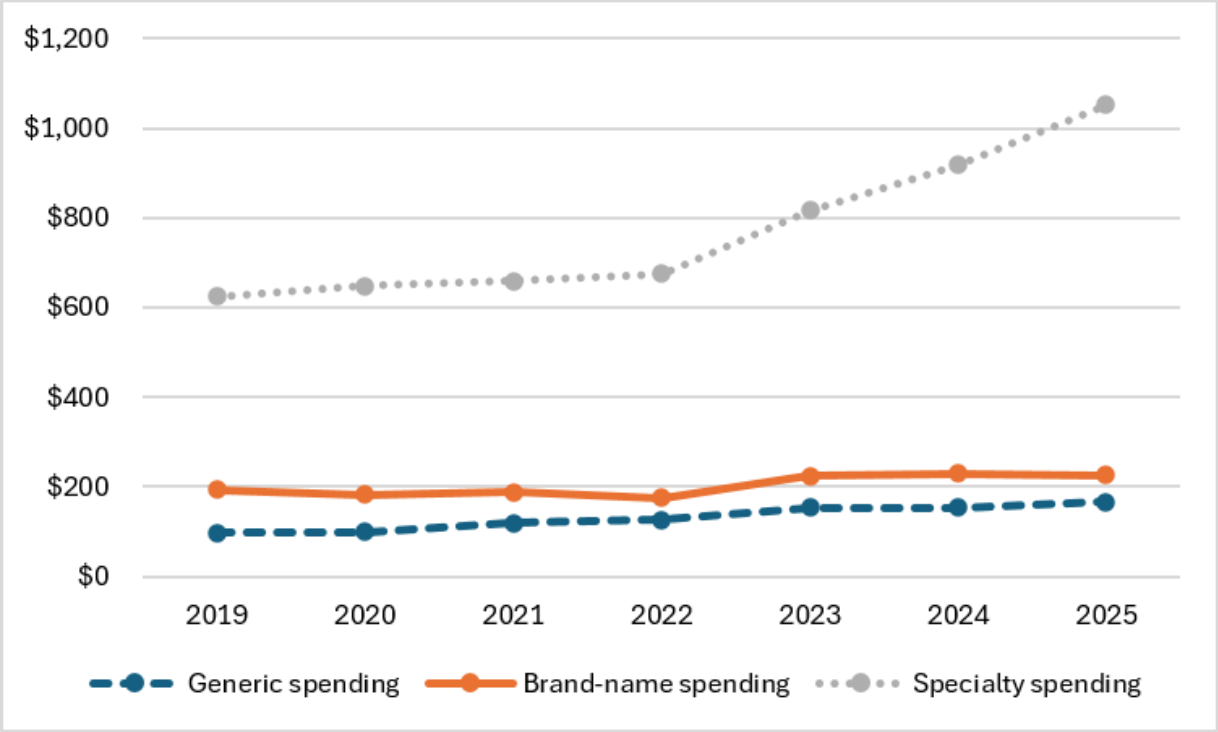


Figure 8.1 shows spending on generic, brand-name, and specialty prescription drug categories aggregated across all insurers and markets reported to us each year. In 2020 and 2021, 10 insurers submitted data to DPT about operations in year 2019 and 2020. In 2022 and 2023, nine insurers submitted data about operations in year 2021 and 2022, with Cigna not included in the reporting these years. In 2024 through 2026 (ops. years 2023 through 2025), 11 insurers submitted data. These insurers are listed at the beginning of this report. Figure 8.2 shows the data table accompanying Figure 8.1, with the operations year being reported.

Figure 8.2: Table of total prescription drug spending reported by insurers from 2019 through 2025 (operations years)

Operations year	Generic spending	Brand-name spending	Specialty spending	Total
2019	$96,571,550	$193,247,669	$623,461,129	$913,280,348
2020	$99,560,804	$181,634,639	$647,307,246	$928,502,689
2021	$119,725,433	$187,193,285	$658,555,860	$965,474,578
2022	$126,355,982	$175,568,147	$674,167,000	$976,091,129
2023	$153,704,575	$223,403,845	$817,138,452	$1,194,246,872
2024	$154,156,565	$228,781,647	$917,587,270	$1,300,525,482
2025	$166,058,129	$225,579,049	$1,051,383,486	$1,443,020,664

Consumer cost sharing

Cost sharing data collected by the program shows the amount that insured consumers are expected to pay for their covered prescription drugs. Figure 9 shows dollars spent on a per member per month (PMPM) basis for individual, small-group, and large-group insurance plans across all 11 insurers studied, while Figure 10 shows this on a percentage basis. This data shows the average monthly cost sharing for prescriptions paid by consumers (member share) and the average monthly amount covered by insurance (plan share).

Figure 9: Mean share of spending on prescription drugs PMPM by members and by health plans in millions of dollars

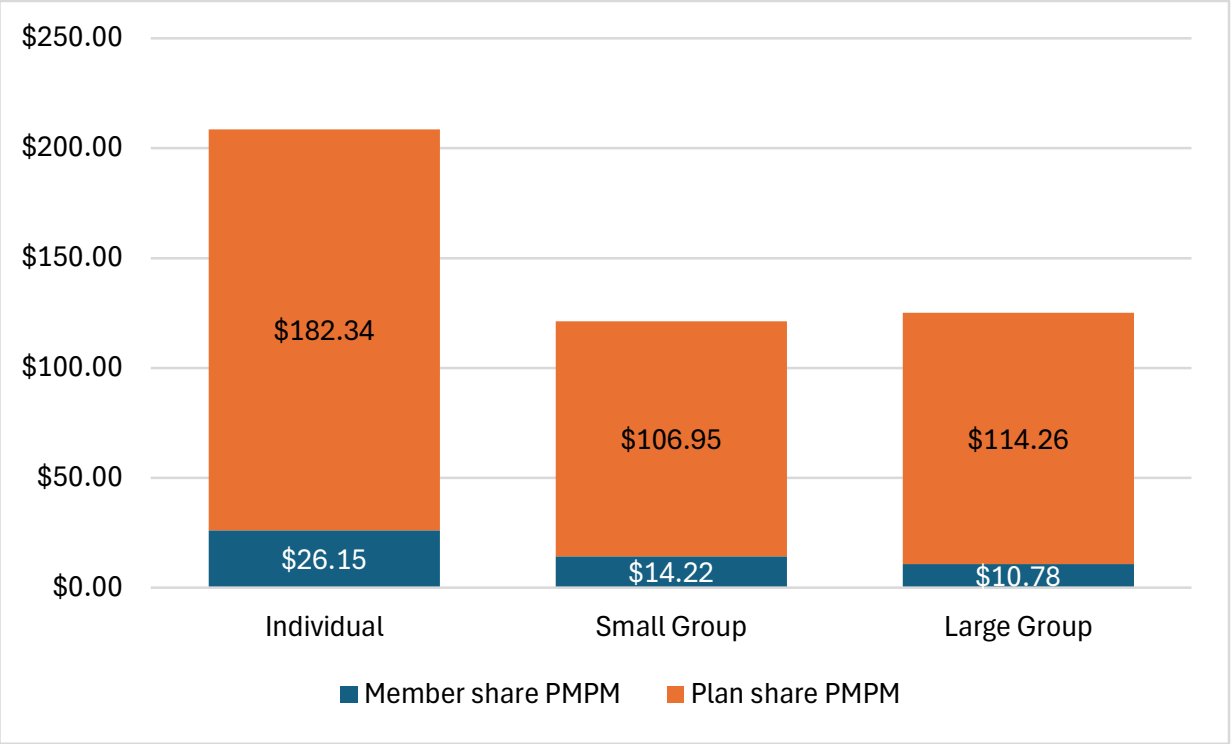
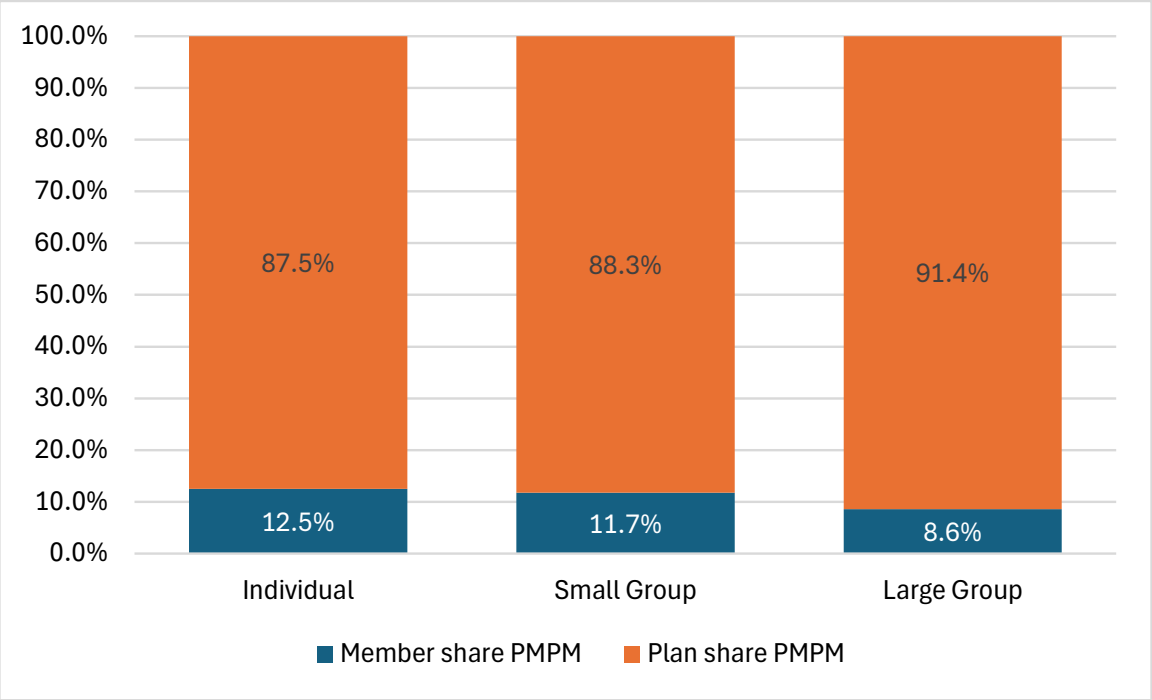


Figure 10: Mean share of spending on prescription drugs PMPM by members and by health insurers as a percentage of total spending



Overall, individual market plans spent the most per member per month, averaging $208.49 in total spending. Of that amount, $26.15 was paid by the member and $182.34 was covered by the insurer. Several factors may be contributing to the difference in spending between plan types. In general, employer-sponsored plans in the small-group and large-group markets tend to have a larger number of younger enrollees with fewer medical conditions. As a result, claims costs for prescription drugs are likely to be lower in the group plans due to lower incidence of chronic conditions that are treated with medications.[7]

The member cost burden between individual, small-group, and large-group market plans are compared on an absolute basis in Figure 9. The program compared those values on a relative basis in Figure 10. Of the total drug spending on average for individual plans, 12.5 percent was shouldered by members. Of the total drug spending on average for small-group plans, 11.7 percent was shouldered by members. Of the total drug spending on average for large-group plans, 8.6 percent was shouldered by members. Across all three market segments, individual plan members had both the highest prescription drug costs and the highest share paid by the member.

[7] Boersma, Peter et al. “Prevalence of Multiple Chronic Conditions Among U.S. Adults, 2018.” Centers for Disease Control and Prevention, Preventing Chronic Disease, vol. 17, Sept. 17, 2020. https://www.cdc.gov/pcd/issues/2020/20_0130.htm. Accessed Oct. 1, 2026.

Rebates

The price of a drug is influenced by many factors, but manufacturer rebates are one of the most significant for drugs that are under patent and are not available as generics. Typically, a manufacturer will pay a rebate for a portfolio of drugs, rather than on a drug-by-drug basis. Rebates are generally paid to insurers and negotiated by intermediary companies known as pharmacy benefit managers (PBMs). Insurance companies use these rebates to lower premiums.

Specific rebate amounts are kept a closely guarded secret by PBMs. In many cases, PBMs do not share this information with their client insurance companies.

As a program, we gather cost information from insurers net of rebates to the maximum extent possible. We also collect data on the total amount of rebates and other price concessions received by each insurer and compare it to the total spent on drugs.

In Figure 11, the blue bars represent the percentage of costs that were covered by rebates, while the orange bars represent the percentage of costs paid by the insurance companies. Manufacturer rebates and other price concessions were reported by insurance companies, as well as the total dollars paid by insurance companies after rebates. Amounts from individual, large-group, and small-group spending were added together for each company, as applicable.

Figures 12.1 and 12.2 show the total amount of rebate received compared to the cost for each insurer. BridgeSpan reported the highest percentage of rebates compared to the total spent at 28.2 percent. United and Providence reported second and third highest, reporting 25.9 and 25.5 percent, respectively. Kaiser reported the lowest percentage of rebates, with only 0.3 percent of spending covered by rebates reflecting their plan design.

Figure 11: Percentage of prescription drug spending covered by rebates for each insurer

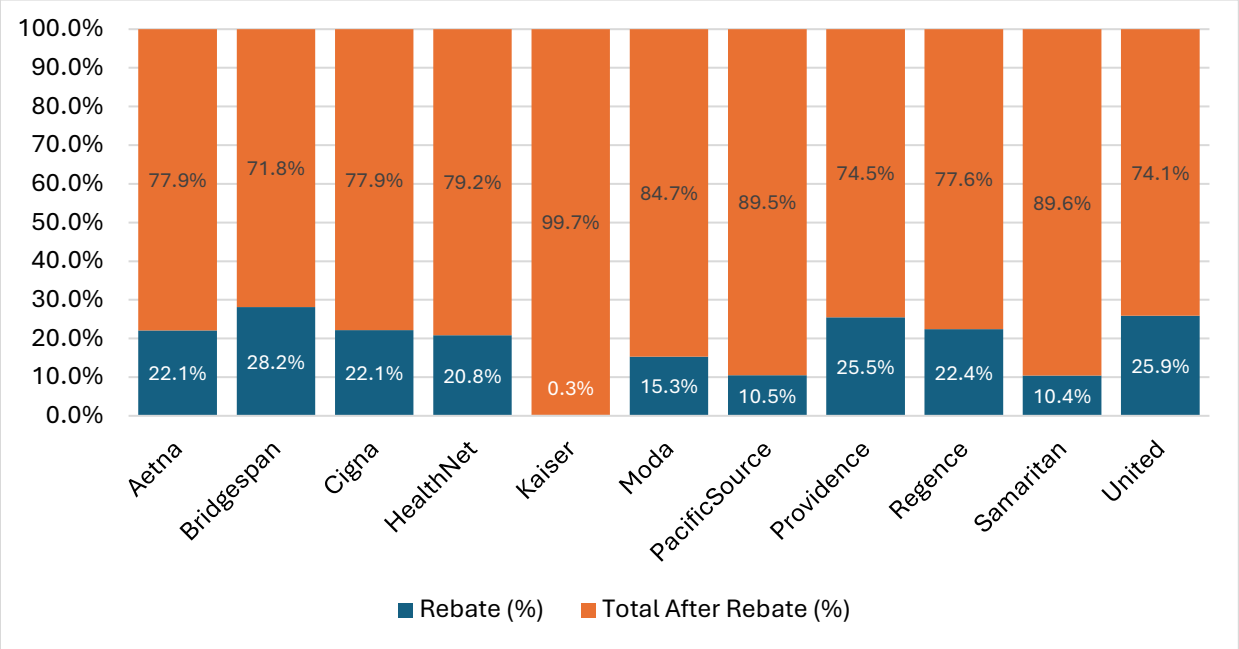
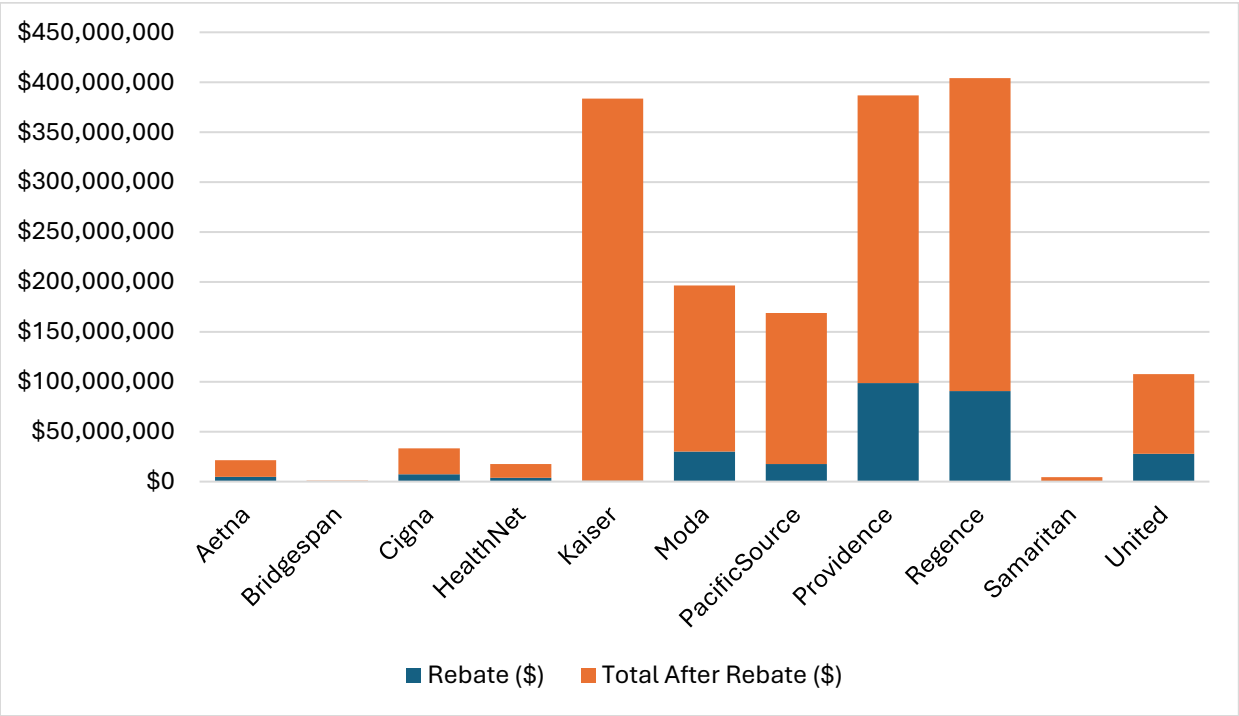


Figure 12.1: Amount of prescription drug spending covered by rebates for each insurer



In Figure 12.1, Providence reported the largest rebate amount of $98.6 million. Regence reported the second largest rebate amount of $90.5 million, and Moda reported the third-largest amount of $30.0 million.

Figure 12.2 shows the amounts for the five insurers with the smallest spending and rebate volume for better visibility. BridgeSpan had the lowest total spending and the lowest rebate amount reported at $253,041.

Figure 12.2: Amounts of prescription drug spending covered by rebates for the five insurers with smallest spending

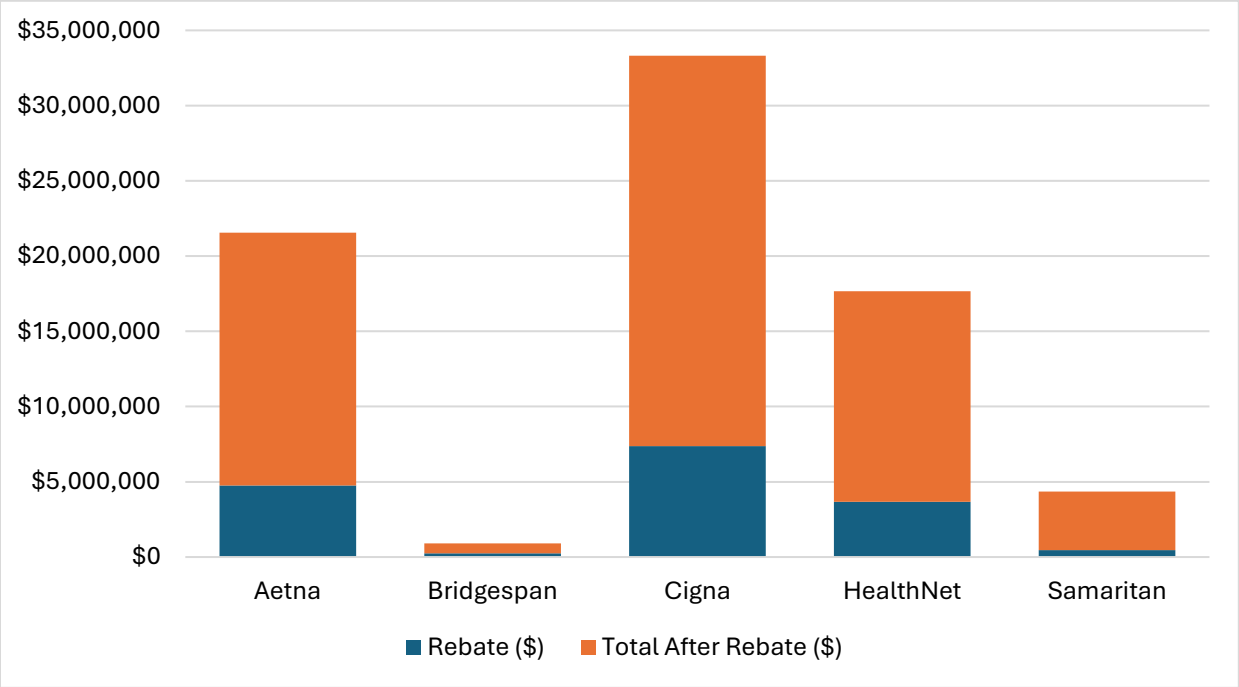


Figure 12.3: Table of prescription drug spending and rebate amounts for all insurers

Company	Total before rebate	Rebate	Total after rebate
Aetna	$21,566,366	$4,762,720	$16,803,646
BridgeSpan	$898,392	$253,041	$645,351
Cigna	$33,325,475	$7,374,310	$25,951,165
HealthNet	$17,668,367	$3,681,978	$13,986,389
Kaiser	$383,717,445	$985,381	$382,732,064
Moda	$196,295,040	$30,025,585	$166,269,455
PacificSource	$168,992,032	$17,691,340	$151,300,692
Providence	$386,800,933	$98,646,695	$288,154,238
Regence	$404,107,368	$90,547,034	$313,560,334
Samaritan	$4,352,922	$454,110	$3,898,812
United	$107,629,193	$27,910,674	$79,718,519
Total	$1,725,353,533	$282,332,869	$1,443,020,664

Figures 13.1 and 13.2 compare the amounts that each of the 11 insurers received in rebates from ops. years 2023 through 2025. This figure is limited to three years because fewer insurers reported data for operations in 2022 and earlier years.

Figure 13.1: Amount of prescription drug rebates for ops. years 2023 through 2025 for all insurers

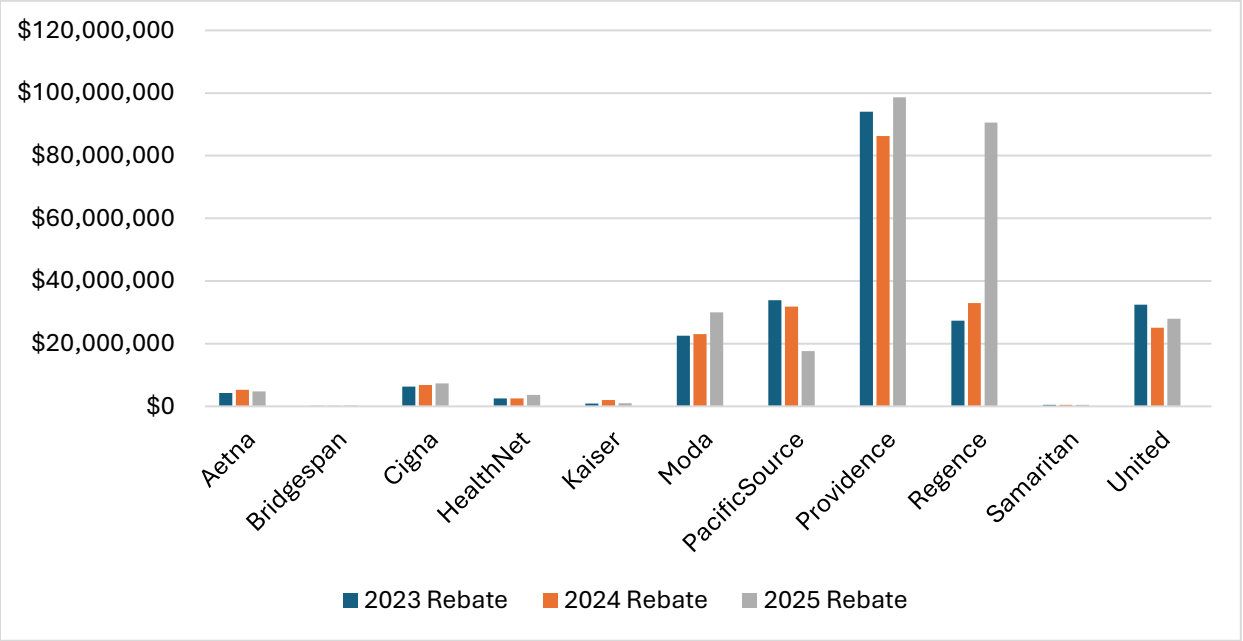


Figure 13.2: Table of amount of prescription drug rebates for ops. years 2023 through 2025 for all insurers

Insurance company	2023 rebate	2024 rebate	2025 rebate
Aetna	$4,224,193	$5,337,267	$4,762,720
BridgeSpan	$163,290	$199,072	$253,041
Cigna	$6,312,709	$6,838,763	$7,374,310
HealthNet	$2,550,431	$2,567,063	$3,681,978
Kaiser	$925,310	$1,986,514	$985,381
Moda	$22,596,221	$23,069,805	$30,025,585
PacificSource	$33,882,457	$31,797,075	$17,691,340
Providence	$94,060,465	$86,325,190	$98,646,695
Regence	$27,330,735	$32,966,183	$90,547,034
Samaritan	$484,829	$449,945	$454,110
United	$32,499,793	$25,083,482	$27,910,674
Total	$225,030,433	$216,620,359	$282,332,869

Member months and members served by company

In this section, we analyze the number of members covered by each insurer and market. We estimated member numbers as member months reported divided by twelve. As shown in Figure 14, we find that Kaiser served the most Oregonians, about 343,000, and BridgeSpan served the fewest Oregonians, about 160 members. Around one-fifth of Oregonians are included in this insurer-reported data.

Note that calculating member enrollment by dividing member months does not provide an exact count and is only an estimate. The actual number of enrollees may be more than the member months divided by 12, because some members are only enrolled for part of the year.

Figure 14: Percentage of Oregon population covered by each insurer, estimated using member months[8]

Company	Total reported member months	Estimated total members	Percent of OR population
Aetna	100,382	8,365	0.19%
BridgeSpan	1,888	157	<0.01%
Cigna	134,154	11,180	0.26%
HealthNet	109,700	9,142	0.21%
Kaiser	4,112,624	342,719	7.97%
Moda	794,837	66,236	1.54%
PacificSource	792,525	66,044	1.54%
Providence	1,849,789	154,149	3.58%
Regence	1,985,272	165,439	3.85%
Samaritan	14,093	1,174	0.03%
UnitedHealthcare	483,729	40,311	0.94%
Total	10,378,993	864,916	20.11%

Figures 15.1 and 15.2 detail the number of members each insurer served in the individual, small-group, and large-group markets in 2025. Figure 15.1 compares the largest six insurers (by member volume reported) and Figure 15.2 compares the smallest five insurers (by member volume reported). The large-group market segments covered the most members compared to the individual and small-group markets for each insurer, except for Moda. Figure 15.3 lists the amounts for all.

[8] Total Oregon population of 4,301,164 as of July 1, 2025, as reported by the Portland State University Population Research Center, https://www.pdx.edu/population-research/population-estimate-reports. Accessed Oct. 20, 2026.

Figure 15.1: Total members covered by the six-largest insurance companies for all markets

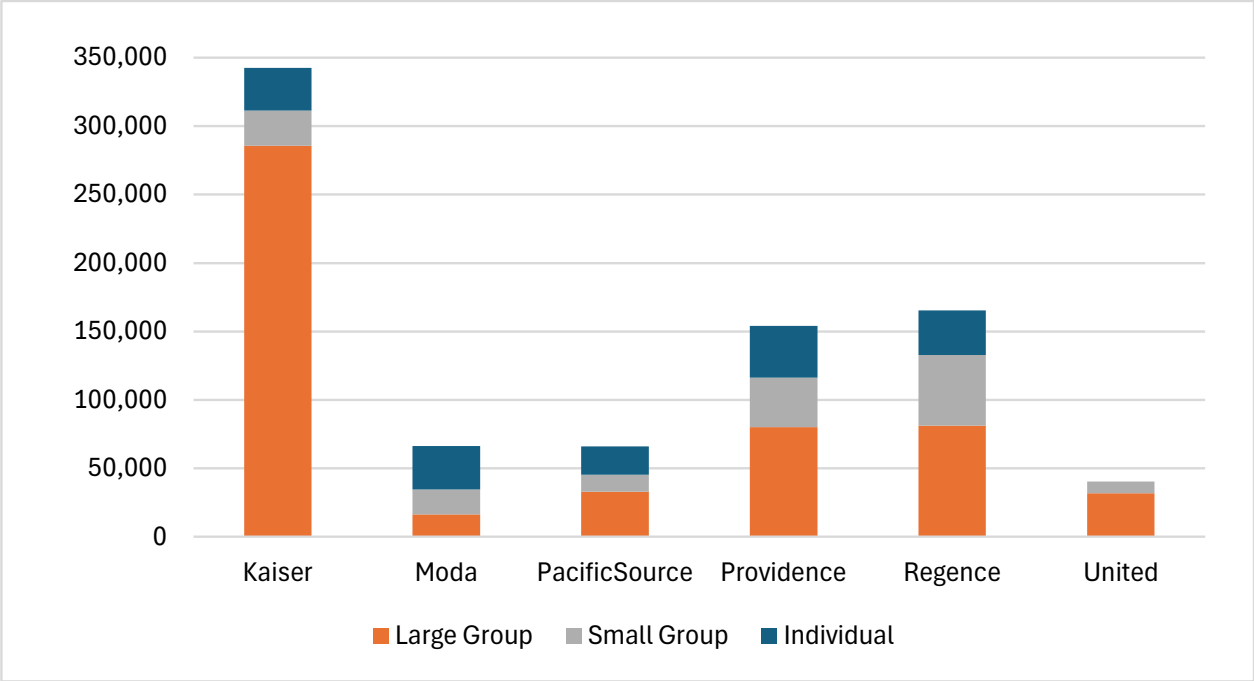


Figure 15.2: Total members covered by the five-smallest insurance companies for all markets

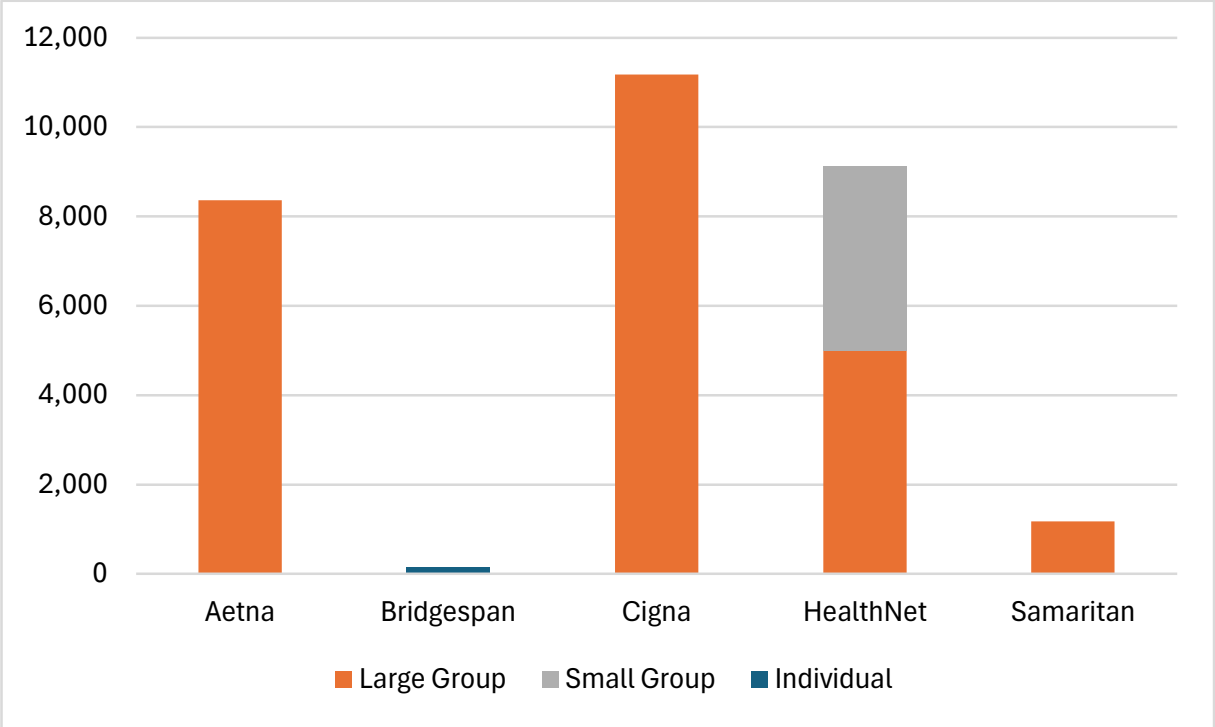


Figure 15.3: Table of estimated total members covered by all insurance companies for all markets

Company	Individual members	Small-group members	Large-group members	Total per company
Aetna	0	0	8,365	8,365
BridgeSpan	157	0	0	157
Cigna	0	0	11,180	11,180
HealthNet	0	4,139	5,003	9,142
Kaiser	31,286	25,662	285,771	342,719
Moda	31,585	18,247	16,404	66,236
PacificSource	20,619	12,626	32,799	66,044
Providence	37,962	36,145	80,042	154,149
Regence	32,733	51,547	81,159	165,439
Samaritan	0	0	1,174	1,174
United	0	8,443	31,868	40,311
Total	154,342	156,809	553,765	864,916

Most-prescribed drugs

The program collected data about prescription drug purchases in 2025 by insurance companies. They were required to report:

- The top 25 most-prescribed drugs for generic, brand-name, and specialty categories.
- The top 25 most-costly drugs for generic, brand-name, and specialty categories.
- The top 25 generic, brand-name, and specialty drugs with the greatest year-over-year spending increase.

Those data were reported across the reporting insurers listed in the beginning of this report. We aggregated the data from all 11 insurers and all markets to create lists of the top 10 most-prescribed drugs, the top 10 most-costly drugs, and the 10 drugs with the greatest year-over-year spending increases. The program identified 560 unique drugs reported for 2025, so these top 10 lists reflect only the drugs with the highest spending and prescription claims.

The 10 most frequently prescribed drugs reported for 2025 are shown in Figure 16. Amphetamine-dextroamphetamine, an attention-deficit/hyperactivity disorder (ADHD)/anti-narcolepsy/anti-obesity/anorexiant, had 255,931 prescription claims, the most this year. This is a 19.8 percent increase from the data reported in 2025 (ops. year 2024) when amphetamine was also the most-prescribed drug. Levothyroxine sodium, a thyroid agent, was the second-most prescribed drug with 226,149 prescriptions this year, a 32.2 percent increase compared to last year's figure for the same drug, which

moved it from the third-most prescribed drug in 2024 to the second-most prescribed in 2025.

Seven of the drugs on this year's 10 most-prescribed table were also on last year's table. These are amphetamine-dextroamphetamine, levothyroxine sodium, atorvastatin calcium, bupropion, lisinopril, losartan potassium, and sertraline hydrochloride.

Figure 16: Top 10 drugs with the highest prescription claim counts from insurers' most-prescribed lists for 2025

Nonproprietary name	Proprietary names	Therapeutic class[9]	Prescription claims
amphetamine-dextroamphetamine	Amphetamine	ADHD/anti-narcolepsy/anti-obesity/anorexiants	255,931
levothyroxine sodium	Euthyrox, Levothyroxine, Synthroid	Thyroid agents	226,149
atorvastatin calcium	Atorvastatin	Antihyperlipidemics	210,643
bupropion	Bupropion, Wellbutrin	Antidepressants, psychotherapeutic and neurological agents – misc.	195,895
estradiol	Climara, Dotti, Estradiol, Lyllana	Estrogens, vaginal and related products	188,611
metformin hydrochloride	Metformin	Antidiabetics	178,857
influenza virus vaccine	Afluria, Fluarix, Flublok, Flucelvax, Flulaval, Fluzone	Vaccines	171,939
lisinopril	Lisinopril	Antihypertensives	168,685
losartan potassium	Losartan	Antihypertensives	157,816
sertraline hydrochloride	Sertraline	Antidepressants	153,769

[9] Refer to Appendix B for therapeutic classes used in this report. Also refer to the DPT website for descriptions of therapeutic classes used in our reports: https://dfr.oregon.gov/drugtransparency/Pages/therapeutic-classes.aspx.

Most-costly drugs

Insurer reporting of the most-costly drugs reflect the drugs with the highest total payments made on behalf of covered members. Reported total spending includes payments made by insurance companies and member cost sharing, such as deductibles, copays, and coinsurance. This information is shown in Figure 17.

Insurers reported the highest total spending on risankizumab (Skyrizi), with $64,813,847 in annual spending in 2025. This is an increase of more than $27.2 million (72.6 percent) in annual plan spending compared to 2024 when insurers reported total spending of $37,536,013. Adalimumab (Humira and biosimilars), which previously held the top position in these tables for several years, has dropped from seventh-most costly to 12th-most costly.

Seven of the drugs on this year's most-costly table were also on last year's table. These are risankizumab (Skyrizi), pembrolizumab (Keytruda), semaglutide (Ozempic), dupilumab (Dupixent), elexacaftor-tezacaftor-ivacaftor (Trikafta), bictegravir-emtricitabine-tenofovir alafenamide fumarate (Biktarvy), and secukinumab (Cosentyx). All of the top 10 most-costly drugs are patented products with no generics or biosimilars available in 2025.

Figure 17: Top 10 drugs with the highest spending from insurers' most-costly lists for 2025

Nonproprietary name	Proprietary names	Therapeutic class[10]	Total annual plan spending
risankizumab	Skyrizi	Dermatologicals, gastrointestinal agents – misc.	$64,813,847
pembrolizumab	Keytruda	Antineoplastics and adjunctive therapies	$40,151,845
semaglutide	Ozempic, Rybelsus, Wegovy	ADHD/anti-narcolepsy/anti-obesity/anorexiants, antidiabetics	$38,046,133
dupilumab	Dupixent	Dermatologicals	$33,297,948
elexacaftor-tezacaftor-ivacaftor	Trikafta	Respiratory agents – misc.	$26,184,334
bictegravir-emtricitabine-tenofovir alafenamide fumarate	Biktarvy	Antivirals	$25,874,508
secukinumab	Cosentyx	Dermatologicals	$25,659,176
tirzepatide	Mounjaro, Zepbound	ADHD/anti-narcolepsy/anti-obesity/anorexiants, antidiabetics	$24,215,875
etanercept	Enbrel	Analgesics – anti-inflammatory	$18,898,855
guselkumab	Tremfya	Dermatologicals, gastrointestinal agents – misc.	$18,633,769

[10] Refer to Appendix B for therapeutic classes used in this report. Also refer to the DPT website for descriptions of therapeutic classes used in our reports: https://dfr.oregon.gov/drugtransparency/Pages/therapeutic-classes.aspx.

Drugs with the greatest increases in health insurer spending

Figure 18 shows the 10 drugs with the largest year-over-year increase in insurer spending, as well as the amount of that increase. This is based on the total increase in insurer spending in dollars reported for these drugs; it is not based on changes in spending as a percentage of total spending.

Risankizumab (Skyrizi) was the drug with the highest total increase in insurer spending in 2025, at $20.1 million. This increase is 28.3 percent higher than the increase in insurer spending for Skyrizi from 2023 to 2024 ($15.7 million).

Five of the drugs on this year's table showing the greatest increase in insurer spending were also on last year's table. These are risankizumab (Skyrizi), tirzepatide (Mounjaro), pembrolizumab (Keytruda), dupilumab (Dupixent), and semaglutide (Ozempic).

When the program analyzed the 2025 ops. year data for this report, six drugs – risankizumab (Skyrizi), tirzepatide (Mounjaro/Zepbound), pembrolizumab (Keytruda), dupilumab (Dupixent), guselkumab (Tremfya), and semaglutide (Ozempic, Rybelsus, Wegovy) – appeared in both the top 10 most-costly and greatest-increase tables. Eight of the top 10 greatest-increase drugs are patented products with no generics or biosimilars available in 2025. The other two drugs are a product produced from human blood plasma (immune globulin) and a hormone replacement therapy that has been reported as hard to find in multiple news stories.[11]

[11] "Estrogen patches are hard to find, and it may not be resolved any time soon." CNBC, June 26, 2026. https://www.cnbc.com/2026/06/26/estrogen-patches-are-in-short-supply-as-women-seek-menopause-support.html. See also "The estrogen patch surged in popularity. Now it's in shortage." New York Times, Feb. 26, 2026. https://www.nytimes.com/2026/02/26/well/estrogen-patches-menopause-treatment.html. Accessed Oct. 20, 2026.

Figure 18: Top 10 drugs with the highest increases in insurer spending from 2024 to 2025 from insurer-reported greatest increase lists

Nonproprietary name	Proprietary names	Therapeutic class[12]	Year-over-year increase in total spending
risankizumab	Skyrizi	Dermatologicals, gastrointestinal agents – misc.	$20,143,470
tirzepatide	Mounjaro, Zepbound	ADHD/anti-narcolepsy/ anti-obesity/anorexiants, antidiabetics	$12,689,888
pembrolizumab	Keytruda	Antineoplastics and adjunctive therapies	$8,507,366
dupilumab	Dupixent	Dermatologicals	$7,183,719
upadacitinib	Rinvoq	Analgesics – anti-inflammatory	$7,015,481
guselkumab	Tremfya	Dermatologicals, gastrointestinal agents – misc.	$5,547,659
semaglutide	Ozempic, Rybelsus, Wegovy	ADHD/anti-narcolepsy/ anti-obesity/anorexiants, antidiabetics	$5,194,294
nivolumab	Opdivo	Antineoplastics and adjunctive therapies	$4,487,666
estradiol	Climara, Dotti, Estradiol, Estring, Lyllana	Estrogens, vaginal and related products	$4,005,346
immune globulin	Cuvitru, Gammagard, Gamunex-C, Hizentra, Octagam, Privigen, Xembify	Passive immunizing and treatment agents	$4,002,472

[12] Refer to Appendix B for therapeutic classes used in this report. Also refer to the DPT website for descriptions of therapeutic classes used in our reports: https://dfr.oregon.gov/drugtransparency/Pages/therapeutic-classes.aspx.

Conclusion:

This is DPT’s eighth year of collecting and reporting insurer data to provide information to Oregonians about prescription drug costs. This report is available on DPT's insurer webpage where you can also find previous reports and more information about insurer reporting. Some of the information in this report will also be included in the 2026 DPT annual report to the Oregon Legislature published later this year.

Appendix A: Types of plans for insurer reports received in 2026

The program received reports from 11 companies that included the following types of plans for each:

- Aetna Life Insurance Co.
  - Large group
- BridgeSpan Health Co.
  - Individual
- Cigna Health and Life Insurance Co.
  - Large group
- Health Net Health Plan of Oregon Inc.
  - Large group
  - Small group
- Kaiser Foundation Health Plan of the Northwest
  - Large group
  - Small group
  - Individual
- Moda Health Plan Inc.
  - Large group
  - Small group
  - Individual
- PacificSource Health Plans
  - Large group
  - Small group
  - Individual
- Providence Health Plan
  - Large group
  - Small group
  - Individual
- Regence BlueCross BlueShield of Oregon
  - Large group was reported in 2026, not reported in 2024 or 2025
  - Small group
  - Individual
- Samaritan Health Plans Inc.
  - Large group
  - Small group was reported in 2024 and 2025, was not reported in 2026
- United Healthcare Insurance Co./United Healthcare of Oregon Inc
  - Large group
  - Small group

Appendix B: Descriptions of therapeutic classes referenced

The following are general descriptions of therapeutic classes referenced in this report. While the therapeutic class names are from the Medi-Span drug database, Medi-Span does not provide definitions. The full Food and Drug Administration information on these are lengthy scientific explanations. The following are basic descriptions to aid the reader in understanding the types of drugs being included in a therapeutic class. Also refer to the DPT website for descriptions of therapeutic classes used in our reports.

- **ADHD/anti-narcolepsy/anti-obesity/anorexiants:** These are medicines used to treat symptoms of ADHD (attention deficit hyperactivity disorder) such as hyperactivity and impulsiveness. They also help people with narcolepsy stay awake during the day (anti-narcolepsy medications) and can reduce appetite to support weight loss (anti-obesity medications).
- **Analgesics – anti-inflammatory:** These are medicines that reduce pain, swelling, and inflammation and are often used to treat arthritis or injuries.
- **Antidepressants:** These are medicines used to treat depression, anxiety, post-traumatic stress disorder (PTSD), and sometimes can help with chronic pain.
- **Antidiabetics:** These are medicines that help control blood sugar levels for people with diabetes.
- **Antihyperlipidemics:** These are medicines that lower cholesterol or fat levels in the blood to protect heart health.
- **Antihypertensives:** These are medicines used to lower blood pressure and reduce the risk of heart disease.
- **Antineoplastics and adjunctive therapies:** These are medicines used to treat cancer, including chemotherapy and drugs that support cancer treatment (adjunctive therapies).
- **Antivirals:** These are medicines that fight viruses, such as the flu, HIV, or hepatitis viruses.
- **Dermatologicals:** These are medicines applied directly to the skin to treat conditions such as acne, eczema, or infections.
- **Estrogens:** These are hormone medicines used to treat symptoms of menopause or other estrogen-related conditions.
- **Gastrointestinal agents – misc.:** These are medicines used to help stomach or digestion problems, such as acid reflux, constipation, or nausea.
- **Passive immunizing and treatment agents:** These are medicines that contain antibodies against an organism or toxin to prevent or treat disease.
- **Psychotherapeutic and neurological agents – misc.:** Psychotherapeutic medicines are used to treat serious mental health conditions such as schizophrenia. Neurological medicines are used to treat various neurological conditions affecting the brain, spine, and nervous system.

- **Respiratory agents – misc.:** These are medicines used to relieve, treat, or prevent breathing problems such as asthma, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or pneumonia.
- **Thyroid agents:** These are medicines that replace or support thyroid hormones when the thyroid isn't making enough.
- **Vaccines:** These are medicines made of parts of microorganisms or their genetic material that are used to induce immunity and prevent infectious diseases.
- **Vaginal and related products:** These are medicines that are applied or inserted locally to prevent pregnancy or treat conditions of the female reproductive system.