

Executive Summary:

Commercial Prescription Drug Use & Spending, 2022-2024

To advance transparency in the prescription drug sector for policymakers, researchers, and the public, CHIA has published an interactive dashboard and detailed dataset, providing users with insight into the drivers of prescription drug spending as well as the associated conditions these drugs treat.¹ CHIA's [2026 Annual Report on the Performance of the Massachusetts Health Care System](#) identified that gross pharmacy spending was the largest service category, accounting for 21.3% of Massachusetts's total medical expenses, or \$16.6 billion in 2024. Gross pharmacy spending, which does not account for rebates or other discounts, was the largest contributor to overall health care cost growth in both 2023 and 2024.

Key Findings

For this analysis, CHIA used a subset of commercial pharmacy claims from the Massachusetts All-Payer Claims Database (MA APCD) to identify top drugs by total expenditures between 2022 and 2024.² This data does not represent statewide pharmacy metrics and does not account for rebates, which may have a significant impact on net health plan spending. During this 3-year period:

- The increase in overall commercial prescription drug expenditures was largely driven by an increase in the average cost per prescription.³
- Immunosuppressants, a class of drugs that inhibit immune system activity and are used to treat autoimmune diseases, and Hormones & Synthetic Substances, a class of drugs taken to alter or mimic hormone levels and function, accounted for the largest portions of spending. The top 10 drugs by expenditures in 2024 all belonged to one of these drug classes.⁴
- Immunosuppressants and Hormones & Synthetic Substances were the top contributors to the increase in prescription drug expenditures in both 2023 and 2024; Wegovy, a Hormones & Synthetic Substance GLP-1 receptor agonist used for chronic weight management, was the top drug driving spending increases for both years.
- The most frequently prescribed drugs (i.e., highest volume) during the 3-year period were atorvastatin calcium and lisinopril, both Cardiovascular Agents. Atorvastatin calcium is used to treat high cholesterol and triglyceride levels to reduce the risk of heart and blood vessel problems. Lisinopril is used to treat high blood pressure and heart failure. A majority of the top 20 most frequently prescribed drugs across the 3-year period were generics, which typically have a lower average cost per prescription. The following brand-name drugs appeared in the top 20 drugs by prescription volume by year: Flucelvax Quadrivalent Formula (2022), Pfizer COVID-19 vaccine (2022), Moderna COVID-19 vaccine (2022, 2023), and Wegovy (2024).

For additional information, including the methods and data used to produce this [dashboard](#), see the accompanying [technical appendix](#) and [dataset](#).

Notes

- ¹ Expenditure amounts presented in this publication reflect payments to pharmacies and do not account for prescription drug rebates received by health plans after the point of sale. This report does not reflect prescription drug rebates, which may have a significant impact on net health plan spending. These payments do not represent manufacturer list prices or net revenue for manufacturers and other entities along the prescription drug supply chain.
- ² The dataset includes pharmacy claims for Massachusetts residents from fully insured commercial lines of business for 10 payers and represents approximately 1.3 million covered lives per year. It does not reflect aggregate statewide pharmacy spending, and findings should not be extrapolated for that purpose. High-spend drugs were identified as the drugs with the greatest expenditures, by therapeutic class, for each calendar year, 2022 through 2024. See the technical appendix for more detail.
- ³ During this period, the evaluated commercial population declined in 2023 (3.8%) and then increased in 2024 (3.1%), although it remained below 2022 membership levels; total prescription volume (or the number of prescriptions) followed the same directional trends. Total days supplied similarly declined in 2023 and then increased in 2024, with a cumulative increase of 3.1% across the 3-year period. However, the average cost per prescription and average cost per days' supply increased consistently across all years, with cumulative increases from 2022 to 2024 of 32.0% and 21.7%, respectively.
- ⁴ CHIA utilized Micromedex® RED BOOK® generic therapeutic classification, which groups drugs in 32 different categories based on their pharmacological, chemical, and/or therapeutic characteristics. The top 10 classes for each calendar year were identified based on their total expenditure levels for each year, 2022 to 2024.

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