Clarity for Action

2025 DRUG TREND REPORT • NAVITUS

Welcome to the Navitus 2025 Drug Trend Report, Clarity for Action

As we publish this year's report, we do so with pride and purpose. This marks the 10th consecutive year that Navitus has shared data-driven insights into prescription drug utilization and cost trends. In an increasingly complex environment, access to information is more important than ever. Navitus believes clarity to drug cost is vital for our clients and stakeholders to navigate change with confidence.

In 2025, the overall drug trend for our commercial book of business was **8.4%**, up from 7% recorded in 2024 and compared with double-digit increases reported elsewhere. Despite industry-wide challenges, Navitus controlled costs in 2025, enabling **32% of clients to pay less than they did in 2024 and 44% to see increases of no more than 5%**. GLP-1 medications to treat diabetes continued to be a significant cost driver, and the Navitus trend was 7.9% without GLP-1s.

The 2025 trend reflects continued upward pressure from high-cost specialty medications, shifting utilization patterns and ongoing pharmaceutical innovation. Yet our experience shows that disciplined pharmacy management, evidence-based, lowest-net-cost formularies and pricing clarity can meaningfully moderate cost growth while supporting strong clinical outcomes.

This report looks not only at our 2025 experience but also at the broader story behind it. Drawing on a decade of trend reporting, we examine how utilization, pricing and therapeutic innovation have evolved and where they are likely headed. I want to highlight the contributions of our Navitus experts throughout this report. They share valuable understanding about forces shaping prescription drug trends.

We publish this report with a clear goal: to bring clarity and equip our clients and partners with actionable insights that support informed decisions and responsible solutions. That commitment reflects how Navitus leads the industry with a fully transparent, pass-through model that meets the challenges of an evolving drug environment.

Sincerely,

Sharon Faust, PharmD, MBA, CSP
Senior Vice President and Chief Pharmacy Officer

Contents

Understanding drug trend:

A quick guide to PMPM

Drug trend reporting relies on a key metric called net-cost per member per month (PMPM) to explain how prescription drug costs change over time. Here's a quick guide to PMPM and what drives the numbers you see in this report.

- **What it means:** PMPM measures the average monthly prescription drug cost for each covered member in a plan, with rebates, discounts and other financial offsets removed to reflect the true net drug cost. It allows plan sponsors and health plans to compare spending consistently across large populations and over time.

- **Two drivers:** These underlying factors impact PMPM:
  - **Utilization:** How many prescriptions members fill
  - **Unit cost:** The average price paid for each day of therapy

- **Calculating it:** PMPM reflects total net pharmacy spending divided by the number of covered members and months of coverage. Changes in utilization and unit cost both influence PMPM. A PMPM percentage change is not the simple sum of percentage changes in drug utilization and cost. Instead, their combined impact produces the overall PMPM change.

Drug trend increases as utilization and innovation drive cost

In 2025, Navitus clients saw an **8.4% increase in net prescription drug cost, to $120.08 PMPM**, up from 7% recorded in 2024 and compared with double-digit increases reported elsewhere. Despite industry-wide challenges, Navitus controlled costs in 2025, enabling **32% of clients to pay less than they did in 2024 and 44% to see increases of no more than 5%**.

Again in 2025, the overall trend reflected both the continuing evolution of therapies and the choices that members and prescribers made as new treatment options emerged.

The combined forces of a 3% growth in utilization and a 5.2% increase in unit cost drove the 2025 trend, creating a year shaped by meaningful advances in care but also significant cost pressure for employers and plan administrators.

Once again, specialty medications played the defining role. Specialty trend increased 11.1%, to $62.25 PMPM. Utilization growth of 13.2% overshadowed a unit cost decline of 1.8% that resulted from the arrival of biosimilar ustekinumab (autoimmune conditions). This agent was responsible for a $1.92 PMPM savings in the specialty category.

These savings helped slow, but not fully offset, the impact of higher utilization of other therapies. Skyrizi (autoimmune conditions) alone contributed $1.43 PMPM in cost growth, reflecting its clinical success as well as rapid prescriber and patient adoption over other products in the category. Yet targeted immunomodulators overall saw a $0.46 PMPM decrease, driven by biosimilars for Stelara (autoimmune conditions) and Humira (autoimmune conditions).

Oncology and dermatology led category-level specialty trend growth, as both saw increasing use of powerful therapies that carry substantial costs. Oncology trend rose $1.47 PMPM, driven by a 7.3% increase in utilization of therapies such as Kisqali (breast cancer). Dermatology trend increased $1.40 PMPM, largely due to expanded use of Dupixent (eczema, asthma and other conditions). These categories remain a focus for cost-control strategies because of their ability to directly affect pharmacy spending.

While specialty medications had the largest impact on overall trend, non-specialty medications contributed meaningfully, increasing 5.6%, to $57.83 PMPM, as utilization rose 2.9% and unit cost grew 2.6%. The biggest impact came from GLP-1 medications used for diabetes care. Mounjaro (type 2 diabetes) was the single largest cost-growth agent in our commercial book of business, adding $2.40 PMPM to overall trend.

At the same time, Ozempic (type 2 diabetes) and Trulicity (type 2 diabetes) decreased in cost by $0.45 PMPM and $0.25 PMPM, respectively, as patients and prescribers shifted from these GLP-1s to Mounjaro, which many consider the preferred therapy. Migraine treatments added $0.58 PMPM, driven by greater use of high-cost calcitonin gene-related peptide (CGRP) brand agents, such as Ubrelvy (acute migraine).

Medications for attention-deficit/hyperactivity disorder (ADHD) delivered $0.13 PMPM savings, thanks to significant price declines in lisdexamfetamine, the generic for Vyvanse (ADHD), after supply shortages eased. Cardiovascular medications fell $0.12 PMPM due to the generic launch of Entresto (heart failure). Antivirals dropped $0.11 PMPM, reflecting a 57% decline in use of Paxlovid (COVID-19), even as HIV medications such as Biktarvy (HIV) and Descovy (HIV) saw higher utilization.

In summary, the 2025 experience demonstrates how quickly prescription drug dynamics shift and can have material impact to plan costs. New therapies may deliver better outcomes, but often at higher cost. At the same time, competition from generics and biosimilars creates real savings. In this evolving environment, plan sponsors and health plans need a pharmacy benefit manager (PBM) partner providing clear, end-to-end visibility into drug costs along with holistic drug management. With such a partnership, emerging cost pressures can be anticipated, managed and mitigated.

Spotlight on GLP-1s:

Still powerful drivers of drug trend in 2025

GLP-1 medications used to treat diabetes remained one of the most influential forces in the Navitus 2025 drug trend, but their impact moderated compared with 2024.

Overall Navitus drug trend was 8.4%, but 7.9% without GLP-1s — a far narrower gap than in 2024, when drug trend was 7% overall and 5.9% without GLP-1s. Improved contracting and strict utilization management helped temper cost acceleration.

More broadly, these therapies continued to dominate the national conversation. GLP-1s remain high-value and are influencing discussions and treatment for obesity and comorbidities.

Looking ahead, the momentum toward direct-to-consumer pricing and programs for these indications is likely to bypass traditional pharmacy benefit channels. Programs such as Navitus' DirectAccess will provide plan sponsors with flexible, off-benefit solutions for balancing GLP-1 access and cost control.

A decade of drug trend:

How we got here

Looking back over 10 years of Navitus Drug Trend Reports, it's clear that the forces shaping pharmacy spending today didn't emerge overnight.

Over the past decade, we have watched drug trend evolve from a fairly predictable, year-over-year, largely inflation-driven experience to a far more dynamic environment defined by breakthrough therapies, aggressive specialty innovation and unprecedented need from patients with chronic conditions, such as diabetes and autoimmune diseases.

Specialty drugs, once a small fraction of total spend, have become the dominant cost driver. Non-specialty categories also have transformed, particularly with fast and widespread GLP-1 adoption and expanding indications.

Yet the story is not only about rising costs. The last decade also delivered major progress, including biosimilars reaching meaningful scale, maturing generic pipelines, improved disease detection and stronger clinical management strategies. These countering forces, and our commitment to include them in our management for clients, prevented cost trends from rising even faster and higher.

Where we stand in 2026 is the product of both innovation and volatility. For plans and plan sponsors, the decade ahead will require even sharper insight, faster action and a pharmacy solutions partner delivering clarity, innovation and expertise. Our organization remains committed to delivering exactly that.

Ryan Schmidt
PharmD
Associate Director of Business Insights

Looking ahead:

What to expect in 2026 and beyond

Left unchecked, drug trend shows every indication of accelerating, not stabilizing. Plan sponsors, health plans and PBM consultants should prepare for strong upward pressure, driven by expanding specialty pipelines, demand for GLP-1 medications and rapid shifts in prescribing patterns across chronic, high-impact conditions.

Specialty utilization will continue climbing as oncology, immunology and other therapies broaden their indications. Non-specialty growth will surge as diabetes therapies evolve and migraine care moves decisively toward next-generation brand agents.

At the same time, additional generics and biosimilars will enter the market, creating savings opportunities for plans that move quickly and adopt them confidently. Trend volatility will increase as patients switch therapies more frequently and manufacturers recalibrate pricing strategies in competitive classes.

This environment demands a PBM partner that brings precision and clarity to actual drug cost. Our pass-through model, evidence-based clinical programs and real-time insight into emerging trends allow clients to anticipate cost drivers early, adjust strategies before pressure peaks and protect member health, without sacrificing fiscal control.

We will continue delivering actionable insight to help plan sponsors and health plans confront rising costs directly and in plenty of time to manage them.

Alex Peaslee
PharmD
Senior Drug Information Pharmacist

Looking ahead:

Regulation reshapes PBM transparency nationwide

The wave of PBM reform accelerating across the country is pushing the industry toward a long-needed destination. That destination, however, must be reached thoughtfully. It is the very place where Navitus started 23 years ago: full transparency, pass-through pricing, clear reporting and true accountability — without sacrificing affordability or patient choice.

What states and federal regulators are requiring of all industry players is, in many ways, the model we built from day one. But policymakers must avoid sweeping changes that could unintentionally increase costs, limit competition or reduce access for patients.

Regulatory scrutiny is increasing at a pace that plan sponsors and health plans cannot ignore. Congress, federal agencies and state legislatures are pursuing aggressive changes that demand verifiable data, unambiguous fee structures and strict limits on obscuring actual drug costs. Those goals are appropriate, but how reforms are designed and implemented matters.

New laws will require PBMs to justify pricing, disclose pharmacy payments and eliminate compensation tied to drug-price inflation. At the same time, regulators should recognize that one-size-fits-all mandates or inflexible rules could undermine innovative, transparent models that are delivering savings and value.

For plan sponsors and health plans, the impact will be direct. They will face new reporting requirements, expanded audits and greater visibility into pharmacy benefit spending. This shift toward accountability should strengthen the supply chain, not narrow choices or create new cost pressures.

At Navitus, we're ready to guide our clients through every change — and to work with policymakers to ensure that reforms achieve intended goals, without unintended consequences.

Robyn Crosson
JD, ARM
Vice President of Government Relations

Specialty medicines continue to lead drug-trend growth

Specialty medications remained the primary force shaping drug spend in 2025, with an **11.1% trend increase, to $62.25 PMPM**. The 2025 specialty trend was driven by a **13.1% increase in utilization**, reflecting the continued expansion of high-impact therapies for cancer, autoimmune conditions and complex chronic diseases, along with increased indications and earlier access to treatment.

A key counterweight was cost relief from the biosimilar launch of ustekinumab (autoimmune conditions), which helped drive a **1.8% reduction in unit cost**. This single biosimilar drug offset pressure from several higher-cost medications, illustrating the meaningful role biosimilars and generics play in controlling specialty spend — a priority for Navitus that paid off for clients and members (see chart on next page).

Even so, high-utilization, specialty therapies drove significant increases. Skyrizi (autoimmune conditions) was the largest individual contributor at $1.43 PMPM, a reflection of its growing role as a treatment option. Oncology spending increased by $1.47 PMPM, driven by a 7.3% rise in utilization and wider adoption of highly effective therapies such as Kisqali (breast cancer). Dermatology trend rose by $1.40 PMPM, with Dupixent (eczema, asthma and other conditions) responsible for much of the growth, due to clinical outcomes and expanded indications.

Specialty drugs

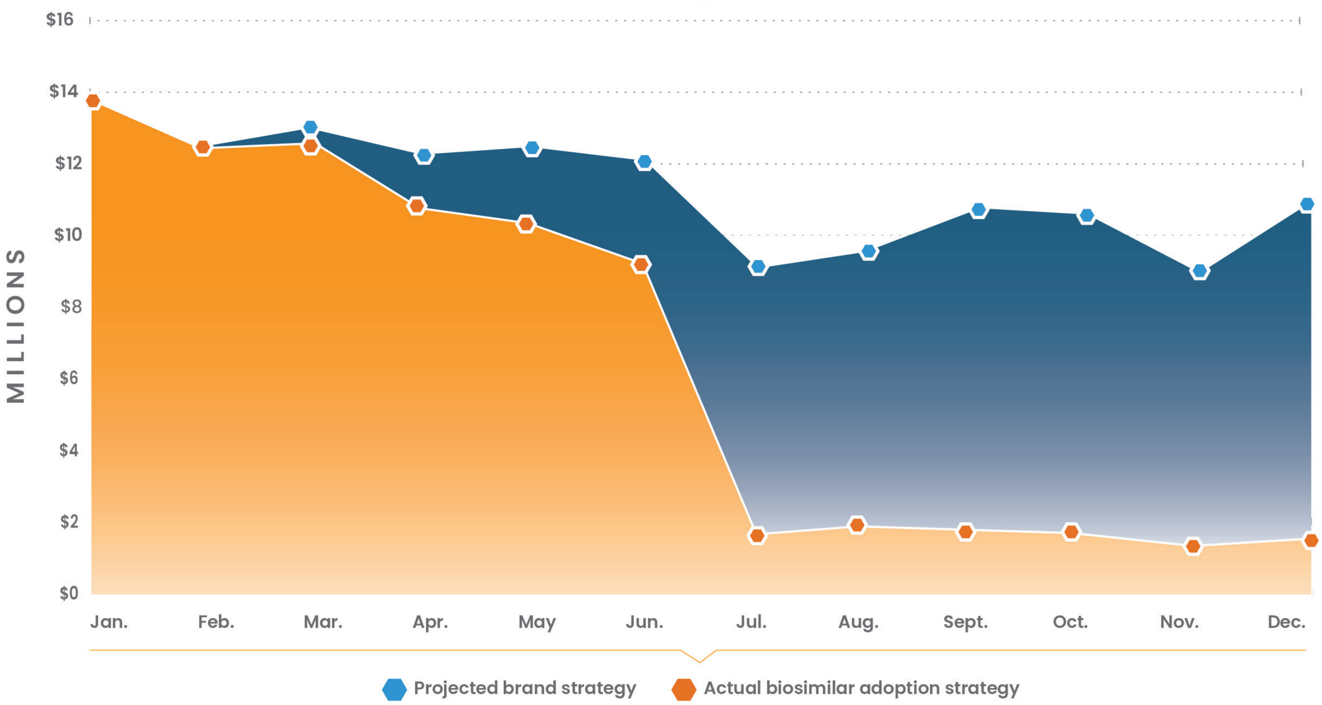
Drug Category	Net Cost PMPM	Net Cost PMPM vs. 2024	Utilization Trend	Unit Cost Trend
Targeted Immunomodulators	$22.16	-2.0%	8.4%	-9.6%
Oncology	$11.14	15.2%	7.3%	7.4%
Dermatology	$6.03	30.3%	29.3%	0.8%
Endocrine & Metabolic Agents	$3.13	19.6%	11.3%	7.5%
Respiratory Agents	$3.07	0.3%	-2.2%	2.6%

Top treatment categories by cost in 2025

Despite these pressures, the specialty category also delivered meaningful savings that reflect the power of competition. Despite the impact of Skyrizi, targeted immunomodulators as a whole generated a $0.46 PMPM reduction, driven by biosimilars for Stelara (autoimmune conditions) and Humira (autoimmune conditions). While therapies such as Skyrizi and Rinvoq (autoimmune conditions) saw increased use, the overall category still posted net savings. Navitus deployed a strategy to add low-cost biosimilars to the commercial formulary and removed corresponding higher-cost brand medications. Patient conversion of 95% was achieved within months, and participating clients realized savings.

Specialty medications continue to improve lives and expand treatment possibilities, but they also create the most significant cost exposure for plan sponsors and health plans. By emphasizing clear pricing, evidence-based formulary management and rapid adoption of generics and biosimilars, Navitus and its family of companies help clients better manage these powerful but expensive therapies.

$56 million in biosimilar savings



Adoption of biosimilars in place of brand-name medications has dramatically reduced costs in some categories, such as treatment of autoimmune conditions. The blue line shows what costs would have been without biosimilar adoption in 2025. The orange line shows how actual costs declined for Navitus clients with biosimilars, resulting in 2025 savings of $56 million.

A decade of specialty trend:
How we reached 2025

The specialty trend we saw in 2025 is the result of a decade defined by relentless innovation, rising clinical complexity and accelerating patient demand.

Ten years ago, specialty medications represented a growing but still manageable portion of pharmacy spend. Since then, we've witnessed extraordinary pipeline growth for biologics, targeted therapies and precision medicines that have transformed treatment expectations across oncology, immunology and rare disease.

These advances improved lives, extended survival and revolutionized the standard of care. But they also produced some of the steepest cost growth the pharmacy industry has seen.

At the same time, biosimilars, smarter utilization strategies and better care coordination helped temper the full trend impact of these launches. Specialty pharmacy has evolved from simply dispensing high-cost medications to orchestrating tightly managed, clinically intensive care strategies.

Where we stand today reflects both breakthrough success and unavoidable financial pressure. At Lumicera Health Services, our focus remains delivering the clinical excellence that members need while protecting clients from unsustainable trend. Through our unique, cost-plus acquisition model, rigorous clinical oversight and coordinated patient support, we ensure that specialty innovation remains both accessible and responsibly managed for our clients and members.

Ben Heiser
PharmD, MBA, CSP, LSSGB
Senior Vice President and CEO
Lumicera Health Services

Looking ahead:
The future of specialty trend

Specialty drug trend will further accelerate in 2026 and beyond, driven by a surge of new biologics, targeted agents and gene-based therapies entering the market.

Oncology and immunology pipelines remain especially strong, and many upcoming approvals carry projected prices that will materially influence plan spend from day one. Utilization will also rise, as existing specialty medications are identified for other therapies and patient populations.

This combination of innovation and demand will continue to reshape benefit design and cost exposure for plan sponsors and health plans.

At Archimedes, we focus on ensuring that clients stay ahead of these pressures rather than reacting to them. That means rapid, evidence-based adoption of biosimilars as major patents expire, disciplined formulary management and health-economics-informed avoidance of high-cost utilization. It also means delivering coordinated clinical oversight to ensure that members start on the right therapy at the right time with the right monitoring.

Specialty medications are redefining modern health care. Our role is to ensure that progress remains clinically responsible and financially sustainable for the clients and members we serve.

Heather Sundar
PharmD
President and CEO
Archimedes

Introducing Clarventa:

A new path to lower drug costs

Traditional pharmacy purchasing and contracting models rely heavily on delayed rebates and intermediaries. This can limit visibility into true costs and lead to higher cost to the consumer at the pharmacy counter.

More than a year ago, Lumicera Health Services established direct purchasing, first for unbranded biosimilar ustekinumab. Through this model, Navitus clients that use Lumicera realized the value of pairing a 100% pass-through PBM with a cost-plus specialty pharmacy. Clients accessed the lowest net cost at the point of prescribing, realizing upfront, real-time net savings of approximately $10,000 per fill compared with the reference product.

Now, as the industry continues to evolve, Lumicera has launched Clarventa to scale this direct purchasing model more broadly. This reflects our continued focus on clarity, access and integrity.

Through Clarventa, Navitus clients that use Lumicera will be first to access new pricing and discounts as they are secured and implemented, reinforcing our commitment to deliver transparent drug costs and more affordable access to medications.

Eric Huckins
PharmD, MBA
Chief Growth Officer
Lumicera Health Services

Non-specialty drugs show balanced growth in utilization and unit costs

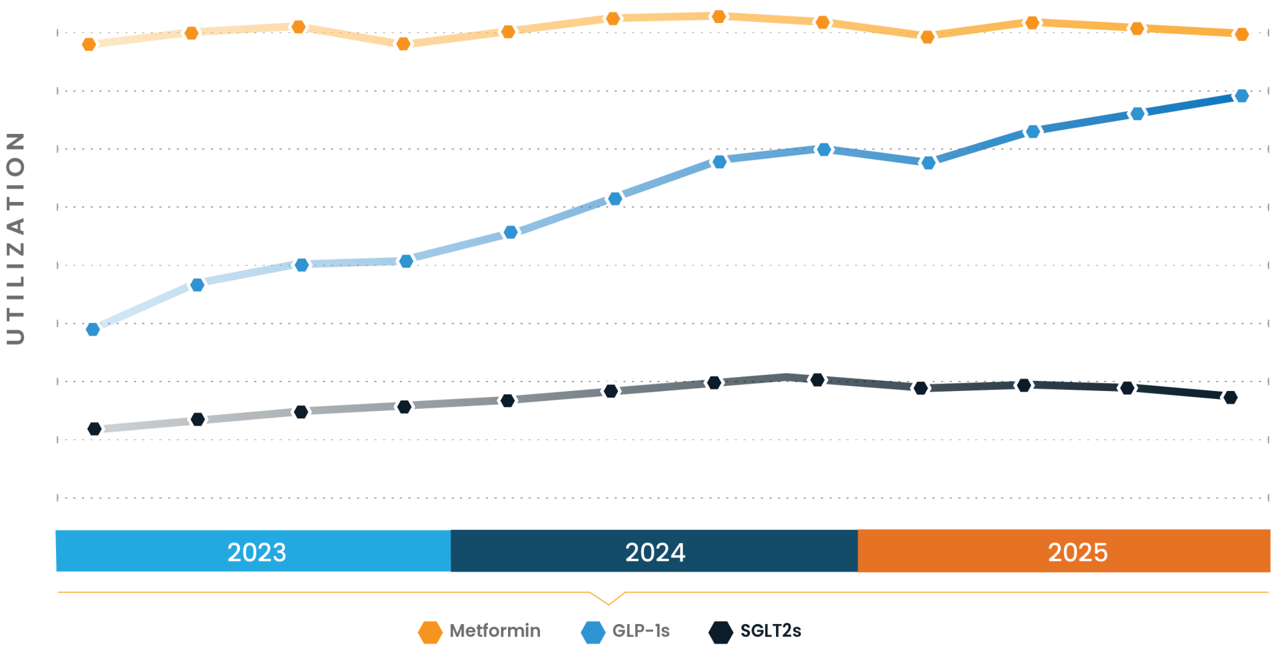
Non-specialty medications experienced a **5.6% trend increase, to $57.83 PMPM**, in 2025, reflecting steady but significant shifts in prescriber decision-making and market pricing. **Utilization rose 2.9%**, and **unit cost increased 2.6%**, creating a balanced upward trend across widely used categories for chronic disease and acute care.

Non-specialty drugs

Drug Category	Net Cost PMPM	Net Cost PMPM vs. 2024	Utilization Trend	Unit Cost Trend
Antidiabetics	$17.48	8.3%	2.4%	5.7%
Antivirals	$5.71	-1.9%	5.2%	-6.8%
Migraine Products	$3.01	24.0%	11.0%	11.7%
Asthma & Bronchodilators	$2.80	-3.6%	-2.7%	-0.9%
ADHD/ Anti-narcolepsy	$2.56	-4.7%	16.2%	-18.0%

Top treatment categories by cost in 2025

Diabetes

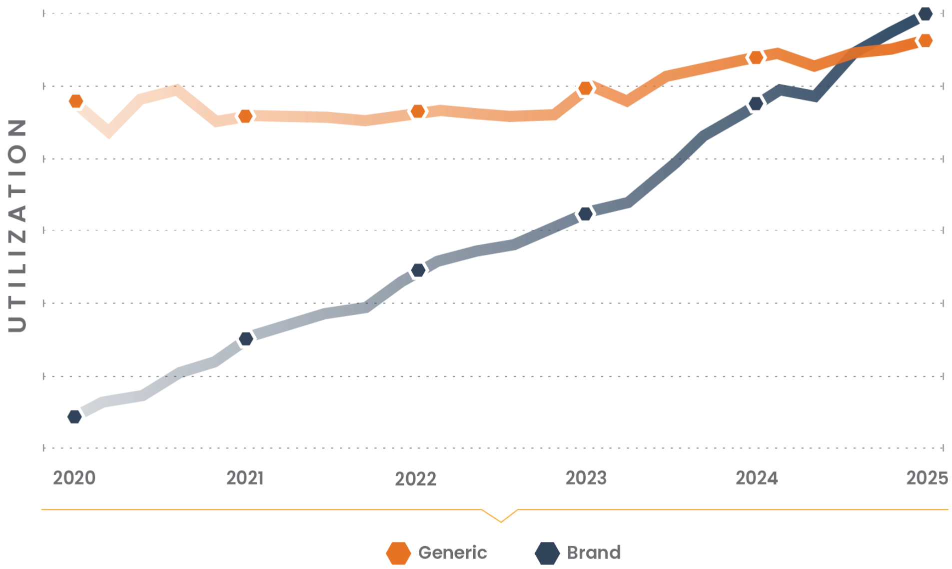


GLP-1 utilization continues to increase for diabetes treatment, approaching mainstay metformin.

Diabetes therapies had the single greatest impact on non-specialty trend. GLP-1 Mounjaro (type 2 diabetes) contributed $2.40 PMPM, making it the top cost-growth drug across the Navitus commercial book of business. Its rapid adoption reflects strong clinical performance and member preference.

At the same time, two other drugs in the same GLP-1 class — Ozempic and Trulicity (both for type 2 diabetes) — decreased in cost by $0.45 PMPM and $0.25 PMPM, respectively, as demand shifted away from them to Mounjaro, which many consider the preferred therapy. Overall, antidiabetic trend rose $1.33 PMPM, driven by Mounjaro growth and continued use of sodium-glucose co-transporter 2 (SGLT2) medications.

Migraine



Utilization of higher-price, brand-name medications has now surpassed generic drugs in this category.

Migraine therapies added $0.58 PMPM to non-specialty drug trend in 2025, driven by increased utilization of high-cost brand agents such as Ubrelvy (acute migraine). While these therapies deliver important clinical value, their rising use continues to exert cost pressure.

This pressure was mitigated by Navitus' formulary and prior-authorization strategies, which generated approximately $0.82 PMPM in savings. Navitus, for example, does not cover Nurtec, a brand-name migraine medication, due to its high cost versus comparable products.

Several non-specialty categories produced meaningful savings, driven by generic availability and supply stabilization. For instance, ADHD medications saw costs drop $0.13 PMPM as lisdexamfetamine, the generic for Vyvanse, finally experienced full price erosion after supply challenges eased.

Cardiovascular medications decreased $0.12 PMPM following the launch of generic Entresto (heart failure). Antivirals fell $0.11 PMPM, largely due to a 57% drop in utilization of Paxlovid (COVID-19). These savings were partially offset by increased use of HIV therapies, including Biktarvy and Descovy.

Non-specialty trend continues to underscore a familiar story: Rapid innovation producing new drugs drives cost up, while market competition and generic entry push cost down. These dynamics require clear goal alignment between a plan and its PBM to drive clinically-informed, lowest-net-cost formulary strategies that support ongoing member health.

A decade of non-specialty trend:
How we reached 2025

The non-specialty forces shaping drug trend in 2025 reflect 10 years of significant shifts in therapy design, patient expectations and prescribing behavior.

Over the past decade, we have watched traditional chronic-care categories evolve rapidly as breakthrough treatments reshaped clinical standards. Diabetes care transformed with the introduction and expansion of GLP-1 therapies. Migraine treatment moved decisively toward brand agents. Cardiovascular disease management advanced with novel therapies that later transitioned to generics.

Each of these developments changed not only clinical practices but also the direction of overall drug trend.

At the same time, the last decade delivered major affordability milestones. Generic pipelines matured, stabilizing several high-volume categories. High-impact generic launches, from rosuvastatin in 2016 to lisdexamfetamine in 2023, brought meaningful relief. Acute-care patterns shifted, as COVID-19 therapies surged and then receded.

Where we stand in 2025 is the cumulative effect of innovation, changing member behavior and increased prescriber confidence in next-generation therapies. For plans and plan sponsors, the decade ahead will require the same vigilance and evidence-based management that guided us through previous changes. Navitus remains your committed partner to understanding drug-cost trends and guiding clinical strategies to navigate the next era of non-specialty care.

Imke Scheepers
PharmD
Senior Clinical Consultant Pharmacist

Looking ahead:
The future of non-specialty drug trend

Non-specialty medications will continue to evolve rapidly, creating opportunities as well as challenges for plan sponsors and health plans.

GLP-1 therapies will remain a dominant cost and utilization driver, as additional indications, new formulations and broader prescriber adoption fuel continued growth. In contrast, a meaningful non-specialty cost offset is likely from the first-in-class SGLT2 generic launch, estimated to save $2.00 PMPM when alternatives reach the market. Migraine care will continue shifting toward higher-cost brand agents, and prescribers are expected to expand use among patients seeking faster relief and fewer side effects.

The pace of therapeutic change will accelerate, driven by patient demand, evolving clinical guidelines and plan coverage regulations. Plan sponsors and health plans should prepare for increased switching, shifting adherence patterns and stronger influence from digital care and telemedicine prescribing.

In this environment, the value of a clinically disciplined PBM partner is unmistakable. Navitus will continue delivering evidence-based formularies, active utilization management, clear reporting and real-time insight to help clients stay in front of emerging trends while protecting member access. Our focus remains constant: helping plans and plan sponsors manage rising costs without compromising the quality of care.

Laura Jester
PharmD, MBA, CSP
Vice President of Clinical Services

About information in this report

The findings in this report are based on prescription drug utilization and net cost data from the Navitus commercial book of business. Drug trend calculations reflect PMPM cost, including plan- and member-paid portions, in calendar year 2025 with a largely stable client group. Net cost represents the amount paid for medications after manufacturer rebates, discounts and other price concessions. All insights and category analyses are derived from Navitus claims experience, providing a transparent view of how drug use and pricing affected pharmacy benefit costs for our clients and members in 2025. Analysis exclusions include products administered at physicians' offices, clinics and hospitals as well as products excluded by benefit design (weight loss, infertility, etc.) and any additional savings from copay assistance programs.

Trademarks notice

About Navitus

Navitus remains the nation's first transparent, pass-through pharmacy benefit manager (PBM), serving more than 13 million lives nationwide. It uniquely brings clarity to drug pricing and takes costs out of the drug supply chain. Unlike traditional PBMs that generate profit by retaining an undisclosed portion of rebates and discounts negotiated with drug manufacturers and pharmacies, Navitus passes along the complete savings to clients, enabling them to make medications more affordable for their members. The Navitus PBM was established more than 20 years ago by Navitus Health Solutions LLC, a pioneering pharmacy solutions company. The organization delivers a range of services through portfolio brands including Navitus, Lumicera, Archimedes and Clarventa. Owned by SSM Health and Costco, Navitus Health Solutions serves nearly 20 million lives across 800 clients, including employers, unions, government plans, payers and health systems. For more information, please visit www.navitus.com.

For questions and inquiries

Please email info@navitus.com

For media questions and inquiries

Please email navitus@aircoverpr.com

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