Division of Financial Regulation
Department of Consumer and Business Services

2026 Analysis:

New Prescription Drugs

Results and analysis of manufacturer data received in 2025

Drug Price Transparency Program



Nov. 12, 2026

About the Drug Price Transparency Program:

Oregon's Drug Price Transparency Program (DPT), 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: 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 a specific disorder or disease. Descriptions are available in Appendix B and on the therapeutic classes webpage.

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 is defined in federal law in 42 U.S.C. 1395w-3a(c)(6)(B).

Refer to additional pharmaceutical terms in the glossary on our website.

Additional report information:

This data report is based on new prescription drug reports received by the program during 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 are available on the therapeutic classes webpage.[1]

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Acknowledgements

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[1] 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.

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Report highlights

The DPT program received 618 new prescription drug reports for high-cost drugs in 2025. Just over half of the reports (51 percent) were for brand-name drugs and the remaining reports (49 percent) were for generic drugs.

Drugs used to treat cancer, classified as antineoplastics and adjunctive therapies, were the most commonly reported type of drugs. These drugs accounted for nearly one quarter (23 percent) of reports in 2025. For several years, cancer therapies have been the most common class of drugs in new drug reports.

More than half of reported national drug codes (NDCs) had wholesale acquisition costs (WACs) between $1,000 and $10,000 (328 NDCs or 53 percent of reports). However, the highest reported prices were much higher. For example, the highest reported WAC for a brand-name drug was Kebilidi at $3,950,000, and the highest reported WAC for a generic drug was cladribine at $88,435 ($8,844 per tablet).

Manufacturers of brand-name drugs reported more than $5.1 billion in total marketing spending in new prescription drug reports received in 2025. About a quarter (23 percent) of spending was classified as direct-to-consumer marketing and more than a third (37 percent) of spending was classified as health care professional marketing. Manufacturers did not classify about 40 percent of their total marketing spending.

Of the 618 reports received in 2025, 330 reports (53 percent) had one or more data element with a trade secret claim. This prevents the DPT program from immediately publishing those data elements. Before publicly releasing any part of an individual data element claimed to be a trade secret, the program must review the trade secret claim.

New prescription drug reports

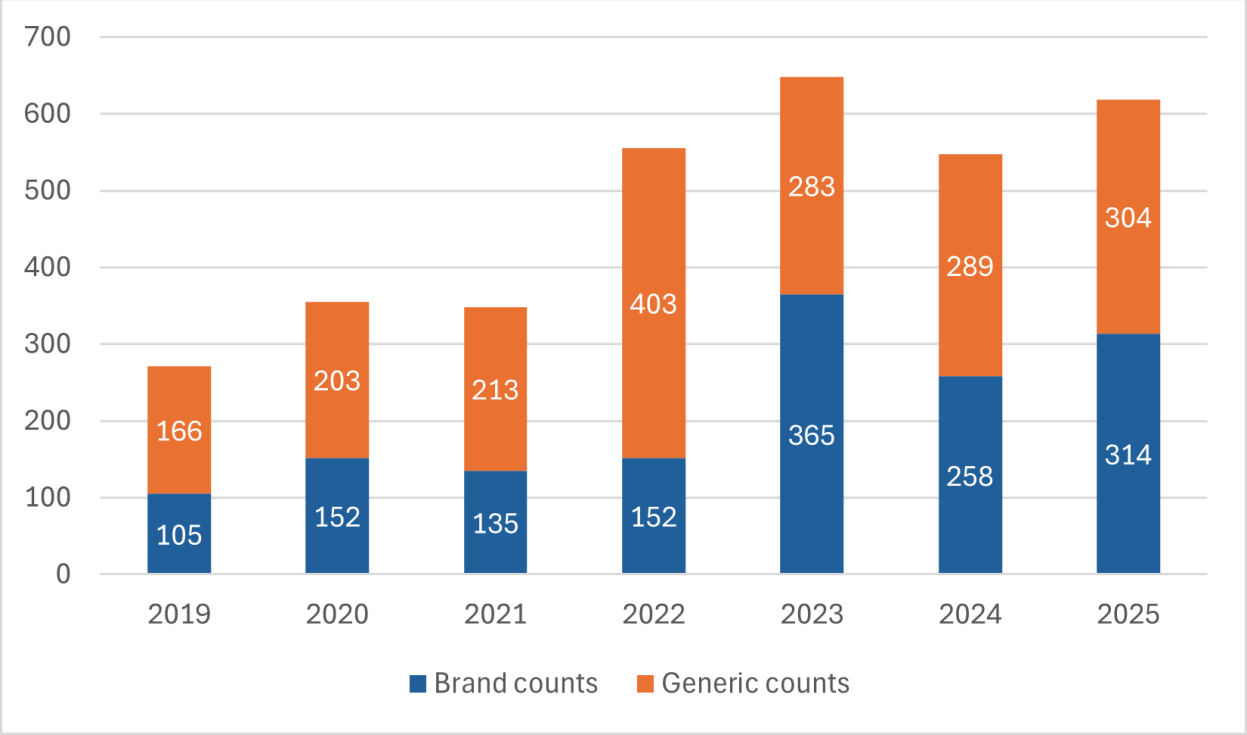
Oregon requires that manufacturers submit a new prescription drug report within 30 days of introducing a new, higher-cost prescription drug. For 2025, higher-cost means a drug with a list price (WAC) of $950 or more for a 30-day supply or for a course of treatment shorter than one month.[2] In prior year reporting, the cost threshold was $670 or more for a 30-day supply for drugs introduced before Jan. 1, 2025 (OAR 836-200-0520).

From Jan.1, 2025, through Dec. 31, 2025, the program received 618 new prescription drug reports. These reports were submitted by 146 different manufacturers, and each report is for a single drug package listed by national drug code (NDC). Some reports were for different NDCs of the same drug, often a different package size or strength. From 2022 to 2025, the program consistently received 550 to 650 reports per year.

We received 304 new prescription drug reports for generic drugs that came from 55 manufacturers. Generic drugs newly introduced by a manufacturer must be reported if the drug meets the cost threshold. We also received 314 new prescription drug reports for brand-name drugs that came from 109 manufacturers – 18 manufacturers reported on both brand-name and generic drugs. Figure 1 compares the proportion of generic to brand-name drug reports received each calendar year.

[2] OAR 836-200-0520 sets this threshold for new prescription drugs. The price of $950 for a one-month supply matches the 2024 amount for specialty tier drugs set by the Centers for Medicare & Medicaid Services in the Final Contract Year 2024 Part D Bidding Instructions. This threshold is for new drugs introduced on or after Jan. 1, 2025, and before Jan. 1, 2027.

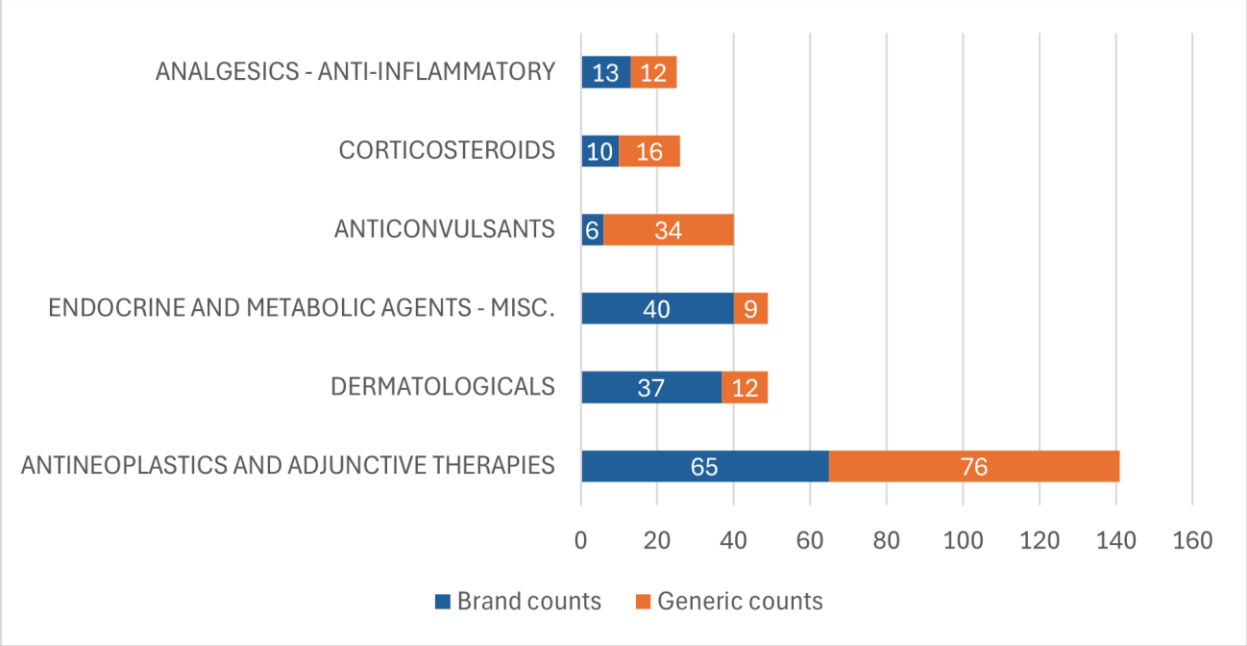
Figure 1: Report counts for generic and brand-name new prescription drugs received in each calendar year from 2019 through 2025[3]



More than half of the new drug reports (330) were in the six most commonly reported therapeutic classes received in 2025. As shown in Figure 2, reports on generic drugs were more common in some classes, such as the anticonvulsants, while other classes, such as dermatologicals, had mostly brand-name reports.

[3] We use Medi-Span to identify whether a drug is brand name or generic for the drugs referenced in this figure: https://www.wolterskluwer.com/en/solutions/medi-span/medi-span.

Figure 2: Distribution of brand-name and generic new prescription drugs by most common therapeutic classes[4]

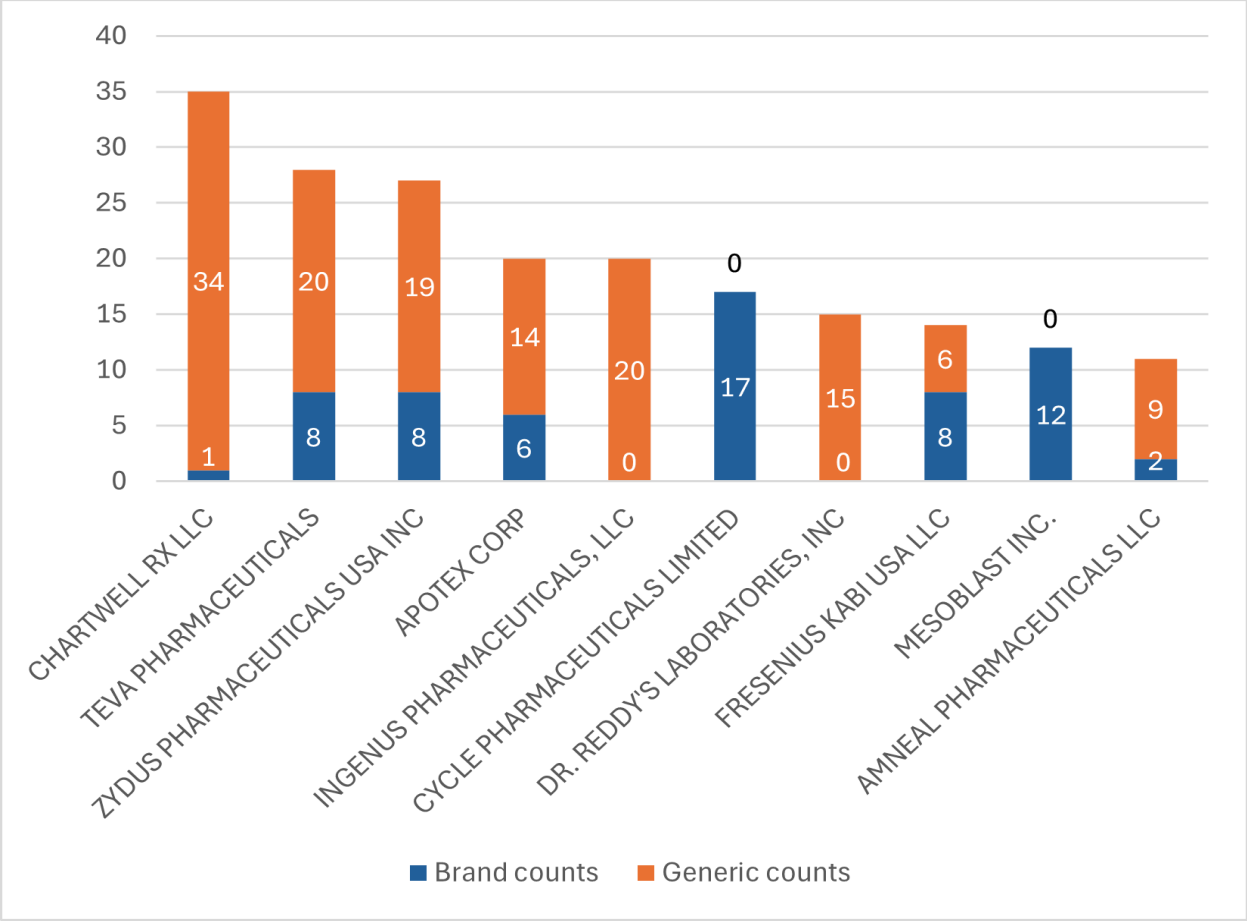


Similar to 2024 reports, antineoplastics and adjunctive therapy drugs (cancer therapies) were the most common therapeutic class of drugs reported in 2025, with 141 reports falling into this category. Different from 2024 reports, the second-most common therapeutic class reported in 2025 was dermatologicals with 49 reports, and the third-most common class was endocrine and metabolic agents – misc., also with 49 reports. For several years, cancer therapies have been the most common class of drugs in new drug reports. In 2025, more than half of the reports in the antineoplastics and adjunctive therapy class were for new generics.

[4] We use Medi-Span to identify therapeutic classes and whether a drug is brand name or generic for the drugs referenced in this figure.

Figure 3 shows the number of reports received from the 10 manufacturers who submitted the most reports.

Figure 3: New drug report counts by manufacturer and brand-name or generic status[5]



The manufacturers Chartwell Rx LLC, Teva Pharmaceuticals, and Zydus Pharmaceuticals USA Inc. submitted the largest number of reports, with 35, 28, and 27 reports in 2025, respectively. Most of their reports were for generic drugs.

Wholesale acquisition costs (WAC)

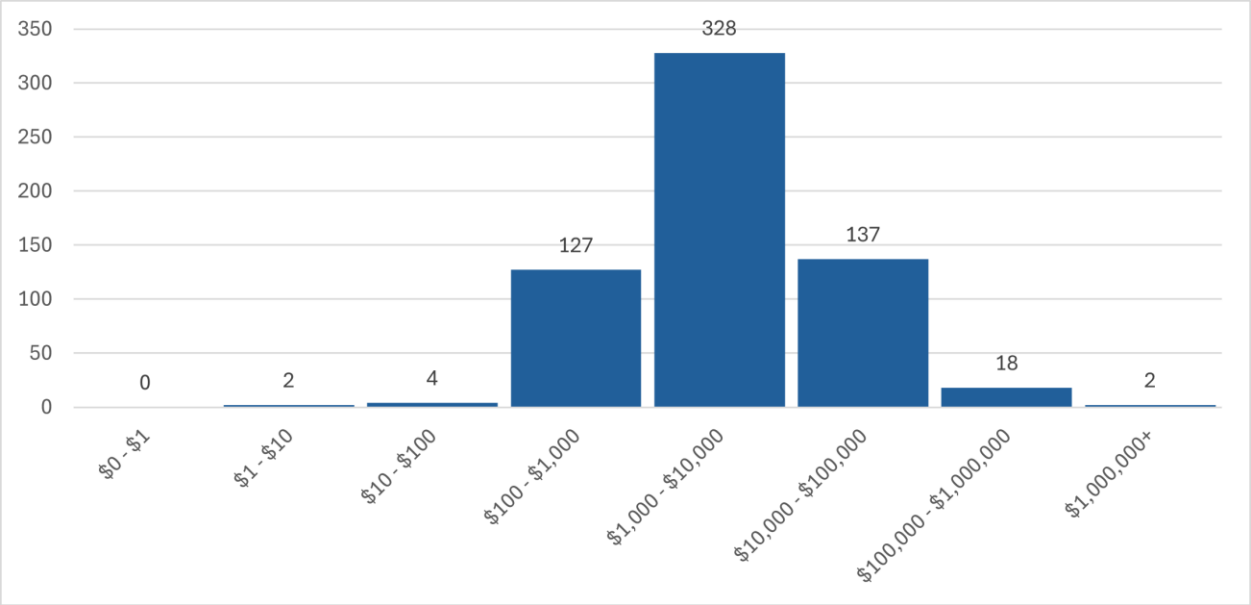
The program received new prescription drug reports for drugs with WACs ranging from a low of $2.70 to a high of $3.95 million. It is possible that a drug with a WAC less than $950 may still require a report to the program, depending on the length of a course of treatment and dosing schedules. For example, a drug with a WAC of $475 for a single

[5] We use Medi-Span to identify whether a drug is brand name or generic for the drugs referenced in this figure as of March 2026.

dose that requires two doses in one month would cost $950 for a course of treatment, prompting a report. However, it is likely that some of the reports we received with lower WACs have been submitted in error.

The following figure shows the WAC of each prescription drug package reported to the program in 2025. To make the histogram easier to read, we grouped the reports in categories by price.[6] There were 127 entries with a reported WAC between $100 and $1,000, 328 entries with a reported WAC between $1,000 and $10,000, and 137 entries with a reported WAC between $10,000 and $100,000. Two reported prescription drug packages were more than $1 million. This distribution has been steady over the years.

Figure 4: WAC ranges for new prescription drug reports received in 2025, count of reports

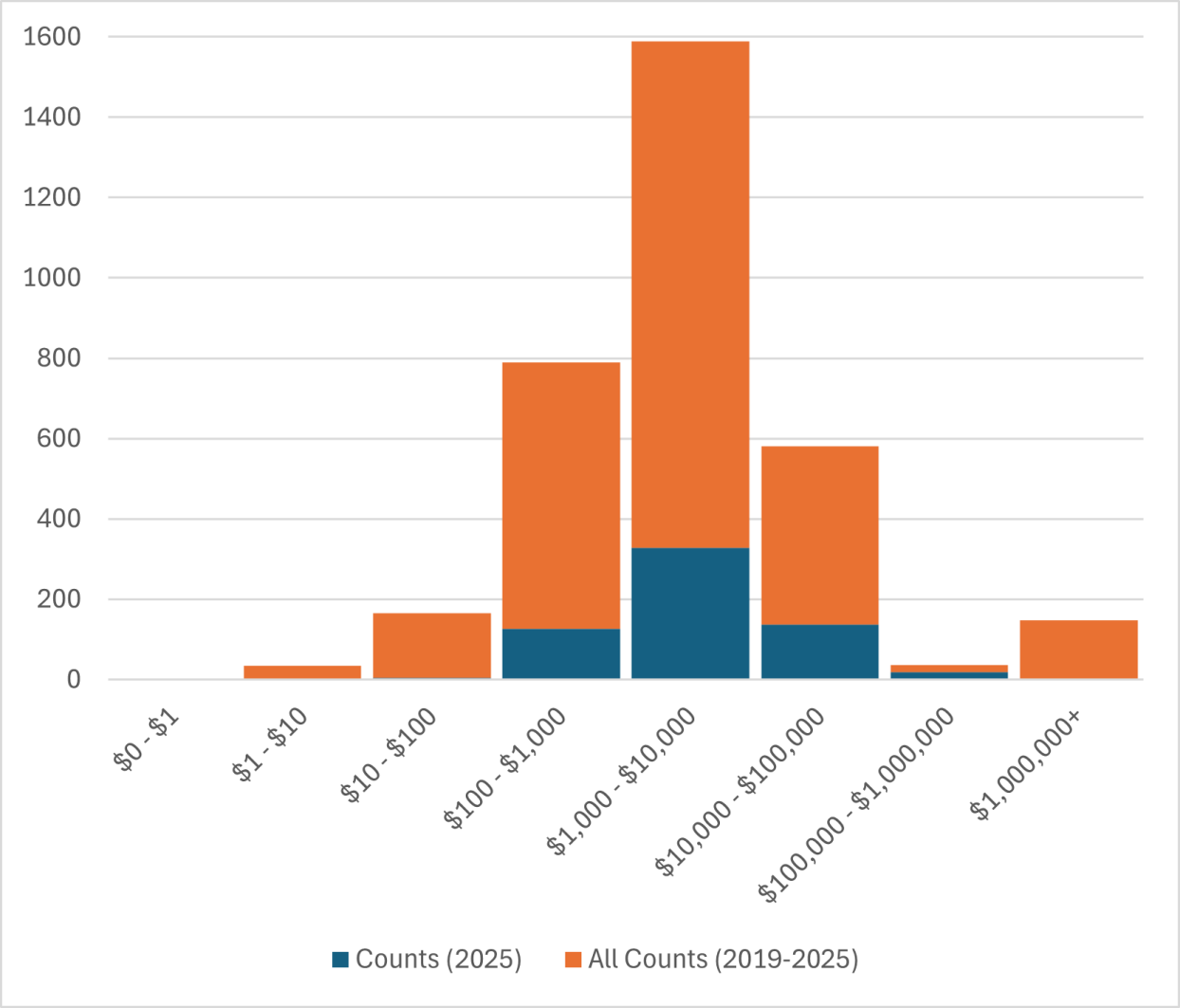


Both 2024 and 2025 had peaks in the $1,000 to $10,000 category, and in 2024 there was a slight uptick in entries with WACs of more than $1 million.

[6] The histogram in figures 4 and 5 is using a base 10 logarithmic scale, which shows a tenfold (x 10) increase for each group and helps make the wide range of amounts easier to understand.

Figure 5 shows all years of the program with 2025 reports in blue and reports from earlier years in orange to compare the distribution of WACs reported in 2025 to the distribution of WACs reported to the program in all years (2019 through 2025).

Figure 5: WAC histogram for new prescription drugs reported in 2025 and all years



Most reports with WAC of more than $1 million were received in 2023 and 2024 and showed new neuromuscular and hematological agents entering the market.

Highest reported prices

Manufacturers set the WAC, and we use this price for analysis. Here are the 10 highest prices (WACs) among new prescription brand-name and generic drugs reported in 2025. Refer to Appendix A for orphan drug designation information.

Figure 6: Ten highest prices reported for new brand-name drugs[7]

Drug	WAC	Therapeutic class	Manufacturer
Kebilidi	$3,950,000	Endocrine and metabolic agents – misc.	PTC Therapeutics Inc
Zevaskyn skin sheets	$3,147,000	Dermatologicals	Abeona Therapeutics Inc.
ENCELTO	$250,000	Ophthalmic agents	Neurotech Pharmaceuticals Inc.
Ryoncil	$194,000	Miscellaneous therapeutic classes	Mesoblast Inc.
Hepzato kit	$182,500	Antineoplastics and adjunctive therapies	Delcath Systems Inc.
Livmarli (maralixibat)	$178,749 – $89,375	Gastrointestinal agents	Mirum Pharmaceuticals
Papzimeos injection	$115,000	Antivirals	Precigen Inc.
Harliku	$89,106	Endocrine and metabolic agents – misc.	Cycle Pharmaceuticals Limited
INLEXZO™	$69,000	Antineoplastics and adjunctive therapies	Janssen Biotech Inc.
Vyvgart hytrulo	$66,928	Miscellaneous therapeutic classes	Argenx U.S. Inc.

[7] We use Medi-Span to identify therapeutic class for the drugs referenced in this figure.

Figure 7: 10 highest prices reported for new generic drugs[8]

Drug	WAC (package)	WAC per unit	Therapeutic class	Manufacturer
Cladribine tablet (4 to 10 tablets at 10 mg)	$88,435 – $35,374	$8,844 per tablet	Psychotherapeutic and neurological agents – misc.	Apotex Corp.
Nilotinib capsule (112 to 120 capsules at 50, 150, & 200 mg)	$22,031 – $20,562	$184 per capsule	Antineoplastics and adjunctive therapies	Cipla USA Inc.
Nilotinib capsule (112 to 120 capsules at 50, 150, & 200 mg)	$21,150 – $19,740	$176 per capsule	Antineoplastics and adjunctive therapies	Apotex Corp.
Eltrombopag (30 tablets at 75 mg)	$16,747	$558 per tablet	Hematopoietic agents	Camber Pharmaceuticals Inc.
Ustekinumab-ttwe (One 90 mg/ml syringe)	$15,742	$15,742 per syringe	Dermatologicals	Quallent Pharmaceuticals Health LLC
Miglustat (90 capsules at 100 mg)	$14,362	$160 per capsule	Hematopoietic agents	Zydus Pharmaceuticals USA Inc.
Deflazacort (30 tablets at 36 mg)	$14,214	$474 per tablet	Corticosteroids	Multiple*
Sunitinib malate (28 capsules at 50 mg)	$14,066	$502 per capsule	Antineoplastics and adjunctive therapies	Avkare Inc. (aka Avpak)
Dasatinib (60 tablets at 50 & 70 mg)	$13,849	$231 per tablet	Antineoplastics and adjunctive therapies	Biocon Pharma Inc.
Everolimus (28 tablets at 5 mg)	$13,555	$484 per tablet	Antineoplastics and adjunctive therapies	Multiple**

[8] We use Medi-Span to identify therapeutic class for the drugs referenced in this figure.

* Three manufacturers reported deflazacort and all had the same WAC and unit WAC:

- Upsher-Smith Laboratories LLC
- Sun Pharmaceutical Industries Inc.
- Zydus Pharmaceuticals USA Inc.

** Two manufacturers reported everolimus with the same WACs and unit WACs:

- Amneal Pharmaceuticals LLC
- Breckenridge Pharmaceutical Inc.

Public funding

When reporting new prescription drugs, manufacturers are required to report any funding provided by national, state, local, or foreign government entities used in the basic or applied research for the drug, including funding for preclinical and clinical trials.

Manufacturers overwhelmingly reported receiving no public funding for the drugs reported. Out of the 618 new prescription drug reports received, reports for four drugs showed public funding amounts that totaled more than $182 million.

For international public funding received, the company Iterum Therapeutics pcl received $1.4 million for an anti-infective agent, Orlynvah (sulopenem etzadroxil and probenecid; NDC 81153-100-01).

For national (U.S.) public funding received, we received information from three companies:

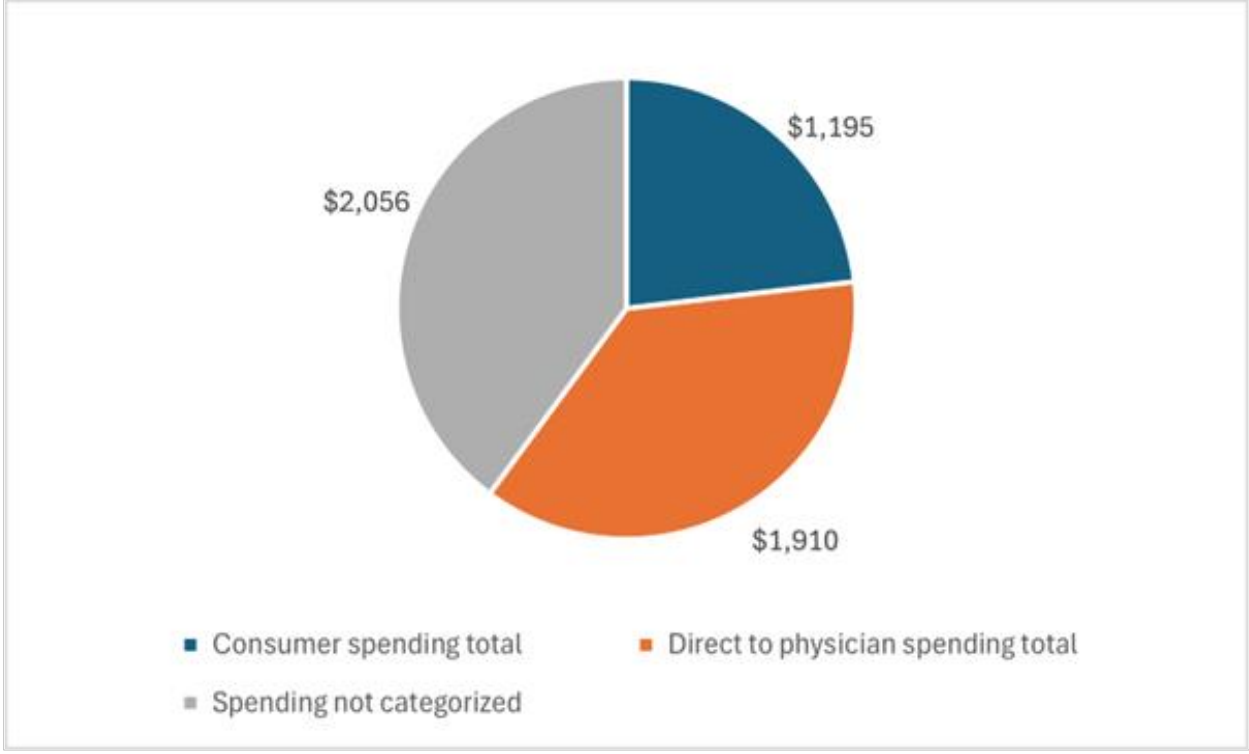
- Glaxosmithkline LLC (GSK) received $169 million for an anti-infective agent, Blujepa (gepotidacin; NDC 0173-0922-45).
- Jazz Pharmaceuticals Inc. received $9.6 million for an antineoplastic and adjunctive therapy, Modeyso (dordaviprone; NDC 68727-250-01).
- Lumicell Inc. received $2.37 million for the diagnostic product Lumisight (pegulicianine; NDC 82292-040-10).

Manufacturers reported no state or local public funding in the new drug reports submitted in 2025.

Marketing spending analysis

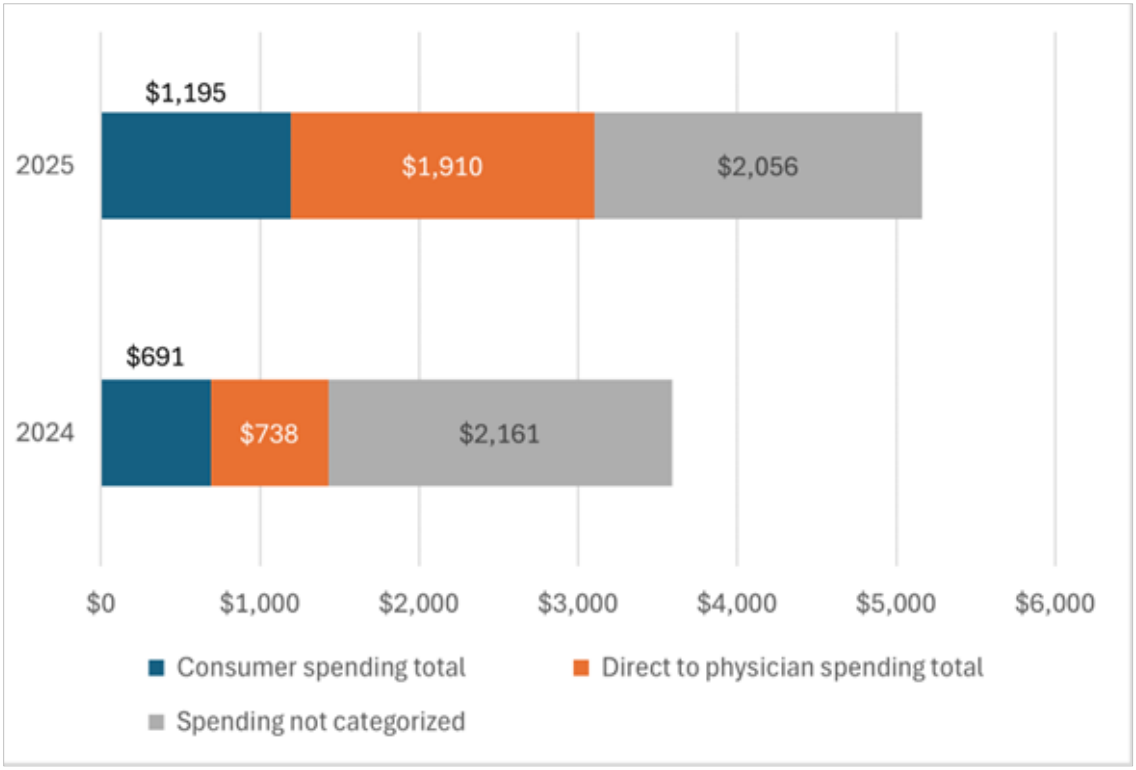
Manufacturers must report the amount the company spends on marketing directly to consumers and marketing to health care professionals. Manufacturers of brand-name drugs reported more than $5.1 billion in total marketing spending in new prescription drug reports received from January to December 2025. Approximately 60 percent of this spending was classified as direct-to-consumer marketing ($1.2 billion, 23 percent) and health care professional marketing ($1.9 billion, 37 percent). Manufacturers did not classify about 40 percent – approximately $2.0 billion – of their total marketing spending amounts. More than 28 percent of the marketing reported was for drugs in the attention-deficit/hyperactivity disorder/anti-narcolepsy/anti-obesity/anorexiants therapeutic class. Dermatologicals were the next highest therapeutic class with almost 12 percent of the reported marketing spending.

Figure 8: New prescription drug reported marketing expenses (in millions)



Total marketing reported increased from about $3.6 billion in 2024, to more than $5.1 billion in 2025. This was a 44 percent increase from 2024 to 2025.

Figure 9: Marketing spending comparison between 2025 and 2024 (in millions)



Marketing descriptions

Manufacturers must submit a description of marketing for a new prescription drug for marketing activities to consumers and to health care professionals. The narrative must describe the actual and planned marketing activities, which may include:

- Advertising on TV, social media, and in magazines
- Paying for endorsements and reviews
- Peer-to-peer communications, such as sponsored speakers at medical seminars
- Employing sales representatives

Many manufacturers claim marketing strategies and costs are trade secrets, so we use aggregated data to show spending and provide examples of marketing descriptions that were not trade secrets. Additional marketing information reported by manufacturers can be found on the program's data transparency webpages.

Here are samples from submissions in 2025 with the marketing description data element. For those that claimed their information was a trade secret, published information only shows the information we determined was not conditionally exempt from disclosure.[9] Any information not disclosed after a trade secret review is identified in *[brackets]* with the original information replaced by a description of the information.

Botanix SB Inc.

"Sofdra is being marketed to help treat excessive underarm sweating (primary axillary hyperhidrosis) in adults and children 9 years of age and older. More than 10 years of intensive research and development went into Sofdra. Following FDA approval, a system for easy patient access was developed that integrated telehealth with a single pharmacy network. Botanix has worked extensively with its network of payers to determine how to price Sofdra and optimize patient access.

"$7 million will be spent in marketing to bring Sofdra to market in 2025. This was for direct-to-consumer media advertisements. $8 million will be used to market to physicians and other healthcare professionals in 2025. Botanix has not provided any incentive programs and there is no plan to offer (any). Botanix plans to spend an additional $9 million to market to healthcare professional with the use of a field sales force in 2025." (Sofdra)

Bridgebio Pharma Inc.

"BridgeBio provides online resources to U.S. healthcare professionals (HCPs) via https://www.attrubyhcp.com/ and to consumers via https://www.attruby.com/. BridgeBio directly educates HCPs via BridgeBio sales representatives, congress sponsorships and exhibit booths, educational peer-to-peer programs, and other related activities. BridgeBio also engages in media placements and digital advertising to both HCPs and consumers.

"As a new company, BridgeBio is evaluating an appropriate marketing budget in 2025. …

"BridgeBio offers a free trial (up to one 28-day supply) per patient, based on prescriber discretion. … As it relates to the activities described above, BridgeBio estimates any spending or planned spending on marketing to consumers in the U.S. to be *[monetary number]* and to HCPs to be *[monetary number]*. … These estimates include the costs of professional detailing, printed and digital branded materials (including design and creation), and media placements. BridgeBio included information on free trial in the description because it is specifically referenced in the Oregon guidance, but we do not consider this to be a "promotional incentive." (Attruby)

[9] DCBS issues a final determination when the DPT Program disagrees with a trade secret claim before publishing any data that was claimed as trade secret.

Neurocrine Biosciences Inc.

“To bring awareness to Crenessity™, the first and only treatment for classic Congenital Adrenal Hyperplasia (CAH), our marketing efforts will focus on both direct-to-consumer (DTC) and healthcare professional (HCP) outreach. The DTC campaign will include digital media across multiple channels, and print advertising to inform the public about this groundbreaking treatment option for classic CAH. For healthcare professionals, we will conduct professional detailing, engagement at medical conferences, and facilitate peer-to-peer promotions. … Although we do not consider these to be marketing or promotional activities, we also offer the following programs to help make Crenessity accessible to those in need: • QuickSTART and Bridge Programs: In the event of delays with insurance coverage, these programs offer 30 days of free of Crenessity. • Patient Assistance Program: This program is designed to assist patients without insurance, patients whose insurance does not cover Crenessity, or patients who are under-insured. • Copay Savings Program: This program helps commercially insured patients pay as little as $0 for Crenessity. [specific marketing spending information]. These amounts are estimated expenses preparing for approval and for the first 12 months after launch, including investments in disease education, initiative development and execution, development of educational materials for product promotion including advertising agency fees, educational material development, digital and print media. …” (Crenessity™)

While the program collects this information for all new prescription drug reports, both generic and brand name, we have found that most companies do not engage in any marketing for generic drugs. The scope of promotion for generics is typically limited to listing the drug in wholesaler catalogs. However, branded generics and biosimilars (biologic drugs similar or equivalent to an original biologic drug), tend to be marketed more like a brand name.

Pricing methodology

Manufacturers must report the methodology used to establish the price of the new prescription drug, including an explanation of all major financial and nonfinancial factors that influenced the initial price. The program has received a wide variety of explanations, some are minimal and others are more detailed. Many manufacturers claim this information is a trade secret. Reviews of these claims tend to show that it is not trade secret and often show common industry practices.

While most brand-name manufacturers described a holistic multifactor analysis of economic and clinical factors, the program has found that most generic drugs instead determine a discounted price from the brand-name drug or a comparative price to other generics.

Here are samples from submissions in 2025 for the pricing methodology data element that were not claimed as, or were determined not to be, a trade secret:

Hikma Pharmaceuticals

"Hikma Pharmaceuticals USA Inc. ('Hikma') utilizes a value-based methodology determined by individual product-specific negotiations with customers that are a direct result of competition and supply and demand amongst other market forces. … Hikma considers various factors in determining price under its value-based methodology that includes the supply, distribution, research and development, and manufacturing costs of the product. Hikma's products are FDA-approved generic medicines, and Hikma prices its products lower than the reference brand equivalent to provide a lower cost option for patients. An extremely relevant factor to generic drug pricing is that product price is provided at a lower cost than the reference brand equivalent drug.

As a generic manufacturer, Hikma applies this key consideration in the value-based methodology Hikma uses to determine the appropriate pricing for its products. In this particular instance Hikma chose to benchmark this generic drug against the innovator still being marketed. Specifically for this product the WAC, which is the driving reference point for pricing, at launch was 14.5 percent below the reference product's WAC. However, there is no single formula used for Hikma's products as a whole or for any one product. As stated herein, other factors that Hikma considers include: (i) individual negotiations with customers; (ii) competition; (iii) supply and demand; and (iv) costs associated with supply, distribution, research and development, and manufacturing." (indomethacin suppositories – generic)

Supernus Pharmaceuticals Inc.

"Supernus conducted extensive market research and pricing analysis in order to establish the introductory WAC for Onapgo. Included in this analysis were assessments into the cumulative R&D conducted, the ongoing costs of manufacturing and marketing, patient affordability, and the competitive market landscape. Based on our analysis, the value of Onapgo and the inputs required to bring the product to market justify the WAC price." (Onapgo)

Vertex Pharmaceuticals

"Vertex is relentless in our pursuit of medical research to discover medicines that can prevent, cure or fundamentally change the outcomes of serious disease for patients and their families. Our pricing philosophy supports this mission and reflects the transformative clinical value of our medicines, our commitment to patient access and the investment required to bring new medicines to other serious diseases. When determining our price, we consider a combination of factors, including clinical value and the benefit to patients, patient access, economic value and impact to healthcare systems, investment required for the ongoing discovery and development of new medicines for CF and other serious diseases with few or no treatment options.

Alyftrek™ (vanzacaftor/tezacaftor/deutivacaftor) is a clinical advancement in the treatment of CF patients. It is a once-daily, next-in-class triple combination cystic fibrosis transmembrane conductance regulator (CFTR) modulator, that was studied in the most comprehensive Phase 3 pivotal program ever conducted in CF, including more than 1,000 patients, across more than 20 countries and more than 200 sites. Specifically, two randomized controlled trials (RCTs) versus TRIKAFTA™ (elexacaftor/tezacaftor/ivacaftor) in patients 12 years and older and a single-arm, open-label trial in patients 6-11 years of age." (ALYFTREK™)

Prescription drugs from one or multiple sources

A single source drug is only produced by one manufacturer, has no therapeutic equivalent, and is often a brand-name drug, although generic drugs may also be classified as single source. A multiple source drug has pharmaceutical equivalents available from multiple manufacturers that may be brand-name or generic drugs.

Figure 10: Counts of new drug reports based on source type[10]

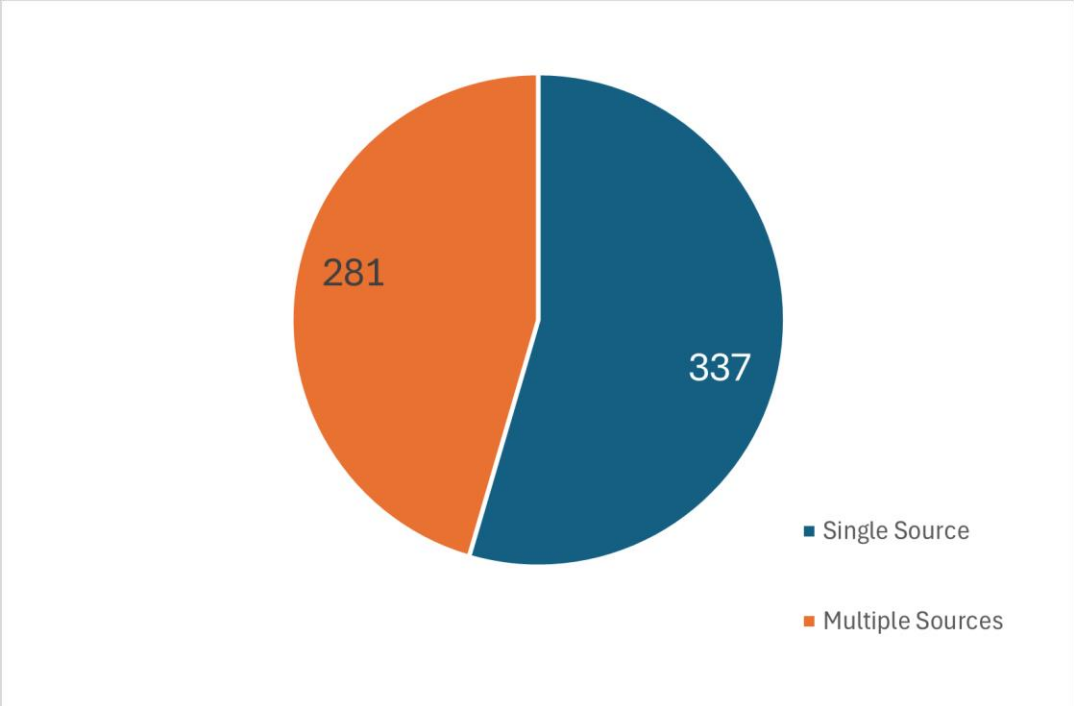


Figure 10 shows that the majority of the NDCs reported to the program in 2025 were classified as a single source drug by Medi-Span.

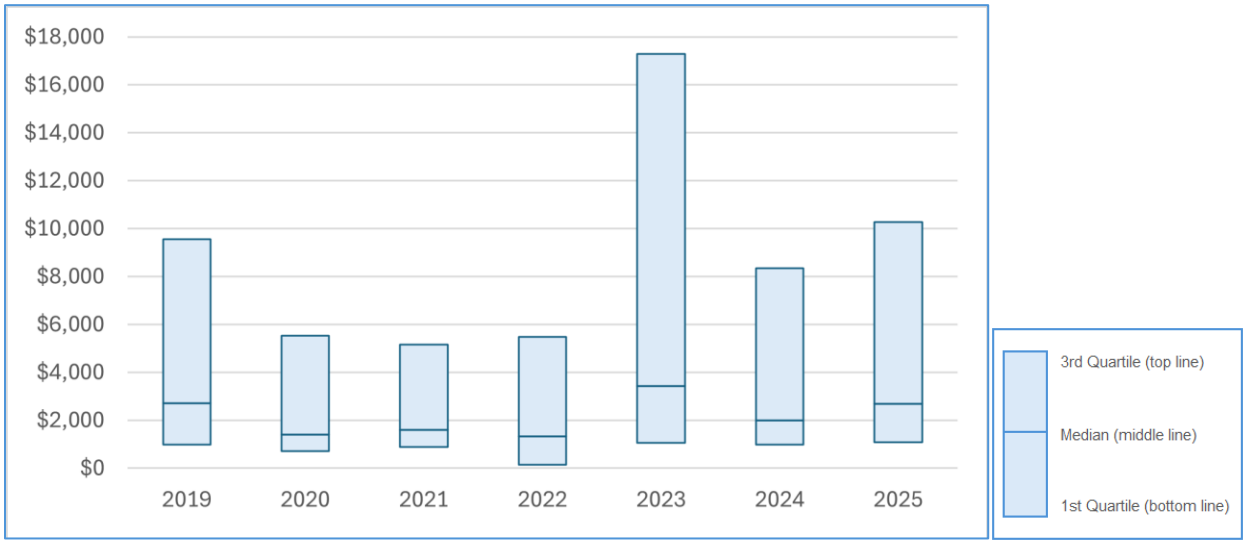
[10] We use Medi-Span to identify single or multiple source for the drugs referenced in this figure as of March 2026.

Year-over-year price analyses of new prescription drugs

Due to the large range of reported WACs year to year, with a few products reporting very high list prices, we display the price distribution using a box plot. The box plot in Figure 11 shows the first quartile, median, and third quartile WACs reported each year. The horizontal line in the middle of the shaded box is the median, the top of the box is the 75th percentile and the bottom of the box is the 25th percentile WAC value for the reporting year. The length of the box from top to bottom represents the interquartile range of the reported values.

This shows that more than half of new drug reports each year have WAC package costs below $4,000 while a small number of new drugs are reported with much higher prices. Here, the median reported WAC is about $2,000, while the distance between the third quartile and median tends to be much larger than the distance between first quartile and median. This indicates that prices at the higher end tend to be more spread out than those at the lower end.

Figure 11: Box plot showing range of WACs reported by year



Figures 12 and 13 show the highest WAC for both generics and brand-name drugs reported as new drugs to the program each year. The reported WAC is followed by the reported packaging and strength information, and the NDC associated with the entry.

Figures 12: Highest WAC reported for new generic drugs each year

Year	Price	Generic product and package
2019	$22,627	pencillamine 100 capsules 250mg: 0591-4171-01
2020	$35,005	metyrosine 100 capsules 250mg: 60219-1621-1
2021	$19,920	artesunate for injection 4 kits: 73607-001-10
2022	$71,990	lenalidomide 100 capsules 5mg: 0378-1936-01
2023	$71,990	lenalidomide 100 capsules 2.5mg: 0378-1935-01
2024	$170,435	mifepristone 280 tablets 300mg: 76346-654-03
2025	$88,435	cladribine 10 tablets 10mg: 60505-4791-1

Figure 13: Highest WAC reported for new brand-name drugs each year

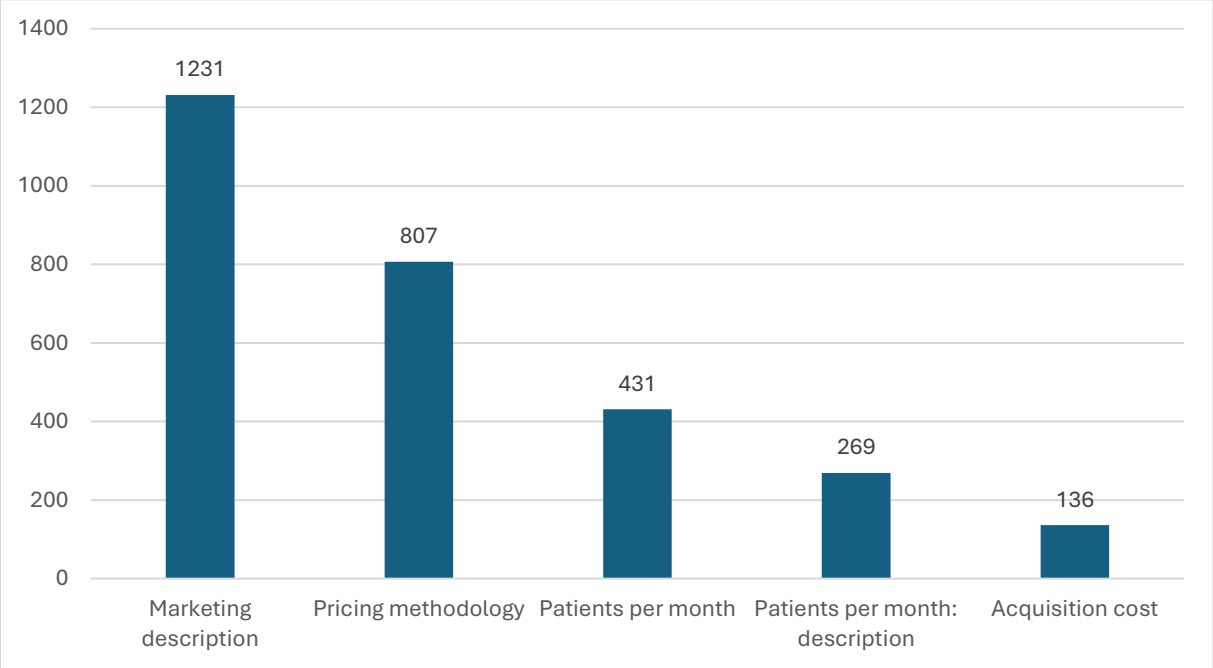
Year	Price	Brand-name product and package
2019	$2,125,000	Zolgensma® 1 vial 8.3mL: 71894-120-02
2020	$373,000	Tecartus™1 bag 68mL: 71287-219-01
2021	$419,500	Abecma 1 infusion bag 50mL: 59572-515-01
2022	$2,800,000	Zynteglo 1 infusion bag 20mL: 73554-3111-1
2023	$3,500,000	Hemgenix 1 vial 10mL: 0053-0100-10
2024	$3,500,000	Beqvez 1 vial 1mL: 0069-2004-04
2025	$3,950,000	Kebilidi 1 vial 0.5mL: 52856-601-01

Trade secret claims

When manufacturers report information to the program, they may mark individual data elements (such as cost and profit data, narrative description of the pricing factors, and amounts spent on marketing) as trade secrets. This prevents the DPT program from immediately publishing those data elements. Before publicly releasing any part of an individual data element claimed to be a trade secret, the program must review the trade secret claim.

Of the 618 reports received in 2025, 330 reports had one or more data element with a trade secret claim. The data elements most often claimed as trade secrets in 2025 reports include marketing description and expenses (43 percent of reports), patients per month, and pricing methodology (both 13 percent of reports).

Figure 14: Counts of trade secret claims on new drug reports from 2019 through 2025



The program received 3,227 trade secret claims from 2019 through 2025. The field from new drug reports with the most trade secret claims from 2019 through 2025 is marketing description (which included marketing expenses through 2025) with 1,231 claims (39 percent). Pricing methodology had the second most claims, with 807 claims (25 percent).

Conclusion

This data report analyzes information from the new prescription drug reports received by the DPT program during 2025. This is DPT's eighth year of collecting and reporting

manufacturer new drug data to provide information to Oregonians about prescription drug costs. This report is available on DPT's annual reports webpage where you can also find prior year 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.

Appendix A – List of brand-name drugs with orphan designation

List of orphan designations associated with brand-name drugs reported in 2025 with the 10 highest WACs. The FDA may grant an orphan designation for a drug or biologic to prevent, diagnose, or treat a rare disease or condition. This designation comes with incentives that include tax credits for qualified clinical trials, exemptions from user fees, and additional market exclusivity.[11]

Kebilidi
- Treatment of aromatic L-amino acid decarboxylase deficiency (designated/approved)

Zevaskyn skin sheets
- Treatment of dystrophic Epidermolysis Bullosa (designated/approved)

Encelto
- Treatment of macular telangiectasia Type 2 (MacTel) (designated/approved)

Ryoncil
- Treatment of acute graft versus host disease (designated/approved)

Hepzato Kit
- Treatment of patients with ocular (uveal) melanoma (designated/approved)

Livmarli (maralixibat)
- Treatment of alagille syndrome (two approvals – designated/approved)
- Treatment of progressive familial intrahepatic cholestasis (two approvals – designated/approved)

Papzimeos Injection
- Treatment of recurrent respiratory papillomatosis (designated/approved)

Harliku
- Treatment of alkaptonuria (designated/approved)

Inlexzo™
- No orphan designations

Vyvgart Hytrulo
- Treatment of chronic inflammatory demyelinating polyneuropathy (four approvals – designated/approved)
- Treatment of myasthenia gravis (two approvals – designated/approved)

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[11] We used FDA information to compile this list. Designating an Orphan Product: Drugs and Biological Products. U.S. Food & Drug Administration, Aug. 12, 2024: https://www.fda.gov/industry/medical-products-rare-diseases-and-conditions/designating-orphan-product-drugs-and-biological-products. Accessed Oct. 20, 2026.

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. 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.

- **Analgesics – anti-inflammatory:** These are medicines that reduce pain, swelling, and inflammation and are often used to treat arthritis or injuries.
- **Anticonvulsants:** These are medicines that help prevent or control seizures, often used to treat epilepsy.
- **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.
- **Corticosteroids:** These are synthetic drugs similar to cortisol (a hormone made by the adrenal glands) that reduce inflammation.
- **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.
- **Gastrointestinal agents – misc.:** These are medicines used to help stomach or digestion problems, such as acid reflux, constipation, or nausea.
- **Hematopoietic agents:** These are medicines that help the body make more blood cells. They are often used after chemotherapy or for anemia.
- **Miscellaneous therapeutic classes:** These are medicines that do not fit in another class.
- **Ophthalmic agents:** These are medicines used in the eyes, including eye drops for glaucoma, infections, or dryness.
- **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.

Appendix C – List of drugs reported for 2025 new drugs

Refer to the supplemental workbook file attached to this report for a list of the new drugs reported in 2025. The list includes the following data fields:

- National drug code (NDC), 11-digit format
- Trade name
- Chemical name
- Labeler name
- Manufacturer account name
- Filing date
- Start marketing date, if available
- Introductory WAC (wholesale acquisition cost)