

Oregon Drug Price Transparency Report

Pharmacy Benefit Manager Data – 2025



Department of
Consumer and
Business Services

Since 2024, Oregon law requires pharmacy benefit managers (PBMs) to report information to the Drug Price Transparency (DPT) Program each year (ORS 735.537 and OAR 836-200-0418). PBMs licensed in Oregon are required to provide the following by June 1 for the preceding calendar year:

- Total amount of rebates, fees, price protection payments, and any other payments the PBM received from manufacturers related to managing benefits for carriers issuing health benefit plans in Oregon.
 - *The total amount must include all payments the PBM received from manufacturers directly and any payments received from manufacturers by the PBM's subsidiaries, any other entities that the PBM holds an ownership in, or any entities that hold an ownership interest in the PBM.*
- Amount of total passed to carriers issuing health benefit plans in Oregon.
- Amount of total passed to enrollees of health benefit plans in Oregon.
- Amount of total retained by the PBM, including the PBM's subsidiaries, any other entities that the PBM holds an ownership in, or any entities that hold an ownership interest in the PBM, as revenue.
- The total dispensing fees paid to the PBM in this state from insurers, coordinated care organizations, and the Oregon Prescription Drug Program.
- The total dispensing fees paid to pharmacies in this state by the PBM.
- The total administrative fees obtained and retained from manufacturers and carriers.
- The total amount of revenue received by the PBM through spread pricing, pay-for-performance arrangements, or similar means.

Information in this report was published Oct. 1, 2025.

Definitions

Administrative fee: The administrative and service fees charged by PBMs to manufacturers and carriers that are typically a percentage of the list price of a prescription drug.

Dispensing fee: An amount paid to a pharmacy for dispensing a prescription in addition to reimbursement for the cost of the drug.

Health benefit plan: As defined in ORS 743B.005(16); includes a hospital or medical expense policy or certificate, a subscriber contract of a health care service contractor as defined in ORS 750.005, and a state-regulated plan provided by a multiple employer welfare arrangement plan that is subject to state regulation.

Operations year: Refers to the calendar year of the data reported by PBMs. This 2025 report has data for the operations year of Jan. 1 to Dec. 31, 2024.

Pharmacy benefit manager (PBM): Refer to ORS 735.530, as amended by House Bill 4149 (2024). In Oregon, a PBM is any entity that contracts with pharmacies on behalf of an insurer or coordinated care organization to process claims, manage pharmacy networks, negotiate financial incentives with manufacturers, receive payments for pharmacy services, distribute rebates, manage manufacturer incentive program participation, negotiate with pharmacies, develop formularies, design pharmacy benefit programs, or advertise pharmacy services.

Spread pricing: The difference between the amount an insurer pays a PBM and the amount the PBM reimburses a pharmacy for a beneficiary's prescription.

Data background

In 2025, 57 PBMs were licensed in Oregon. Of those, 15 reported having business subject to the reporting requirements of this program. Those 15 PBMs were:

- A&A Drug Co. dba Sav-Rx Prescription Services
- AffirmedRx PBC
- Amwins Group Benefits LLC
- Capital Rx Inc.
- CaremarkPCS Health LLC
- Cigna Health and Life Insurance Co.
- DST Pharmacy Solutions Inc.
- Express Scripts Administrators LLC
- Interchange Rx LLC
- MedImpact Healthcare Systems Inc.
- Navitus Health Solutions LLC
- OHSU PBM Services
- OptumRx Inc.
- Prime Therapeutics LLC
- True Rx Management Services Inc.

Notes and exclusions

The PBM information reported to Oregon does not include PBM information related to federal and military health plans, Medicare, self-insured health plans, and other plans not considered “health benefit plans.”

The PBM information reported to Oregon does not include information on the number of covered lives in Oregon for these PBMs.

Data around manufacturer fees was attempted to be collected this cycle. That data is omitted from this report – an error in the reporting request compromised the validity of the data received.

Landscape and limitations of data collected

Data was collected from PBMs in line with ORS 735.537; however, the findings must be viewed within the broader pharmaceutical system and the limited authority to request more detailed data, which restricts deeper analysis.

PBMs are paid by payors either through administrative fees or spread pricing, depending on the contract.¹ Plan sponsors choose the model that fits their needs. This report does not include data on which model each sponsor selected or how fees are broken down beyond general terms such as “administrative fees.”

In an administrative fee model, PBMs are paid directly – either as a retainer, per-claim fee, or similar. In spread pricing, PBMs may receive lower or no fees but retain the difference between what the payor pays and what the pharmacy receives. This model offers price predictability for the payor.²

The report does not analyze the link between rebates and formulary placement, though this relationship is key. Rebates from manufacturers are tied to drug placement on formularies. PBMs may pass rebates to plan sponsors, keep a portion, or retain all rebates, depending on the contract.³ These choices affect the total rebate amounts shown in the report.

The report also lacks data on the number of covered lives or how rebate models intersect with formulary design. Rebates mostly apply to brand-name and specialty drugs with competition. Manufacturers offer rebates to secure favorable formulary placement. PBMs use their scale to negotiate higher rebates, which can reduce customer costs and increase PBM revenue under proportional pass-through contracts. Finally, the report does not show how much each PBM uses one of the following three rebate models:

- **100 percent pass-through:** All rebates go to the plan sponsor.
- **Proportional pass-through:** PBM keeps a portion of the rebate.
- **At risk:** PBM keeps all rebates but guarantees a rebate amount to the plan sponsor.

¹ National Association of Insurance Commissioners – PBM white paper titled, “A Guide to Understanding Pharmacy Benefit Manager and Associated Stakeholder Regulation.” Copyright 2025. Accessed Sept. 4, 2025, viewable at [pmbwhitepap.pdf](#).

² Ibid

³ Ibid

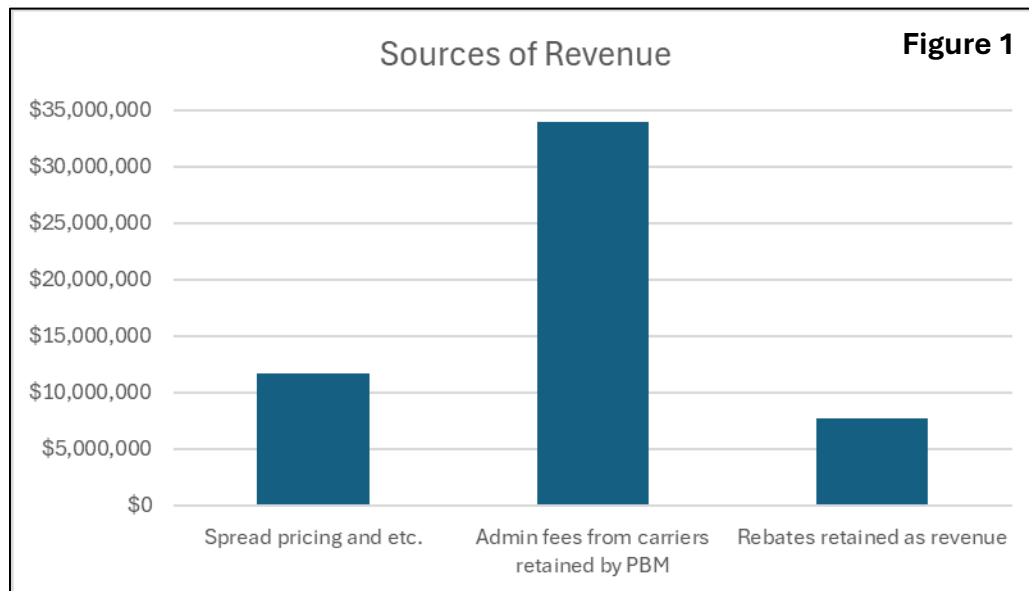
Aggregated data

ORS 735.537(5) requires the reported data to be shared in an aggregated manner that does not disclose confidential information provided by the PBM. The aggregated data collected is presented below.

Reporting element:	Aggregated data	Average	Count non-zero*
(1) Total rebates, fees, price protection payments, and any other payments received from manufacturers related to managing pharmacy benefits for carriers issuing health benefit plans in Oregon:	\$377,273,218	\$31,439,435	12
Amount of (1) passed to carriers issuing health benefit plans in Oregon:	\$369,134,168	\$33,557,652	11
Amount of (1) passed to enrollees of health benefit plans in Oregon:	\$432,204	\$144,068	3
Amount of (1) retained by the PBM as revenue:	\$7,706,846	\$1,284,474	6
The total dispensing fees paid to the PBM in this state from carriers, coordinated care organizations, and the Oregon Prescription Drug Program:	\$15,599,279	\$1,559,928	10
The total dispensing fees paid to pharmacies in this state by the PBM:	\$17,765,746	\$1,268,982	14
The total administrative fees received from carriers:	\$33,919,368	\$5,653,228	6
The total administrative fees from carriers that were retained by the PBM:	\$33,919,368	\$5,653,228	6
The total amount of revenue received by the PBM through spread pricing, pay-for-performance arrangements, or similar means:	\$11,654,515	\$1,664,931	7

Specific analysis and insights

PBM sources of revenue



This table illustrates the flow of revenue through the reporting PBMs.

Notably, the bulk of revenue PBMs receive in Oregon comes from administration fees – 97.8 percent of manufacturer rebates are passed through to insurers.

Figure 1 aggregates and tabulates various categories of fees received and compares them to the reported amount of these fees retained by the PBMs. The total dispensing fees represent a net cost, with no amount of that fee retained as revenue. This figure shows the various fee categories reported that were retained as revenue. The exact numbers in Figure 1 are found in the following table:

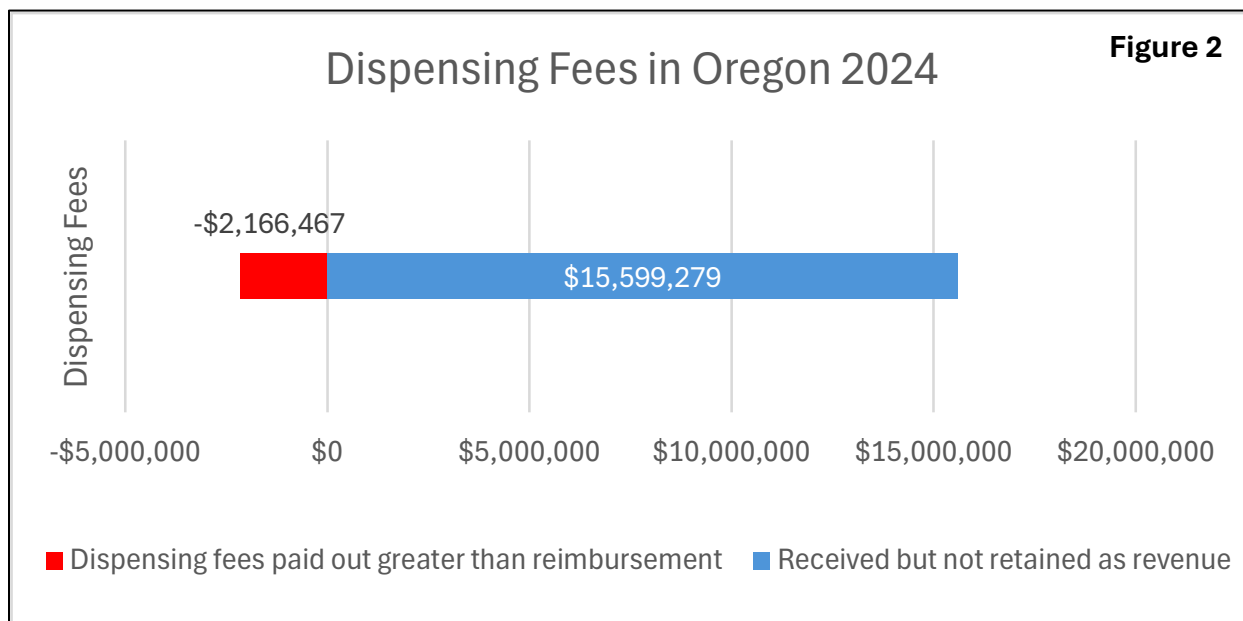
Fee type	Spread pricing and etc.	Admin fees from insurer retained by PBM	Rebates retained as revenue
Retained as revenue	\$11,654,515	\$33,919,368	\$7,706,846

Spread pricing

Of the 15 reporting PBMs, seven reported revenue from spread pricing, pay-for-performance arrangements, or similar means. The aggregate value reported was \$11,654,515.

Dispensing fees

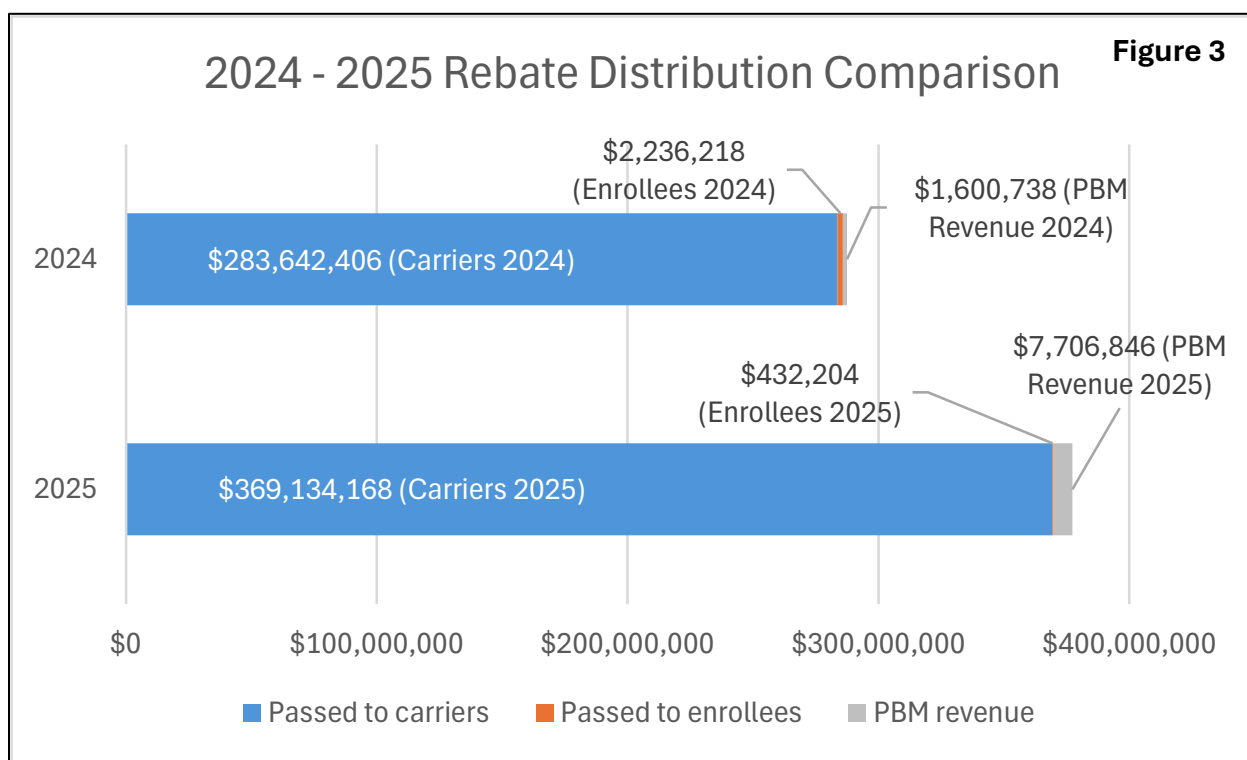
For the reporting period in 2024, we asked for two data points related to dispensing fees – the dispensing fees paid to pharmacies and the dispensing fees paid to PBMs. Figure 2 shows that the reported data indicates that PBMs (on average) pay out slightly more in dispensing fees than they are paid for those specific fees by carriers.



	Dispensing fees retained by PBM in 2024
Dispensing fees paid out greater than reimbursement	-\$2,166,467
Received but not retained as revenue	\$15,599,279

Rebate comparisons (2024-2025)

In 2024, there were 17 PBMs considered nonexempt from the reporting requirements; in 2025, there were 15. Despite the decrease in reporting population by two entities, there was an \$89,793,856 gross increase in total rebates collected from 2024 to 2025 (operations year 2023 to 2024), a 31.2 percent increase year-over-year. Figure 3 illustrates these figures.

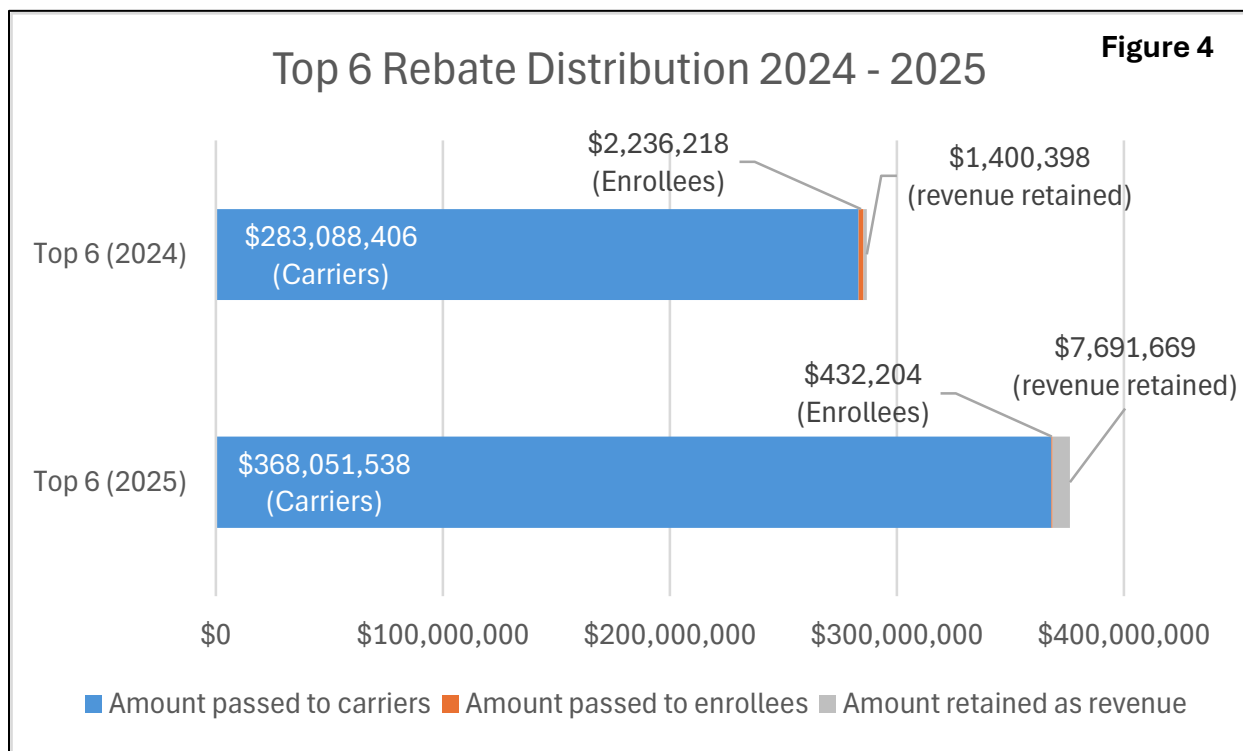


Year	Passed to carriers	Passed to enrollees	PBM revenue
2025	\$369,134,168	\$432,204	\$7,706,846
2024	\$283,642,406	\$2,236,218	\$1,600,738

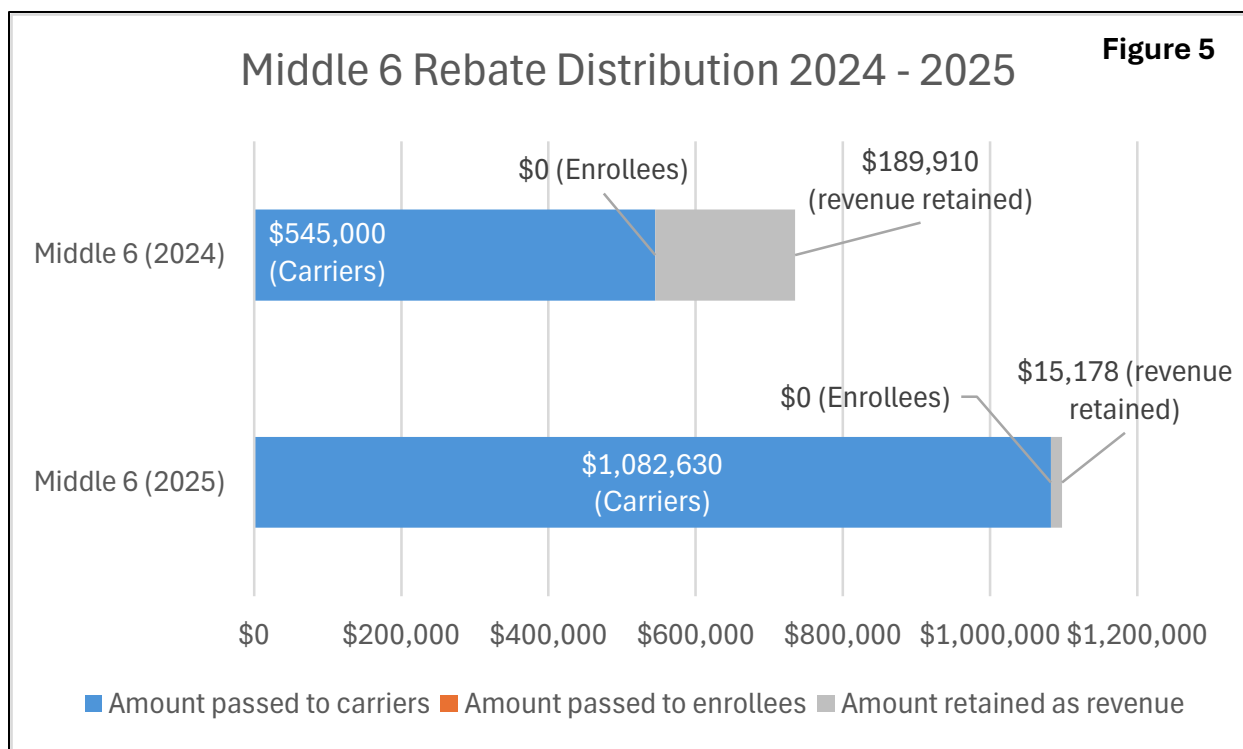
Figure 3 also shows the distribution of the rebates received in both years (operations years 2024 and 2023). We aggregated the manufacturer payment amounts passed to carriers, enrollees, and retained as PBM revenue. Some \$432,204 was passed to enrollees, a decrease of \$1,804,014 (down 80.67 percent) from last year's figure. Some \$369,134,168 was passed to carriers, an increase of \$85,491,762 (up 30.14 percent) from last year's figure. Finally, \$7,706,846 was kept by the PBMs as revenue, an increase of \$6,106,108 (up 381.46 percent) from last year's figure.

Top six/middle six rebate distribution trends (2024-2025)

Due to the decreased size of the reporting population, we are only able to present segmented data of the top and middle segments of the market in a fashion that allows for direct comparison to prior year data. The top six/middle six examples in Figures 4 and 5 maintain alignment with the aggregated data presented in the prior year for a more effective comparison.



Top six rebate distribution	Top six (2025; operations year 2024)	Top six (2024; operations year 2023)
Amount passed to carriers	\$368,051,538	\$283,088,406
Amount passed to enrollees	\$432,204	\$2,236,218
Amount retained as revenue	\$7,691,669	\$1,400,398



Middle six rebate distribution	Middle six (2025; operations year 2024)	Middle six (2024; operations year 2023)
Amount passed to carriers	\$1,082,630	\$545,000
Amount passed to enrollees	\$0	\$0
Amount retained as revenue	\$15,178	\$189,910

Figures 4 and 5 refer to the distribution of rebates received by both the group of six PBMs with the most rebate volume (top six) and the group of six PBMs with the next highest rebate volume (middle six). In both groups, the vast majority of rebates received got passed to carriers, with small or zero amounts being passed to enrollees or kept by the PBM as revenue.

Additionally, Figures 4 and 5 compare the total rebates received by both the top six and middle six PBMs, from 2024 to 2025. In those years, the rebates received by the top six PBMs increased by \$89.5 million (31.2 percent), and the rebates received by the middle six PBMs increased by \$362,898 (49.38 percent).