DFR | Division of Financial Regulation

Department of Consumer and Business Services

2026 Analysis: Annual Price Increase Reports

Results and analysis of 2025 manufacturer data

Drug Price Transparency Program



Nov. 12, 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.

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.[1]

Wholesale acquisition cost (WAC): The manufacturer's list price to wholesalers or other direct purchasers in the United States, not including any price reductions, sometimes referred to as the "list price." This term is defined in federal law in 42 U.S.C. 1395w-3a(c)(6)(B).

Refer to additional pharmaceutical terms on the DFR glossary webpage.

[1] Refer to Appendix C 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.

Additional report information

This data report is based on annual price increase reports for prescription drugs received by the program in 2026 that contained information about 2025.

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 on our therapeutic classes webpage.

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Acknowledgements

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Report highlights

The Oregon Drug Price Transparency (DPT) Program received 367 reports from 46 pharmaceutical manufacturers about drugs with price increases during calendar year 2025. The median reported price increase was 17 percent. Some increases were much larger with price increases greater than 100 percent on 33 reports.

Manufacturers reported total sales revenues, direct costs, and net profits in calendar year 2025 for the drugs that met the annual price increase threshold. Net profits varied by drug with 75 reports, both brand-name and generic drugs, indicating profits of $0 or less. The other 292 reports included net profits ranging from more than $100 to more than $1 billion per drug.

For brand-name drugs, manufacturers reported approximately:

- Total sales revenues of $6.3 billion.
- Total direct costs of $2.7 billion, with 57 percent of costs attributed to manufacturing and 32 percent to marketing.
- Net profits of $2.3 billion, for an aggregate profit margin of 36 percent.

For generic drugs, manufacturers reported approximately:

- Total sales revenues of $1.2 billion.
- Total direct costs of $471 million, with 59 percent of costs attributed to manufacturing and 35 percent to marketing.
- Net profits of $157 million, for an aggregate profit margin of 13 percent.

Only 38 reports included information about international drug prices in 2025. By law this information is required when the prescription drug package being reported is also sold in other countries. Of the 38 reports with international information, the U.S. price was significantly higher for 36 of the drugs while an international price was considerably higher for two of the drugs.

There were 48 unique patient assistance programs reported for 34 unique drugs across 112 price increase reports. One program was for a generic drug, and 47 programs were for brand-name drugs. The reported value of assistance per patient ranged from less than $100 to nearly $300,000. More than half of the programs required patients to have commercial insurance to qualify for the assistance.

A complete list of the drugs with price increases reported in 2025 is available in the supplemental file on the DPT Program website. Refer to Appendix D for more information.

Annual price increase reports

Oregon requires that manufacturers submit an annual price increase report each year when the reporting threshold is met. A report is required for each prescription drug with a list price of $100 or more for a one-month supply that experiences a net price increase of 10 percent or more during the previous calendar year. When a report is required, manufacturers must also submit patient assistance program information for the previous calendar year. The data analyzed in this report is based on reports manufacturers submitted in 2026, which are reporting 2025 (filing year) annual increase data.

The Drug Price Transparency (DPT) Program was affected by a federal court ruling in 2024 that limited the program's ability to collect data on annual increases in drug prices from February 2024 through October 2025.

On Feb. 16, 2024, the U.S. District Court for Oregon, in *Pharmaceutical Research and Manufacturers of America (PhRMA) v. Stolfi*, issued a declaratory judgment that Section 2(3) of the act violates the First Amendment to the U.S. Constitution. The court's order suspended the requirement in ORS 646A.689(3) for drug manufacturers to report annual price increases. DCBS appealed the decision to the 9th U.S. Circuit Court of Appeals. In August 2025, a three-judge panel of the appellate court ruled in favor of the program and reversed the district court's ruling. In October 2025, the 9th Circuit Court of Appeals denied PhRMA's request for a rehearing. PhRMA filed a petition for a writ of certiorari (requesting review) with the U.S. Supreme Court in March 2026, and that petition is pending before the court.

For 2026, the DPT Program reinstated required reporting of the following information for drugs with price increases in 2025:

- Drugs meeting the price increase threshold and actual increase amounts
- Manufacturer explanations for price increase factors
- Manufacturer profit and revenue data
- Direct manufacturer costs for marketing, manufacturing, distribution, and safety/effectiveness research
- Drug prices in other countries

This report includes the following types of analysis for the transparency factors listed:

- Aggregate data about manufacturer direct costs, revenue, and profit
- Comparison of generic prices to brand-name drug prices
- Comparison of drug price increases to inflation
- Categorization by most common drug classes

Due to the suspension of required reporting in 2024 and 2025 (for 2023 and 2024 data), we have limited trend analyses in this 2026 report. Future reports will include additional

analysis of trends over time as longitudinal data are available starting in 2025 and into the future.

Generic drugs are identified in this report using Medi-Span's classification system, which identifies whether an NDC is a generic, trademarked, or a branded generic. The program uses the term "brand-name" for NDCs considered trademarked or branded generic in this system.

Report counts

The counts of manufacturer reports are the counts for each 11-digit NDC, which is a unique identifier for each drug product and package. Some manufacturer reports were for different NDCs of the same drug product, often a different package size or strength. The program may receive multiple reports for a single drug if it is manufactured in a variety of dosages or sold in different package sizes.

Figure 1: Count of generic and brand-name annual price increase reports based on the year of the data being reported for 2018 to 2025 (*Note: 2023 and 2024 only include reports with voluntary price increase data)

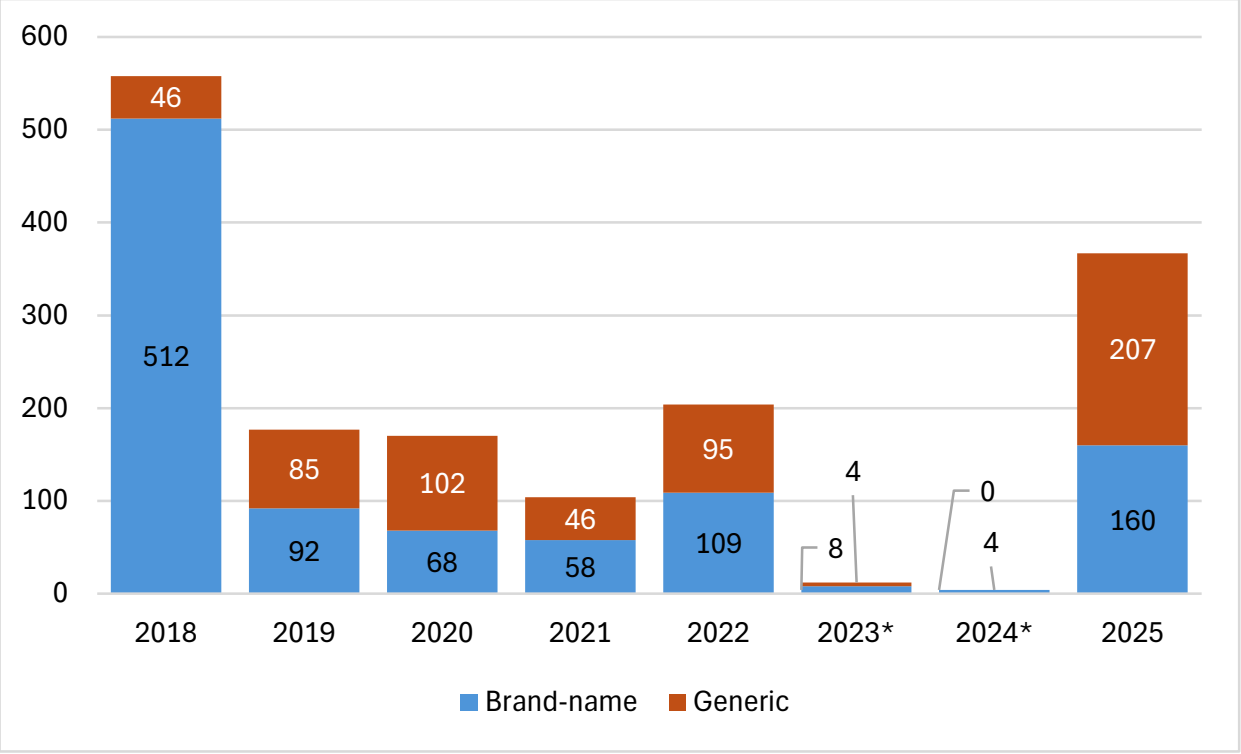
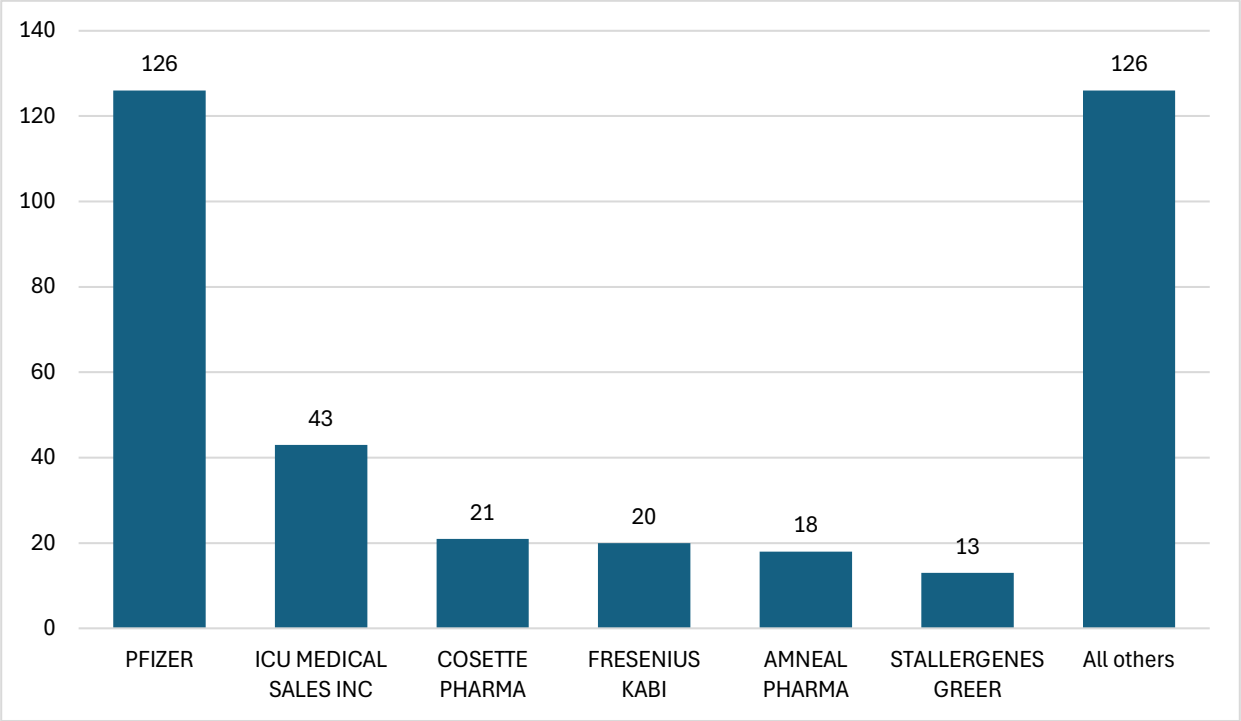


Figure 1 compares the count of reports received for each data year, broken out by generic (orange) and brand-name (blue) NDCs. Reporting was voluntary for filing years 2023 and 2024.

Figure 2: Count of annual price increase reports by manufacturer for filing year 2025 (reported in 2026)



Similarly, Figure 2 compares how many reports were submitted by each manufacturer account, which can include multiple NDCs for the same drug. Some manufacturers are also responsible for multiple drug labeler names that are reported under the manufacturer's account. Displayed here are the six manufacturers with the highest number of reports submitted this year. Pfizer submitted the most annual increase reports, with 126 reports for filing year 2025. The manufacturer that submitted the second-most reports was ICU Medical Sales Inc., with 43 reports, and Cosette Pharmaceuticals Inc. was the third-most frequent reporter, with 21 reports. Forty other manufacturers, not listed individually, submitted a total of 126 reports.

Figure 3: Breakdown for brand-name and generic drugs by most common therapeutic classes for filing year 2025[2]

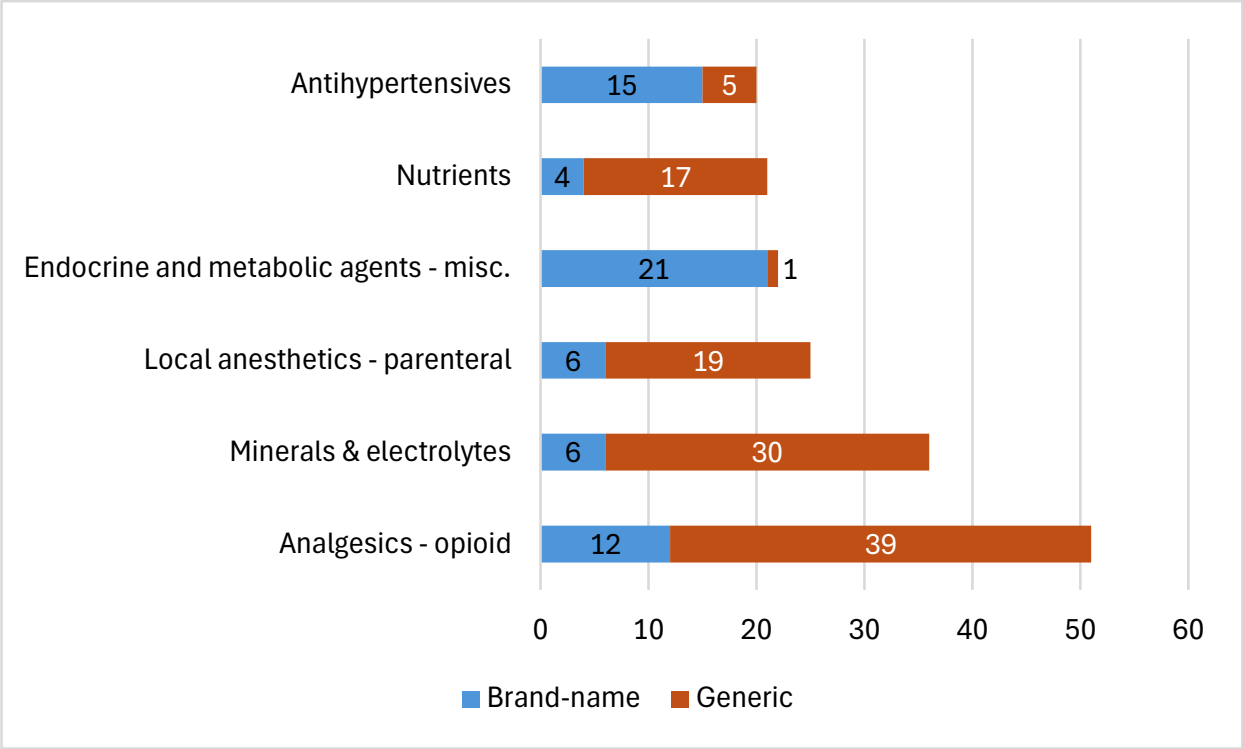


Figure 3 shows the most commonly reported therapeutic classes. We also break these counts down by generic (orange) or brand-name (blue) NDCs reported. Analgesics - opioid was the most commonly reported therapeutic class, with 51 reports. Minerals and electrolytes was the second-most commonly reported therapeutic class, with 36 reports, and local anesthetics – parenteral was the third-most commonly reported therapeutic class, with 25 reports.

[2] We use Medi-Span to identify therapeutic class for the drugs referenced in this figure: https://www.wolterskluwer.com/en/solutions/medi-span/medi-span. Refer to Appendix C for therapeutic classes used in this report.

Wholesale acquisition costs (WACs) reported

Figure 4.1: Histogram of WAC values reported to the program for annual increase reports for brand-name and generic drugs

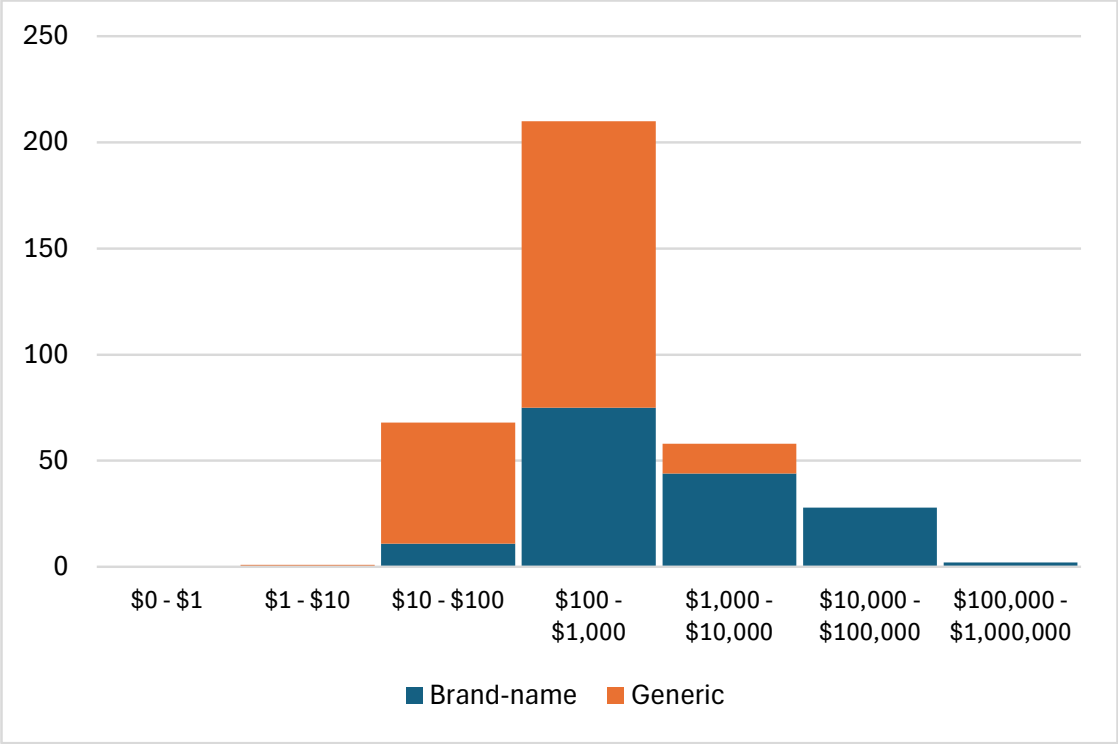


Figure 4.2: Table for histogram of WAC values reported to the program for annual increase reports for brand-name and generic drugs

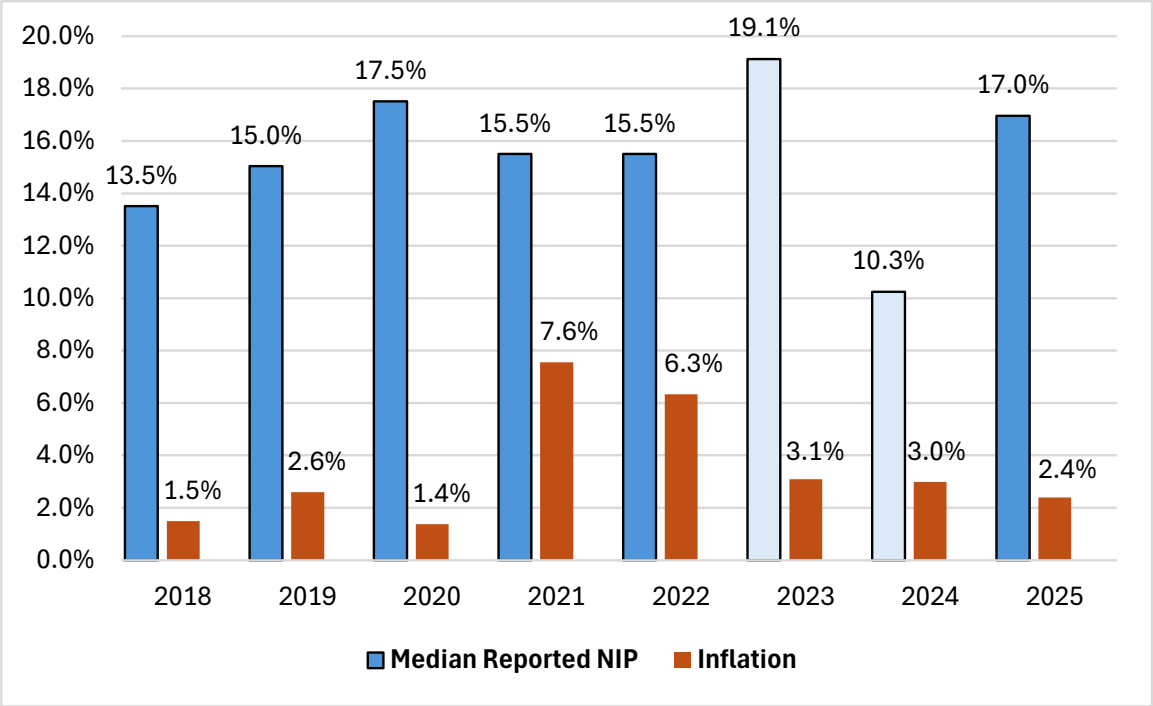
WAC range	Brand-name counts	Generic counts
$0 to $1	0	0
$1.01 to $10	0	1
$10.01 to $100	11	57
$100.01 to $1,000	75	135
$1,000.01 to $10,000	44	14
$10,000.01 to $100,000	28	0
$100,000.01 to $1,000,000	2	0

Figures 4.1 and 4.2 compare the frequency of the WACs reported to the program and show their distribution using a logarithmic scale. The blue bar represents the number of brand-name drug reports with a reported WAC within the given range, and the orange bar represents the number of generic drug reports with a reported WAC in the given range. Both brand-name and generic drugs had the largest number of WAC reports in the $100.01 to $1,000 range. The brand-name WAC distribution shows higher variability (more spread out) than the generic WAC distribution, which peaks more heavily and is less variable (less spread out).

Net increase percentages

Manufacturers must file annual increase reports for drugs with a net increase of 10 percent or more in the WAC over the course of the previous calendar year. Since the beginning of the DPT Program in 2018, annual inflation has varied from 1.4 percent to 7.6 percent per year. Due to the program's reporting criteria, all drugs filing annual increase reports have had price increases greater than the rate of inflation. At the same time, the size of reported price increases has varied over time and appears unrelated to inflation rates as shown in Figure 5.

Figure 5: Median reported net increase percentage (NIP) compared to inflation, 2018 to 2025



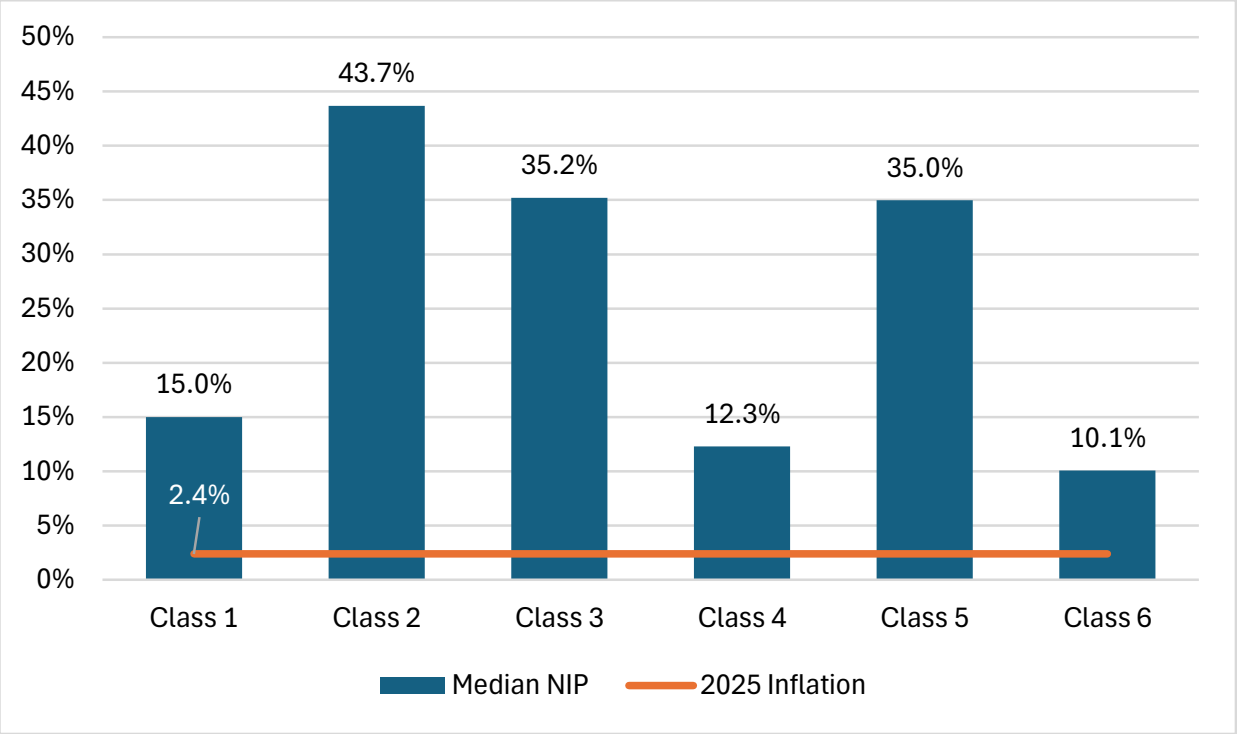
In Figure 5, blue bars represent the median net increase percentage reported to the DPT program each year. The orange bars are the national inflation[3] values for those same years. Refer to Appendix A for inflation calculation methodology.

Within Figure 5, for filing years 2023 and 2024, the blue bars are given a lighter color to indicate that the data was limited by a very small number of reports during those years when reporting was voluntary. In most years, the median reported net increase percentages vary between 14 percent and 18 percent.

[3] "Consumer price index for all urban consumers: All items in U.S. city average." Federal Reserve Bank of St. Louis Fred Economic Data, Sept. 11, 2026. https://fred.stlouisfed.org/series/CPIAUCSL. Accessed Sept. 22, 2026.

Figure 6.1 shows the median net increase percentages for the six most-reported therapeutic classes with price increases in 2025 (reported in 2026). The median net increase percentage was calculated for the reports in each therapeutic class.

Figure 6.1: Reported net increase percentage (NIP) for the six most-reported therapeutic classes for filing year 2025 compared to 2025 inflation[4]



As shown in Figure 6.1, the median net increase percentages for these six therapeutic classes varied from 10 percent to 44 percent in 2025. These increases were significantly higher than the 2.39 percent rate of inflation in 2025, as shown with an orange horizontal line.

Figure 6.2: Table of therapeutic classes corresponding to Figure 6.1

Label	Therapeutic class	Number of reports
Class 1	Analgesics – opioid	51
Class 2	Minerals and electrolytes	36
Class 3	Local anesthetics – parenteral	25
Class 4	Endocrine and metabolic agents – misc.	22
Class 5	Nutrients	21
Class 6	Antihypertensives	20

[4] We use Medi-Span to identify therapeutic class for the drugs referenced in this figure. Refer to Appendix C for therapeutic classes used in this report.

Figure 7.1 shows the median net increase percentages for the six manufacturers with the most price increase reports for 2025. The median net increase percentage was calculated for the reports from each manufacturer. The median net increase percentage for these six manufacturers varied from 10 percent to 54 percent in 2025. These increases were significantly higher than the 2.39 percent rate of inflation in 2025, shown with an orange horizontal line.

Figure 7.1: Reported net increase percentage (NIP) for the six manufacturers with the highest number of reports for filing year 2025 compared to 2025 inflation

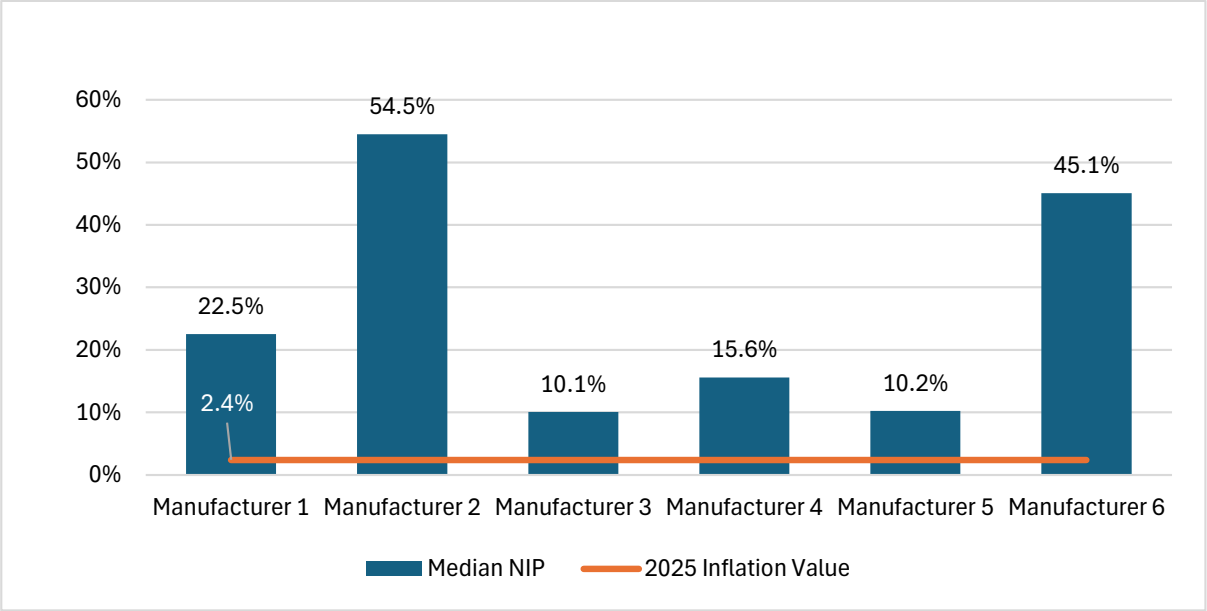


Figure 7.2: Table of manufacturers corresponding to Figure 7.1

Label	Manufacturer name	Number of reports
Manufacturer 1	Pfizer	126
Manufacturer 2	ICU Medical Sales Inc.	43
Manufacturer 3	Cosette Pharmaceuticals Inc.	21
Manufacturer 4	Fresenius Kabi USA LLC	20
Manufacturer 5	Amneal Pharmaceuticals LLC	18
Manufacturer 6	Stallergenes Greer	13

Figure 8.1 shows the net increase percentages reported to the program grouped in six categories. The net increase percentages of NDCs reported for filing year 2025 are classified as brand-name or generic.

Figure 8.1: Chart of all net increase percentages reported to the program for brand-name and generic drugs, grouped by size of increase percentage

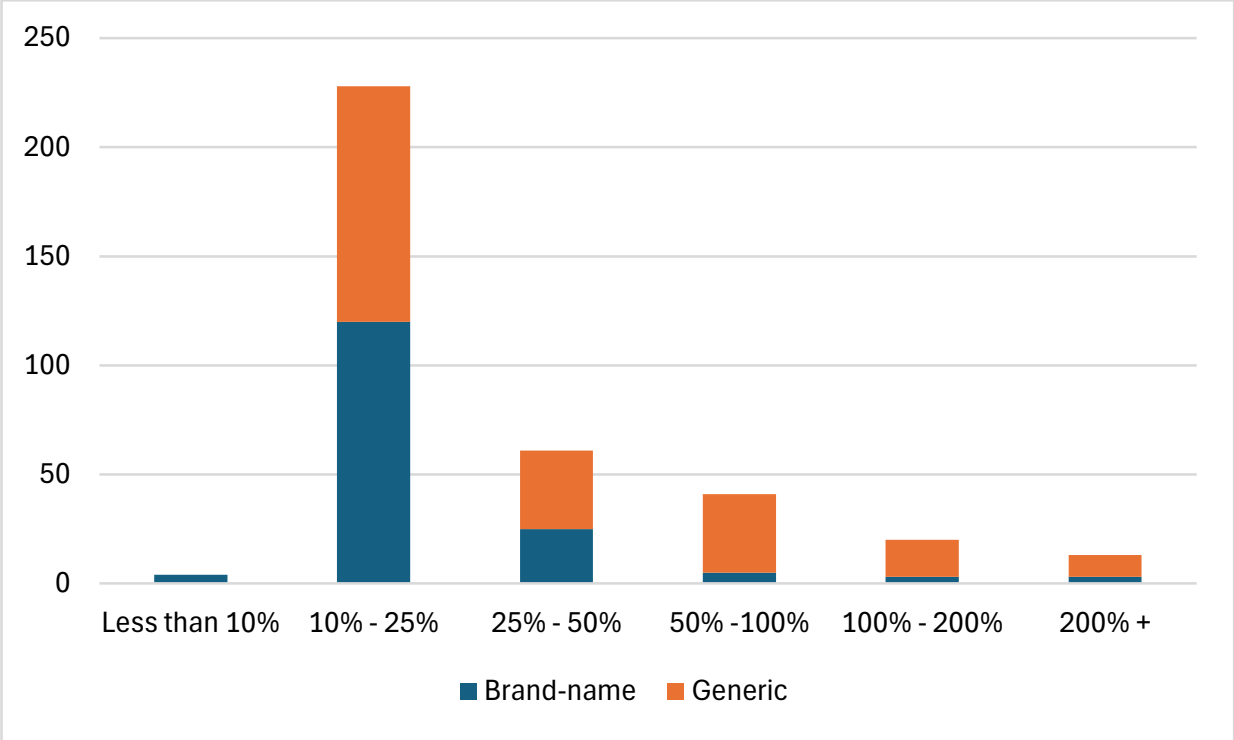


Figure 8.2: Table of all net increase percentages reported, grouped by category

Net increase percentage range	Brand-name counts	Generic counts
Less than 10%	4	0
10% to 24.9%	120	108
25% to 49.9%	25	36
50% to 99.9%	5	36
100% to 199.9%	3	17
200% or more	3	10

Shown in Figure 8.1, the majority of reported net increase percentages are in the 10 percent to 24.9 percent range. There were 228 reports with net increase percentages falling in this range, 120 brand-name (blue), and 108 generic (orange) NDCs. Fewer reports have net increase percentages of 25 percent or more. We did have four brand-name NDCs report net increase percentage values less than 10 percent, which did not meet the required reporting threshold. We received 13 reports with net increase percentages exceeding 200 percent.

Figure 9 compares the 10 highest-reported net increase percentages reported this year.

Figure 9: Drugs with the largest net increase percentages reported for filing year 2025 (reported in 2026)[5]

Trade name	Therapeutic class	Manufacturer	WAC at the end of 2025	Net increase percentage
Palforzia[6]	Allergenic extracts / biologicals – misc.	Stallergenes Greer	$959	1,814.7%
Galzin	Minerals and electrolytes	Eton Pharmaceuticals Inc.	$10,275	1,006.8%
Dextrose	Nutrients	ICU Medical Sales Inc.	$352	430.7%
Dextrose and sodium chloride	Minerals and electrolytes	ICU Medical Sales Inc.	$303	381.7%
Amlodipine, valsartan and hydrochlorothiazide	Antihypertensives	Aurobindo Pharma USA	$215	261.0%
Procainamide hydrochloride	Antiarrhythmics	Pfizer	$10,246	235.0%
Hydromorphone hydrochloride	Analgesics – opioid	Pfizer	$164	211.0%
Sodium acetate	Minerals and electrolytes	Pfizer	$280	158.2%
Sterile water	Pharmaceutical adjuvants	Pfizer	$86	155.3%
Bacteriostatic water	Pharmaceutical adjuvants	Pfizer	$157	155.3%

[5] This chart shows the 10 different drugs with the highest percentage increase reported to DPT. This list shows the NDC (package) with the highest percentage increase when DPT received multiple reports for a drug. We use Medi-Span to identify therapeutic class for the drugs referenced in this figure. Refer to Appendix C for therapeutic classes used in this report.

[6] Palforzia was discontinued in the United States on July 31, 2026. The manufacturer said the discontinuation was not related to safety, quality, or effectiveness. "With Palforzia® Ending, What's Next for Peanut Allergy Patients?" Allergy & Asthma Network, Aug. 3, 2026. https://allergyasthmanetwork.org/news/palforzia-discontinued/. Accessed Sept. 22, 2026.

Profits, revenues, and profit margins

Profit and revenue information is reported for each NDC reporting to the program. Profit is revenue minus certain costs. Some reports included the profit and revenue for multiple NDCs reported to us for a drug instead of for each NDC. The duplicative amounts were removed. The count of unique entries for profit and revenue is 323 unique reports (367 NDCs). Profit margin is calculated as the ratio of profit to revenue. Of the 323 unique reports, there were 14 unique reports (23 NDCs) showing no revenues and no profits, because the products were not manufactured or sold during 2025.

Figure 10.1 shows the total profit and revenue reported, aggregated across both brand-name and generic NDCs. The height of the bar represents the total revenue reported for brand-name and generic drugs. The lower blue section of the bar represents the share of that revenue reported as profit by the manufacturers.

Profit margin aggregated by brand-name and generic drugs is included in Figure 10.2 and expanded in Figure 13.1.

Figure 10.1: Total profit and revenue reported to the program for brand-name and generic drugs

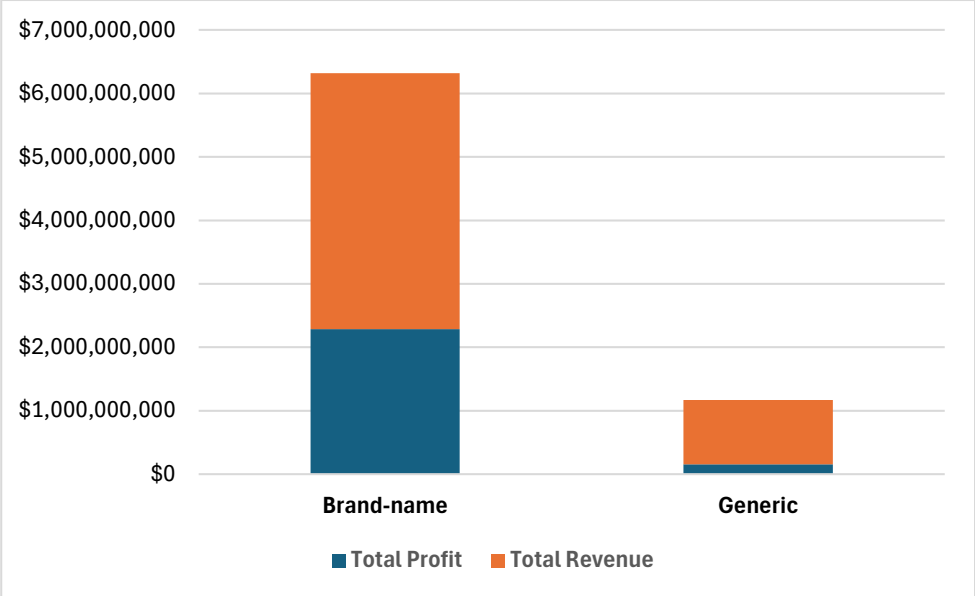


Figure 10.2: Table of total revenue and profit reported to the program for brand-name and generic drugs

Data type	Brand-name	Generic
Total profit	$2,288,579,173	$156,703,239
Total revenue	$6,320,568,838	$1,171,534,740
Profit margin	36.2%	13.4%

Shown in Figure 11.1, among reports collected this year, 31 brand-name drugs reported zero or less profit (a loss), and 35 generic drugs reported zero or less profit (a loss).

Figure 11.1: Histogram of total profit reported by manufacturers of brand-name and generic drugs using a logarithmic scale

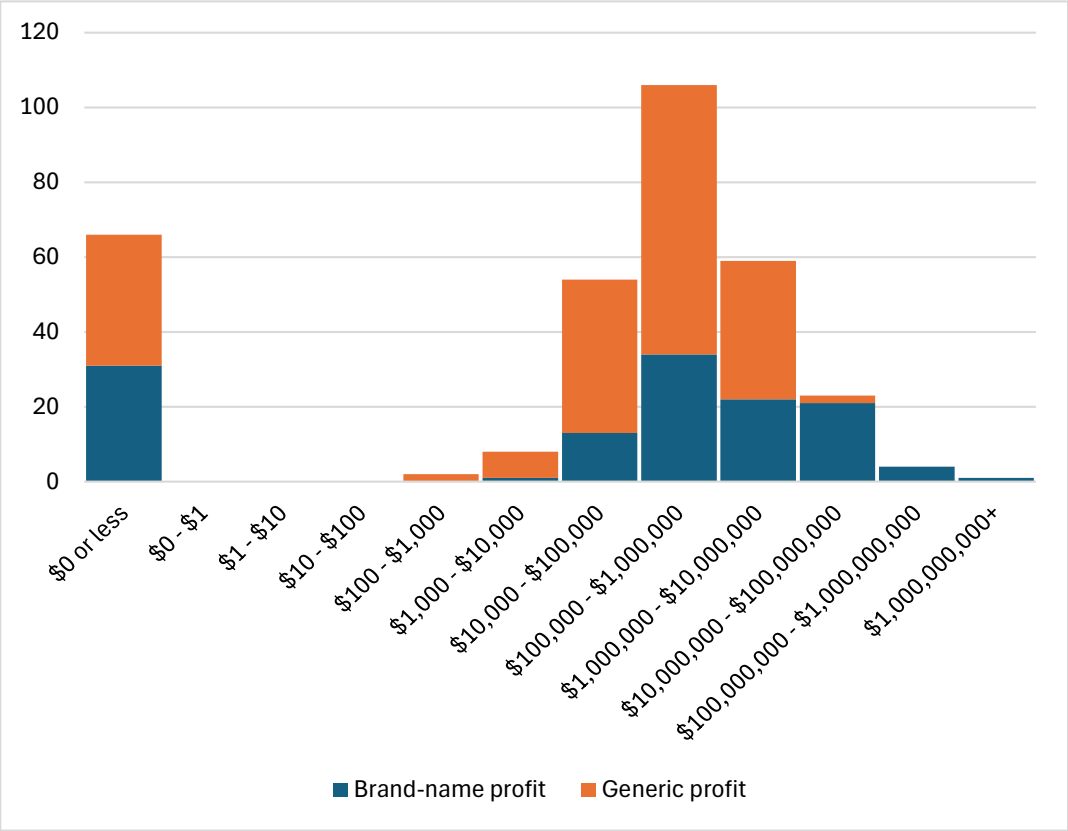


Figure 11.2: Table of histogram of total profit reported to the program for brand-name and generic drugs

Profit range	Brand-name counts	Generic counts
$0 or less	31	35
$0.01 to $1	0	0
$1.01 to $10	0	0
$10.01 to $100	0	0
$100.01 to $1,000	0	2
$1,000.01 to $10,000	1	7
$10,000.01 to $100,000	13	41
$100,000.01 to $1,000,000	34	72
$1,000,000.01 to $10,000,000	22	37
$10,000,000.01 to $100,000,000	21	2
$100,000,000.01 to $1,000,000,000	4	0
$1,000,000,000.01 or more	1	0

Figure 12.1: Histogram of total revenue reported to the program for brand-name and generic drugs using a logarithmic scale

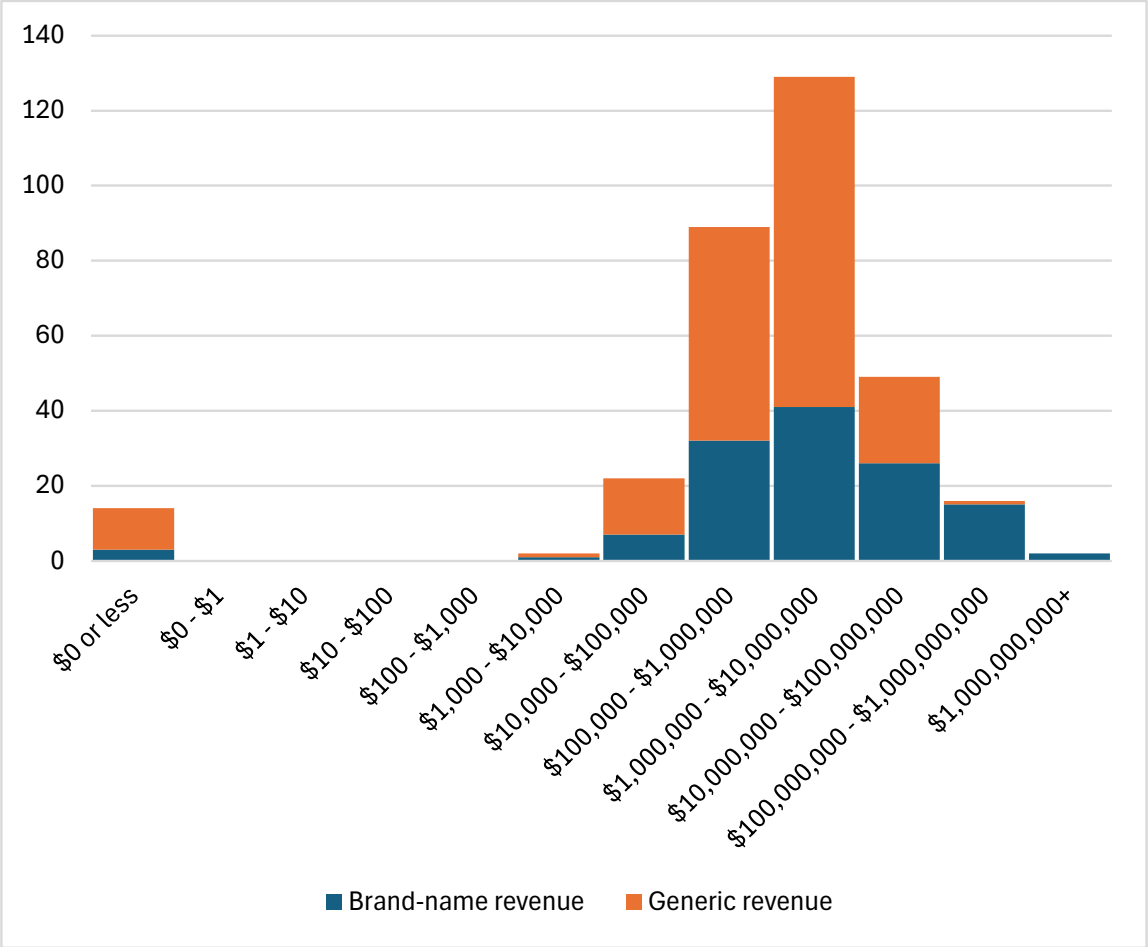


Figure 12.2: Table of histogram of total revenue reported to the program for brand-name and generic drugs

Revenue range	Brand-name counts	Generic counts
$0 or less	3	11
$0.01 to $1	0	0
$1.01 to $10	0	0
$10.01 to $100	0	0
$100.01 to $1,000	0	0
$1,000.01 to $10,000	1	1
$10,000.01 to $100,000	7	15
$100,000.01 to $1,000,000	32	57
$1,000,000.01 to $10,000,000	41	88
$10,000,000.01 to $100,000,000	26	23
$100,000,000.01 to $1,000,000,000	15	1
$1,000,000,000.01 or more	2	0

Profits reported to the program for both generic and brand-name drugs peak in the $100,000 to $1 million range. Similarly, revenues reported to the program peak in the $1 million to $10 million range.

Profit margin is calculated as the ratio of profit to revenue. For example, an easy way to interpret a profit margin of 50 percent is that the company earns 50 cents of profit per dollar of sales after expenses are paid. One caveat to this data is if the revenue amount reported was $0, the profit margin was imputed to be 0 percent. Figure 13.1 shows the profit margins reported by NDC for filing year 2025.

Figure 13.1: Histogram of profit margins reported for brand-name and generic drugs

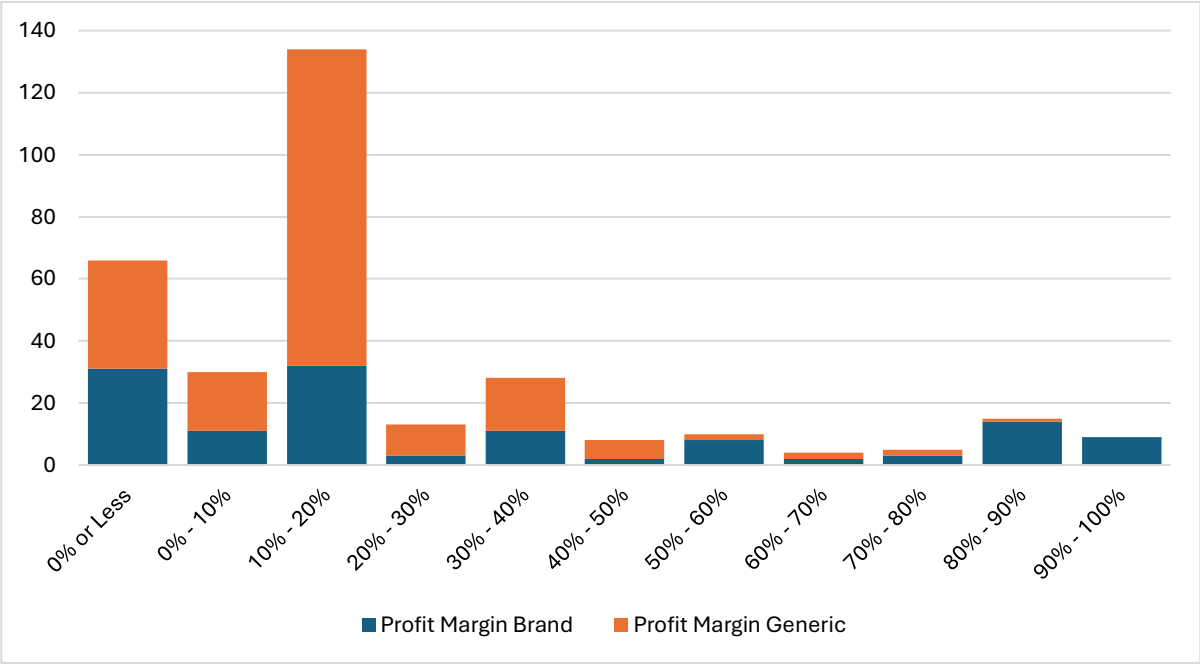


Figure 13.2: Table of histogram of profit margin reported to the program for brand-name and generic drugs

Profit margin range	Brand-name counts	Generic counts
0% or less	31	35
0.01% to 10%	11	19
10.01% to 20%	32	102
20.01% to 30%	3	10
30.01% to 40%	11	17
40.01% to 50%	2	6
50.01% to 60%	8	2
60.01% to 70%	2	2
70.01% to 80%	3	2
80.01% to 90%	14	1
90.01% to 100%	9	0

In Figure 13.1, reported profit margins for generic drugs are peaking strongly at the 10 percent to 20 percent mark. Reported profit margins for brand-name drugs also peak here, but have a much wider distribution. One brand-name drug filing reported a profit margin greater than 100 percent, indicating an instance of misreporting. Nine brand-name drug filings reported profit margins greater than 90 percent.

Direct costs

As shown in Figure 14.1, the total reported by manufacturers of direct costs for drugs subject to annual price increase reports was $471 million for generic drugs and $2.71 billion for brand-name drugs. Similar to profit and revenue, some reports included the direct costs for multiple NDCs reported to us for a drug instead of for each NDC. The duplicative amounts were removed. The count of unique entries for direct costs is 323 reports (367 NDCs). Of the 323 unique reports, there were 14 unique reports (23 NDCs) showing no costs, because the products were not manufactured or sold during 2025. There are four general categories of direct costs within the annual increase reports:

- Manufacturing (blue)
- Marketing (orange)
- Distribution (grey)
- Safety and effectiveness (green)

Figure 14.1: Total direct costs reported to the program for brand-name and generic drugs

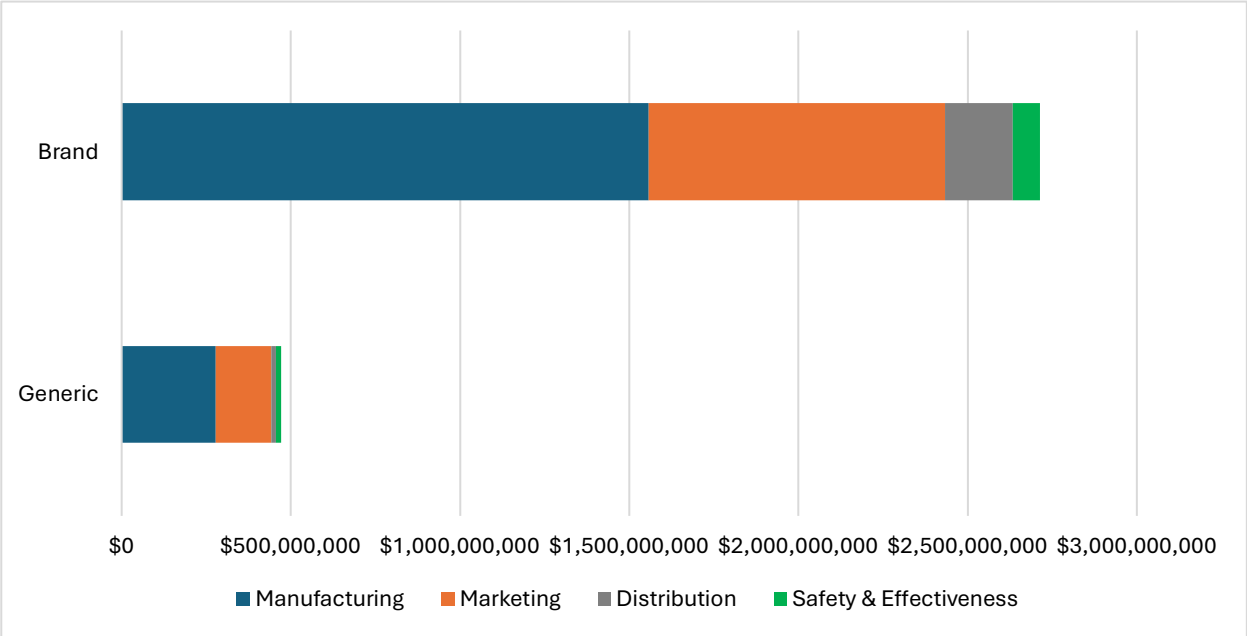


Figure 14.2: Table of total direct costs reported to the program for brand-name and generic drugs

Direct cost categories	Generic cost	Generic percent	Brand-name cost	Brand-name percent
Manufacturing	$277,642,725	59.0%	$1,556,769,253	57.4%
Marketing	$164,122,685	34.9%	$875,780,130	32.3%
Distribution	$14,152,495	3.0%	$201,389,232	7.4%
Safety and effectiveness	$14,744,321	3.1%	$79,491,451	2.9%
Total	$470,662,225	100.0%	$2,713,430,066	100.0%

Referencing Figure 14.2, manufacturers reported spending about three percent of total costs on safety and effectiveness research for both brand-name and generic drugs. Marketing accounted for 35 percent of generic drug costs and 32 percent of brand-name drug costs. Manufacturing was the most-costly spending category for both generic (59 percent of costs) and brand-name (57 percent of costs) reported NDCs.

Public funds for research and development

No public funds for research and development were reported by any manufacturers that filed annual increase reports in 2026 for filing year 2025.

Drug prices in other countries

Reports for 38 unique NDCs indicated sales of the drug in other countries in 2025, reporting the 10 highest prices in other countries (or fewer if sold in less than 10 other countries).

Each international price is reported by NDC. These international prices are reported for the same packaging and strength as the U.S. price reported, which makes for good comparison between both price points. Some manufacturers sell different versions of the same product in other countries, which may not be reported.

As an example, if a WAC is $100 in the United States and the international comparison price is $50, that NDC has a 50 percent discount. If the comparison price is $10, that NDC has a 90 percent discount. Discounts cannot exceed 100 percent. A discount percentage less than 0 percent means the comparison price is higher than the U.S. WAC.

Of the 367 annual increase reports submitted in 2026, 38 (10.4 percent) included information about the prices paid during the previous calendar year in countries other than the United States. A total of 36 countries were included in these reports, shown in Figure 15.1.

Figure 15.1: List of countries with an international comparison price on annual price increase reports received for filing year 2025

Australia	Denmark	Latvia	South Africa
Austria	Finland	Liechtenstein	Spain
Bahrain	France	Lithuania	Sweden
Belgium	Germany	Luxembourg	Switzerland
Brazil	Greece	Netherlands	Taiwan
Canada	Iceland	New Zealand	Thailand
China	Ireland	Norway	Turkey
Colombia	Israel	Saudi Arabia	United Arab Emirates
Czech Republic	Italy	Slovenia	United Kingdom

Reported international prices ranged from a low of 0.2 percent to a high of 272.2 percent of the U.S. WAC. The U.S. price was the highest reported price for more than 93.4 percent of NDCs. Just 6.5 percent of NDCs had a higher price in a country other than the United States. Referencing figures 15.2 and 15.3, the majority of foreign prices are discounted more than 50 percent compared to the same NDC sold in the United States. One discount was as high as 99.8 percent. Refer to Appendix B for more details about the prices shown in figures 15.2 and 15.3.

Figure 15.2: International and U.S. prices for 18 of the 38 drug reports showing only one international price (a drug is in a single row when there are multiple strengths at the same price)

Trade name and packaging details	U.S. price end of 2025	Other country price in 2025	Discount percent from U.S. price
Adzenys XR-ODT (180 tablets at 3.1 to 18.8 mg)	$604.95	$69.00	88.6%
Aminophylline (25 vials at 250 mg/10 mL)	$499.85	$103.41	79.3%
Atgam (5 ampules at 250 mg/5 mL)	$25,306.55	$3,411.46	86.5%
BICILLIN L-A (600,000 iU/mL solution)	$3,690.36	$292.48	92.1%
Dopamine Hydrochloride in Dextrose (12 bags at 400mg/250 mL)	$190.47	$258.53	-35.7%
Matulane (100 capsules at 50 mg)	$17,673.88	$6,066.79	65.7%
Siliq (2 syringes at 210 mg)	$6,304.75	$1,326.26	79.0%
Sodium Phosphates (25 vials; 15 mL per vial at 276 and 142 mg/mL combo)	$1,005.22	$32.55	96.8%
Solu-Cortef (1 vial at 500 mg/4 mL)	$87.44	$12.66	85.5%
Wellbutrin (90 tablets at 150 mg)	$7,236.99	$52.99	99.3%
Wellbutrin (30 tablets at 300 mg)	$3,184.19	$35.34	98.9%
Zoladex (1 implant at 3.6 mg)	$1,123.95	$303.70	73.0%
Zoladex (1 implant at 10.8 mg)	$3,092.30	$865.60	72.0%

Figure 15.3: International and domestic prices for the 20 drug reports showing multiple international prices (multiple strengths of a drug with the same price are listed in a single row; average calculated as the arithmetic mean)

Trade name and packaging details	U.S. price end of 2025	Other country average price	Average discount percent from U.S.
Aminophylline (25 vials at 500mg/20 mL)	$321.71	$204.60	36.4%
Diacomit (60 capsules at 500 mg)	$4,216.10	$515.59	87.8%
Diacomit (60 packets at 500 mg)	$4,216.10	$515.59	87.8%
Diacomit (60 capsules at 250 mg)	$2,108.05	$262.90	87.5%
Diacomit (60 packets at 250 mg)	$2,108.05	$265.15	87.4%
Ilaris (1 vial at 150 mg/mL)	$21,384.35	$13,127.37	38.6%
Jynarque (56 tablets at 90 & 30 mg)	$20,159.75	$4,179.13	79.3%
Jynarque (56 tablets at 15 mg)	$20,159.75	$4,354.06	78.4%
Jynarque (56 tablets at 60 & 30 mg)	$20,159.75	$4,665.09	76.9%
Jynarque (56 tablets at 45 & 15 mg)	$20,159.75	$4,685.05	76.8%
Jynarque (30 tablets at 15 mg)	$10,799.87	$4,536.78	58.0%
Jynarque (30 tablets at 30 mg)	$10,799.87	$4,354.06	59.7%
Lysodren (100 tablets at 500 mg)	$1,945.62	$1,007.72	48.2%
Metopirone (18 capsules at 250 mg)	$1,159.49	$499.89	56.9%
Solu-Cortef (1 vial at 250 mg/2 mL)	$44.53	$7.66	82.8%
Solu-Cortef (1 vial at 100 mg/2 mL)	$24.07	$5.34	77.8%
Solu-Cortef (1 vial at 100 mg/2 mL)	$19.15	$5.34	72.1%
Typhim Vi (1 syringe at 25 ug/.5 mL)	$161.60	$29.85	81.5%
Vfend (75mL powder at 40 mg/mL)	$613.96	$931.68	-51.7%
Yupelri (30 vials at 175 ug/3 mL)	$1,576.51	$60.16	96.2%

Patient assistance program data

There were 48 unique patient assistance programs reported with 34 unique drugs across 112 NDCs, and all but one were brand-name drugs. One generic drug (hydrocortisone; NDC 73352-0455-01) had a patient assistance program reported. DPT received patient assistance data from 18 manufacturers covering 6,146 Oregon patients totaling a value of $3,675,697 for filing year 2025. This is a mean of $598.06 per patient, smaller than the mean of $1,836 per patient reported for filing year 2024.

Mean patient assistance amounts per patient are reported based on therapeutic classes in Figure 16. The reported value of assistance per patient ranged from less than $100 to nearly $300,000.

Figure 16: Mean patient assistance amounts by therapeutic class[7]

Therapeutic class	Mean patient assistance amount per patient
Gastrointestinal agents – misc.	$36,021
Endocrine and metabolic agents – misc.	$7,701
Dermatologicals	$4,418
Musculoskeletal therapy agents	$1,787
Genitourinary agents – misc.	$1,588
Anti-asthmatic and bronchodilator agents	$1,495
Antineoplastics and adjunctive therapies	$1,471
Antidepressants	$1,304
Allergenic extracts / biologicals – misc.	$824
Estrogens	$438
Analgesics – opioid	$308

[7] We use Medi-Span to identify therapeutic class for the drugs referenced in this figure. Refer to Appendix C for therapeutic classes used in this report.

Shown in Figure 17, manufacturers reported more than one patient assistance program for 10 drugs. One NDC (49502-0806-93) for Yupelri from Viatris Specialty LLC reported four different programs. Multiple drugs reported two programs.

Figure 17: Drugs with more than one patient assistance program reported by manufacturers

Drug name	Manufacturer name	Number of programs reported	NDC count
Aplenzin	Bausch Health U.S. LLC	2	1
Isturisa	Recordati Rare Diseases Inc.	2	2
Margenza	Tersera Therapeutics LLC	2	2
Quzyttir	Tersera Therapeutics LLC	2	2
Signifor	Recordati Rare Diseases Inc.	2	3
Signifor LAR	Recordati Rare Diseases Inc.	2	5
Wellbutrin	Bausch Health U.S. LLC	2	1
Xermelo	Tersera Therapeutics LLC	2	1
Yupelri	Viatris Specialty LLC	4	1
Zoladex	Tersera Therapeutics LLC	2	2

Figure 18 shows the time period covered for the reported assistance programs. The majority of these programs either last a calendar year or have no time limits.

Figure 18: Count of program duration for reported patient assistance programs

Enrollment period	Number of programs
1 year or calendar year	35
Unlimited or ongoing	5
390-day supply	4
90 tablets	1
Patient lifetime	1
4 to 6 weeks	1
One-time use	1

Eligibility criteria and eligibility verification process

For entries with patient assistance program data, a field describes the criteria a prospective patient must fulfill before being enrolled in the program (eligibility criteria). Another field describes the process by which the assistance program verifies a prospective patient's eligibility (eligibility verification). Figure 19 represents the total number of programs describing their eligibility criteria for their program. This data is "per program" meaning a per drug, per program, per manufacturer basis. If five different drugs are covered under one program, they are considered five different programs for the analysis here.

Figure 19: Eligibility criteria provided for patient assistance programs[8]

Category or criteria type	Number of unique entries	Percent of programs
Patient must have commercial insurance	26	54.2%
Patient must be U.S. resident	21	43.8%
Patient must have limited or no prescription drug coverage	20	41.7%
Patient must have qualifying financial need	20	41.7%
Patient is not on government insurance	19	39.6%
Age restrictions	9	18.8%
Patient must be a resident of certain state(s)	6	12.5%
Limited number of refills	6	12.5%
Prescription must be administered by a healthcare professional (HCP) in a certain setting and patient must be seeing a U.S. HCP.	5	10.4%
Risk Evaluation and Mitigation Strategy (REMS) Program	1	2.1%
Must be on government insurance or uninsured	1	2.1%
Other geographical restriction	1	2.1%
Patient weight restrictions	1	2.1%

Referencing Figure 19, the five most-cited patient assistance program eligibility criteria:

- Patient must be enrolled in a commercial insurance plan
- Patient must be a resident of the U.S.
- Patient must have limited or no prescription drug coverage under their insurance plan
- Patient must have qualifying financial need
- Patient must not be on government insurance

Among the 20 programs with financial need criteria, eight programs mentioned that maximum household income needs to be a factor of the federal poverty limit. These reports describe annual household income criteria between 300 percent and 600 percent of the federal poverty limit.

[8] Some of the patient assistance programs have more than one of these categories or criteria type.

Figure 20: Verification process descriptions for reported programs[9]

Category or verification type	Number of unique entries with verification type
Verify patient has commercial insurance	18
Credit check or confirm income with documents	14
Third-party reviews eligibility	11
Patient attests to eligibility requirements	8
Only listed eligibility criteria	7
Pharmacy leads process	6
Check no reimbursement claim from government programs for the prescription	4
Copay processor verifies eligibility	3
Healthcare provider must bill program or be involved	3
Patient information collected to verify eligibility	2
Published terms and conditions	2

Figure 20 represents the total number of programs describing their eligibility verification process for evaluating patient eligibility for their program. This data is "per program" meaning a per drug, per program, per manufacturer basis. If five different drugs are covered under one program, these count as five different programs for this analysis.

Referencing Figure 20, the three most-common eligibility verification processes involve:

- Verification that patient has commercial insurance
- Confirm patient income with supporting documents
- Third-party reviews patient eligibility

Conclusion

This data report analyzes information from the annual reports about price increases that occurred in 2025. The DPT program received these reports in 2026. This is DPT's eighth year of collecting and reporting manufacturer data to provide information about prescription drug costs. This report is available on DPT's reports webpage where you can also find previous reports and more information about manufacturer 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.

[9] Some of the patient assistance programs have more than one of these verification processes.

Appendix A – Inflation calculation

Figure 5 uses the Consumer Price Index for All Urban Consumers (CPI-U) values to calculate inflation.[10] The inflation rate each year is calculated from the monthly CPI-U values on Jan. 1 each year. This is done by taking the amount the index increased over the year, and dividing it by the index value at the beginning of the year to get a percentage increase in the index for each year.

For example, the Jan. 1, 2018, CPI-U index value was 248.859. The Jan. 1, 2019, CPI-U index value was 252.561. This is a growth of 3.702 in the index throughout the year 2018. If we divide 3.702 by the Jan. 1, 2018, value of 248.859, we get a result of 1.488 percent. This value is the percentage change (inflation) of the CPI-U index across the year 2018.

Similar calculations were made for the rest of the years, 2019 through 2025.

[10] "Consumer price index for all urban consumers: All items in U.S. city average." Federal Reserve Bank of St. Louis Fred Economic Data, Sept. 11, 2026. https://fred.stlouisfed.org/series/CPIAUCSL. Accessed Sept. 22, 2026.

Appendix B – International prices compared to domestic for figures 15.2 and 15.3

More details about the prices shown in figures 15.2 and 15.3. International and domestic prices for drugs reporting only one international price:

Trade name and packaging details	NDC	Manufacturer name	U.S. price end of 2025	Other country price in 2025	Discount percent from U.S. price
Adzenys XR-ODT (180 tablets at 3.1 to 18.8 mg)	70165000530 70165001030 70165001530 70165002030 70165002530 70165003030	Neos Therapeutics LP	$604.95	$69.00	88.6%
Aminophylline (25 vials at 250 mg/10 mL)	00409592101	Pfizer (label Hospira)	$499.85	$103.41	79.3%
Atgam (5 ampules at 250 mg/5 mL)	00009722402	Pfizer (label Pharmacia & Upjohn)	$25,306.55	$3,411.46	86.5%
BICILLIN L-A (600,000 iU/mL solution)	60793070110	Pfizer	$3,690.36	$292.48	92.1%
Dopamine Hydrochloride in Dextrose (12 bags at 400mg/250 mL)	00409780922	Pfizer (label Hospira)	$190.47	$258.53	-35.7%
Matulane (100 capsules at 50 mg)	54482005401	Leadiant Biosciences, Inc.	$17,673.88	$6,066.79	65.7%
Siliq (2 syringes at 210 mg)	00187000402	Bausch Health US LLC	$6,304.75	$1,326.26	79.0%
Sodium Phosphates (25 vials; 15 mL per vial at 276 and 142 mg/mL combo)	00409739172	Pfizer (label Hospira)	$1,005.22	$32.55	96.8%
Solu-Cortef (1 vial at 500 mg/4 mL)	00009001612	Pfizer (label Pharmacia & Upjohn)	$87.44	$12.66	85.5%
Wellbutrin (90 tablets at 150 mg)	00187073090	Bausch Health US LLC	$7,236.99	$52.99	99.3%
Wellbutrin (30 tablets at 300 mg)	00187073130	Bausch Health US LLC	$3,184.19	$35.34	98.9%

Trade name and packaging details	NDC	Manufacturer name	U.S. price end of 2025	Other country price in 2025	Discount percent from U.S. price
Zoladex (1 implant at 3.6 mg)	70720095036	TerSera Therapeutics LLC	$1,123.95	$303.70	73.0%
Zoladex (1 implant at 10.8 mg)	70720095130	TerSera Therapeutics LLC	$3,092.30	$865.60	72.0%

International and domestic prices for drugs reporting more than one international price:

Trade name and packaging details	NDC	Manufacturer (and labeler name, if different)	U.S. price end of 2025	Other country average price in 2025	Maximum other country price	Minimum other country price	Mean discount percent from U.S.
Aminophylline (25 vials at 500mg/20 mL)	00409592201	Pfizer (label Hospira)	$321.71	$204.60	$408.39	$0.80	36.4%
Diacomit (60 capsules at 500 mg)	68418794006	Biocodex USA	$4,216.10	$515.59	$691.13	$407.26	87.8%
Diacomit (60 packets at 500 mg)	68418794206	Biocodex USA	$4,216.10	$515.59	$691.13	$407.26	87.8%
Diacomit (60 capsules at 250 mg)	68418793906	Biocodex USA	$2,108.05	$262.90	$386.27	$199.27	87.5%
Diacomit (60 packets at 250 mg)	68418794106	Biocodex USA	$2,108.05	$265.15	$386.27	$200.79	87.4%
Ilaris (1 vial at 150 mg/mL)	00078073461	Novartis Pharmaceuticals	$21,384.35	$13,127.37	$16,398.91	$10,825.53	38.6%
Jynarque (56 tablets at 90 mg & 30 mg in weekly pack)	59148008928	Otsuka America Pharmaceutical, Inc.	$20,159.75	$4,179.13	$6,428.36	$3,241.80	79.3%
Jynarque (56 tablets at 15 mg)	59148007928	Otsuka America Pharmaceutical, Inc.	$20,159.75	$4,354.06	$6,928.88	$3,269.20	78.4%
Jynarque (56 tablets at 60 mg & 30 mg in weekly pack)	59148008828	Otsuka America Pharmaceutical, Inc.	$20,159.75	$4,665.09	$11,590.94	$3,241.80	76.9%

Trade name and packaging details	NDC	Manufacturer (and labeler name, if different)	U.S. price end of 2025	Other country average price in 2025	Maximum other country price	Minimum other country price	Mean discount percent from U.S.
Jynarque (56 tablets at 45 mg and 15 mg in weekly pack)	59148008728	Otsuka America Pharmaceutical, Inc.	$20,159.75	$4,685.05	$12,072.04	$3,234.02	76.8%
Jynarque (30 tablets at 30 mg)	59148008313	Otsuka America Pharmaceutical, Inc.	$10,799.87	$4,354.06	$6,928.88	$3,269.20	59.7%
Jynarque (30 tablets at 15 mg)	59148008213	Otsuka America Pharmaceutical, Inc.	$10,799.87	$4,536.78	$6,928.88	$3,370.08	58.0%
Lysodren (100 tablets at 500 mg)	76336008060	Esteve Pharmaceuticals LLC	$1,945.62	$1,007.72	$1,895.23	$702.94	48.2%
Metopirone (18 capsules at 250 mg)	76336045518	Esteve Pharmaceuticals LLC	$1,159.49	$499.89	$1,309.33	$322.32	56.9%
Solu-Cortef (1 vial at 250 mg/2 mL)	00009001305	Pfizer (label Pharmacia & Upjohn)	$44.53	$7.66	$14.57	$3.12	82.8%
Solu-Cortef (1 vial at 100 mg/2 mL)	00009001103	Pfizer (label Pharmacia & Upjohn)	$24.07	$5.34	$7.05	$3.62	77.8%
Solu-Cortef (1 vial at 100 mg/2 mL)	00009082501	Pfizer (label Pharmacia & Upjohn)	$19.15	$5.34	$7.05	$3.62	72.1%
Typhim Vi (1 syringe at 25 ug/.5 mL)	49281079051	Sanofi Vaccines US Inc.	$161.60	$29.85	$46.93	$22.43	81.5%
Vfend (75mL powder at 40 mg/mL)	00049316044	Pfizer (label Roerig)	$613.96	$931.68	$2,285.25	$610.84	-51.7%
Yupelri (30 vials at 175 ug/3 mL)	49502080693	Viatris Specialty LLC	$1,576.51	$60.16	$78.94	$44.99	96.2%

Appendix C – 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. These 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.

- **Allergenic extracts and biologicals – misc.:** These are complex mixtures of allergenic and nonallergenic substances used to diagnose and treat allergies.
- **Analgesics – opioid:** These are strong medicines used to relieve pain, such as oxycodone or morphine, that can be addictive and have a high risk of dependence associated with them.
- **Antiarrhythmics:** These are medicines that regulate heart rate and rhythm.
- **Anti-asthmatic and bronchodilator agents:** These are medicines that help open airways, making it easier to breathe for people with asthma or other lung conditions.
- **Antidepressants:** These are medicines used to treat depression, anxiety, post-traumatic stress disorder, and sometimes can help with chronic pain.
- **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).
- **Dermatologicals:** These are medicines applied directly to the skin to treat conditions such as acne, eczema, or infections.
- **Endocrine and metabolic agents – misc.:** These are medicines that help regulate hormones or support the body's metabolism, such as treatments for hormone imbalances or rare metabolic disorders.
- **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.
- **Genitourinary agents – misc.:** These are medicines used to treat issues with the urinary tract or reproductive organs, such as bladder infections or prostate problems.
- **Local anesthetics – parenteral:** These are medicines that are given by injection to temporarily block pain signals in a part of the body.
- **Minerals and electrolytes:** These are mineral supplements used to correct or prevent deficiencies in essential minerals and electrolytes.
- **Musculoskeletal therapy agents:** These are medicines used to treat bone, joint, and muscle disorders.
- **Nutrients:** These are macronutrients or nutritional substances used for supplementation or support.
- **Pharmaceutical adjuvants:** These are supportive medicines given with a main therapy to enhance, stabilize, or preserve the action of the active therapeutic drug.

Appendix D – List of drugs reported for 2025 annual price increases

Refer to the supplemental workbook file attached to this report for a list of the drugs with reported annual price increases in 2025 (submitted in 2026). The list includes the following data fields:

- National drug code (NDC), 11-digit format
- Trade name
- Chemical name
- Manufacturer account name
- Net increase percentage in 2025
- Price (wholesale acquisition cost) on Dec. 31, 2025
- Assistance program name
    - One program listed per line so an NDC with multiple programs will have multiple rows on the list.