Oregon Prescription Drug
Affordability Board

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2026 Drug Reviews

Statewide Reference for 2024 Data

Version 1.1

Document version history

Version	Date	Description
v1.0	8/11/2026	Original release
v1.1	8/14/2026	Expanded Table 1, added enrollee counts for health equity comparative data

Purpose of this document

This statewide data report summarizes information from the Oregon All Payer All Claims Reporting Program (APAC) and the Oregon Prescription Drug Price Transparency Program (DPT). The purpose of this information is to provide additional context for the Prescription Drug Affordability Board (PDAB) to use when evaluating the drugs that are the focus of the PDAB affordability reviews in 2026. This document summarizes total prescription drug claims reported in 2024 and does not analyze individual drugs.

Estimated costs to health insurance plans – APAC-reported drug spending

Table 1a shows that the **total Oregon drug spending reported to APAC was $7.6 billion** in calendar year 2024 with four-fifths ($6.1 billion) of that spending through pharmacy benefits and one-fifth ($1.5 billion) through medical benefits. Medical claims are less frequent with a mean of 2.5 medical claims per enrollee per year and more costly with an average total cost per claim of $630 (payer plus enrollee). Pharmacy claims are more frequent with a mean of 19.9 pharmacy claims per enrollee per year and less costly per claim with a mean total cost per claim of $133. Pharmacy claims make up 95 percent of claims with a prescription drug and account for 80.5 percent of total health care costs for prescriptions (Table 1b).

APAC total spending represents gross costs before rebates or other price concessions.[1] The total number of enrollees is the number of unique individuals in the data; enrollees with both pharmacy and medical claims are represented only once in the total.

Table 1a 2024 APAC total prescription drug spending before price concessions

Claim type	No. of enrollees	No. of claims	Total gross payer paid	Total enrollees paid[2]	Total gross health care costs	Mean total cost per claim
Pharmacy claims	2,291,137	45,653,676	$5,642,543,036	$442,552,834	$6,085,095,870	$133
Medical claims	948,657	2,332,976	$1,411,520,618	$58,832,791	$1,470,353,409	$630
Total	2,430,525	47,986,652	$7,054,063,654	$501,385,625	$7,555,449,279	$157

Table 1b 2024 APAC total prescription drug spending before price concessions, percent of total

Claim type	Percent of enrollees[3]	Percent of claims	Percent of total payer paid	Percent of total enrollees paid	Percent of total health care costs
Pharmacy claims	94.3%	95.1%	80.0%	88.3%	80.5%
Medical claims	39.0%	4.9%	20.0%	11.7%	19.5%

[1] The information in the following tables is based on 2024 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.
[2] Medicaid enrollees pay $0 out-of-pocket, so this column reflects payments from Medicare and commercial enrollees.
[3] Total exceeds 100% because enrollees may have both pharmacy and medical claims for prescription drugs in a calendar year.

Table 2 illustrates the number of enrollees, claims, and total payer spending for prescription drugs in Oregon by payer line of business. **Medicare makes up 39.3 percent of total payer prescription drug spending and 40.2 percent of total drug costs**, including enrollee out-of-pocket spending. The total number of enrollees is the number of unique individuals in the data; enrollees with claims in multiple lines of business are represented only once in the total.

Table 2 Estimated 2024 APAC total annual gross payment, total enrollees, and total claims[4]

Payer line of business	No. of enrollees	No. of claims	Total gross payer paid	Total gross health care costs	% of payer spend by LOB	% of total HC costs by LOB
Commercial	1,178,384	15,020,928	$2,508,209,049	$2,747,753,908	35.6%	36.4%
Medicaid	961,125	16,109,822	$1,770,561,220	$1,770,561,220	25.1%	23.4%
Medicare	751,757	16,855,902	$2,775,293,384	$3,037,134,151	39.3%	40.2%
Total[5]	2,430,525	47,986,652	$7,054,063,654	$7,555,449,279	100.0%	100.0%

Table 3 illustrates the overall per-enrollee payer cost for prescription drugs, distinguished by line of business. The mean **annual drug cost per enrollee with one or more prescription drug claims was $2,902 in 2024**. This ranged from **a low of $1,842 for Medicaid enrollees** to **a high of $3,692 for Medicare enrollees**. APAC data show higher per-enrollee spending in Medicare at all percentiles compared to commercial or Medicaid enrollees.

Table 3 Estimated 2024 APAC payer annual gross cost per enrollee with one or more prescription drug claims

Payer type	Commercial	Medicaid	Medicare	Total
Mean cost/enrollee	$2,129	$1,842	$3,692	$2,902
25th percentile cost/enrollee	$12	$22	$41	$28
Median cost/enrollee	$113	$97	$355	$194
75th percentile cost/enrollee	$451	$460	$1,784	$830
95th percentile cost/enrollee	$6,217	$5,857	$12,814	$10,026

Table 4 illustrates the overall per-enrollee out-of-pocket cost for prescription drugs, distinguished by line of business. The mean annual out-of-pocket cost for enrollees with one or more prescription drug claims was **highest for Medicare enrollees at $348 per year.**

[4] Based on 2024 Oregon APAC data across commercial insurers, Medicaid, and Medicare. APAC cost information is prior to any price concessions such as discounts or coupons.

[5] The total number of enrollees is the number of unique enrollees across all lines of business. This differs from number of enrollees for each payer type. The count of unique enrollees is 460,741 lower than the sum of enrollees for the three payer types, indicating that up to 460,000 people had drug claims reported for two different payer types.

Commercial enrollees had a mean out-of-pocket cost of $203 per year while Medicaid enrollees had $0 out-of-pocket cost.

Table 4 Estimated 2024 APAC annual out-of-pocket cost per enrollee with one or more prescription drug claims

Payer type	Commercial	Medicaid	Medicare	Total[6]
Mean OOP/enrollee	$203	$0	$348	$206
25th percentile OOP/enrollee	$0	$0	$6	$0
Median OOP/enrollee	$21	$0	$60	$10
75th percentile OOP/enrollee	$117	$0	$296	$109
95th percentile OOP/enrollee	$710	$0	$1,603	$876

APAC analysis methodology

To support the 2026 drug reviews, PDAB requested data from the Oregon All Payer All Claims (APAC) Reporting Program for calendar year 2024 claims. Analysis is based on the APAC data pull provided to PDAB in October 2025 and uses the same exclusion criteria as data analysis for the 2026 drug review documents. The analysis includes all pharmacy benefit claims. For medical benefit claims the analysis is limited to claims categorized as inpatient hospital or outpatient claims that include a National Drug Code (NDC). For 2024, the APAC data analyzed by PDAB exclude medical claims categorized as emergency department, professional, or other.

In 2023, APAC included data for approximately 3.5 million Oregonians. Approximately 27% of people in APAC had Medicare coverage, 33% of people had Medicaid coverage, and 39% of people had commercial coverage. APAC cannot require submission of claims and enrollment data from entities regulated under the Employee Retirement Income Security Act of 1974 (ERISA), so data for many self-insured plans are not included.[7,8] For these drug reviews, APAC data on people with Medicare coverage are limited to Medicare Advantage and Part D only and do not include claims for Traditional Medicare Part A or Part B.

The number of unique enrollees with one or more drug claims is less than the sum of the number of enrollees with pharmacy claims and the number of enrollees with medical drug claims because many individuals have drug claims under both the pharmacy and medical

[6] The mean annual out-of-pocket cost per enrollee is calculated as total cost / total enrollees, including Medicaid. When Medicaid enrollees are excluded the mean out-of-pocket cost for commercial and Medicare enrollees is $223.

[7] Oregon All Payer All Claims Database (APAC) Data User Guide. Version 1.1 updated Nov 19, 2025. APAC-Data-User-Guide.pdf. The number of people represented in 2024 APAC data has not been published as of May 2026.

[8] For 2024, the DCBS Division of Financial Regulation reported that just under one million people in Oregon were enrolled in commercial health plans and slightly more than one million people in Oregon were enrolled in self-insured health plans. *2024 Quarterly enrollment report*, https://dfr.oregon.gov/business/reg/reports-data/annual-health-insurance-report/Pages/health-ins-enrollment.aspx, accessed June 1, 2026.

benefit in the calendar year. Enrollees with no prescription drug claims (pharmacy benefit or medical benefit) in APAC in 2024 are not included in the analysis.

Total mean, median, and percentile costs are calculated for all enrollees reported in APAC with one or more prescription drug claims in 2024. Pharmacy and medical claims are combined to calculate total costs. Enrollees with no prescription drug claims in 2024 are not included in the calculations.

As of January 2024, the Oregon APAC Program requires that all medical claims with procedure codes (CPT, CPT II, HCPCS, HIPPS code, or inpatient ICD-10 procedure code) include a NDC if the procedure code starts with 'J'. The total health care costs reported by APAC exclude any drug purchases not reported to APAC including over-the-counter medications, direct-to-consumer prescription sales, and claims processed by health plans that do not report to APAC. APAC data may also exclude drugs and medications used in procedures that are not separately coded and billed.

Estimated costs to health insurance plans – DPT-reported drug spending

Table 5 shows data for calendar year 2024 submitted to the Drug Price Transparency (DPT) Program[9] and provides additional insight on commercial health plan expenditures by market segment. In 2024, the **total net cost to the fully insured commercial market segment of the health care system was around $1.3 billion**, with insurers paying **$1.17 billion**, and **enrollee out-of-pocket cost estimated** to be **$134 million**.

Table 5 Estimated 2024 commercial market annual net costs to the health care system of all prescription drugs from DPT data

Market	Estimated number of enrollees	Total annual plan paid	Total annual allowed amount	Estimated annual enrollee out-of-pocket cost
Individual	164,866	$306,071,903	$353,654,040	$47,582,137
Large group	464,123	$616,831,492	$673,048,355	$56,216,862
Small group	168,437	$243,355,644	$273,823,088	$30,467,443
Total	**797,426**	**$1,166,259,039**	**$1,300,525,483**	**$134,266,442**

[9] These data were also analyzed in the legislative report, *Prescription Drug Price Transparency Program results and recommendations – 2025*, available at https://dfr.oregon.gov/drugtransparency/Pages/annual-reports.aspx. The analysis in this report is reorganized to better inform PDAB drug reviews.

Table 6 includes the **average (mean) annual plan cost per enrollee** in the commercial market, ranging from **$1,329 for the large group** to **$1,856 for the individual market** annually. The estimates in Table 6 are for all commercial plan enrollees, including members who had no prescription drug claims in 2024. Enrollee out-of-pocket costs may be underestimated in DPT reporting.

Table 6 Estimated 2024 commercial market annual net costs to the health care system of all prescription drugs, mean per enrollee from DPT data

Market	Total plan paid per enrollee	Total allowed amount per enrollee	Estimated out-of-pocket cost per enrollee
Individual	$1,856	$2,145	$289
Large group	$1,329	$1,450	$121
Small group	$1,445	$1,626	$181
Combined	**$1,463**	**$1,631**	**$168**

As shown in Figure 1, **the large group market represents the largest share of annual plan paid drug spending, accounting for** 53 percent of total commercial plan payments. The individual market made up 26 percent, and the small group market accounted for 21 percent. Figure 1 reflects plan paid annual drug spending only.

When analyzing the total allowed amount (both plan and enrollee spending), the market distribution shifts only slightly. The large group market accounts for 52 percent of total allowed amounts, followed by the individual market at 27 percent, and the small group market at 21 percent. (Not shown in the figure.)

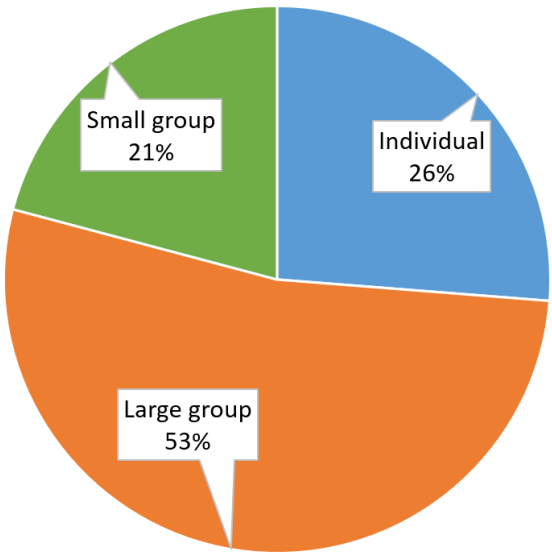

Figure 1 Estimated 2024 share of annual drug spending (plan paid) by market type from DPT data

DPT analysis methodology

Health insurance carriers selling fully insured individual, small group, and large group plans in Oregon report aggregate data to the DPT program for the calendar year. DPT reports contain information on slightly fewer than 800,000 commercial enrollees, which is many fewer than APAC which included 1.4 million commercial enrollees. DPT lacks information from PEBB and OEBB health benefit plans as well as other self-insured employer-sponsored health benefits that are administered by health insurance carriers operating in Oregon. Data collected for PDAB use by DCBS through the data call process is generally based on the same insured population as the DPT report for the claim year. However, the data may show small discrepancies between the DPT report and the data call due to timing and process variations.

The number of enrollees in DPT data for the year is estimated as total member months divided by 12. Enrollee out-of-pocket costs may be underestimated in DPT reporting because the program collects data on total payments by carriers after rebates and the total allowed amounts after rebates but does not directly collect data on enrollee out-of-pocket costs. For this analysis, out-of-pocket costs are estimated as total allowed amount minus total plan paid.

DPT reporting provides an estimate of all plan enrollees, including members who had no drug claims in the reporting year. DPT reporting includes both pharmacy and medical benefits. Given the different enrollee inclusion criteria and different health plans reporting information, users should be cautious when comparing aggregate information from DPT reporting to aggregate information from APAC reporting.

Health equity comparative data

Tables 6, 7, 8, and 9 include data for reported pharmacy and medical drug claims. Enrollees with no prescription drug claims in the year are not included in the number of enrollees in these tables. The comparative data include race, ethnicity, gender, and geographic location. This analysis shows the demographic distribution of people with prescription drug claims reported in APAC in 2024. The total number of enrollees in this analysis is slightly lower (6,964 enrollees or 0.29 percent) than the total number of enrollees calculated for pharmacy and medical claims. The variance is due to coding constraints given the structure of the APAC data files and the large volume of enrollee demographic data.

Some demographic categories have missing data for many enrollees. APAC is **missing data on race for 54 percent of enrollees** and **missing data on ethnicity for over 85 percent of enrollees**. APAC files **have data on gender for over 96 percent of enrollees** and **data on rural or urban location for over 93 percent of enrollees**.

The data analysis to populate the following tables is in process. Claim counts are not yet available as of August 14, 2026.

Table 6 2024 APAC claim counts, enrollee count and percent, by race

Race	Claim count	Enrollee count	Enrollee percent
White		769,648	31.8%
Black/African American		36,120	1.5%
American Indian/Alaska Native		20,542	0.8%
Asian		36,685	1.5%
Native Hawaiian/Pacific Islander		7,302	0.3%
Mix race		45,391	1.9%
Other		172,393	7.1%
Refused to answer		27,440	1.1%
Unknown		1,308,040	54.0%
Total		**2,423,561**	**100.0%**

Table 7 2024 APAC claim counts, enrollee count and percent, by ethnicity

Ethnicity	Claim count	Enrollee count	Enrollee percent
Hispanic		55,974	2.3%
Non-Hispanic		265,369	10.9%
Refused to answer		23,611	1.0%
Unknown or null		2,078,607	85.8%

Table 8 2024 APAC claim counts, enrollee count and percent, by gender

Gender	Claim count	Enrollee count	Enrollee percent
Female		1,313,476	54.2%
Male		1,024,699	42.3%
Unknown		85,386	3.5%

Table 9 2024 APAC claim counts, enrollee count and percent, by geography

Geographic location	Claim count	Enrollee count	Enrollee percent
Rural		760,906	31.4%
Urban		1,496,096	61.7%
Unknown		166,559	6.9%