PACE

Pharmaceutical Assistance Contract for the Elderly

Annual report to the Pennsylvania General Assembly

January 1 - December 31, 2010

PRESENTED BY

PENNSYLVANIA DEPARTMENT OF AGING

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PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY

ANNUAL REPORT TO THE PENNSYLVANIA GENERAL ASSEMBLY

JANUARY 1 - DECEMBER 31, 2010

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EXECUTIVE SUMMARY

Over the past 26 years, the PACE Program has provided life sustaining medication to over 1.3 million older Pennsylvanians in need of assistance. The Pennsylvania Department of Aging prepares an annual report as a resource for information and research and a review of Program operations, expenditures and benefits to older persons. Within the annual report, there is an administrative overview of the PACE/PACENET Programs which is followed by eight sections of information about the pharmaceutical utilization of older Pennsylvanians, including:

- collaborative research efforts,
- financial information,
- program measures,
- utilization parameters,
- data stratified by county,
- provider statistics,
- therapeutic drug utilization review results, and
- prescription coverage assistance referrals.

ENROLLMENT, UTILIZATION, AND EXPENDITURES

Prescription drug benefits constitute 97% of the Program's total gross expenses while administrative costs are 3%. Mandated manufacturer rebates and other recoveries reduced the 2010 total state share for prescription drug cost by 25.1%. The analysis of trends for the four drivers of PACE/PACENET expenditures, enrollment, utilization, and cost per enrollee, reveals several findings. Below are significant data elements for 2009 and 2010.

PACE and PACENET

- *PACE Plus Medicare:* The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) established a Medicare prescription drug benefit, known as Part D, which went into effect on January 1, 2006. As a qualified State Pharmaceutical Assistance Program (SPAP), PACE received authorization from the Centers for Medicare & Medicaid Services (CMS) to coordinate its benefits with those offered by Medicare Part D prescription drug plans. In September 2006, PACE implemented the PACE Plus Medicare Program. Each year since 2006, the Program has facilitated the enrollment of cardholders into partner Part D plans. In January 2009, the Program assigned 139,000 PACE and PACENET cardholders to five partner plans. In January 2010, the assignment included 126,000 cardholders into three plans. In January 2011, the assignment included approximately 124,000 cardholders who were enrolled into three plans. During 2010, approximately 287,000 cardholders who were enrolled in PACE/PACENET were also enrolled in Part D.

PACE

- *Decrease in Enrollment:* The total number of PACE enrolled cardholders in 2010 decreased by 5.4% relative to 2009, from 152,419 to 144,243. This decrease is the result of fixed upper income limits for the program. PACE enrollees who exceed the upper income limit for the program are likely to be eligible for benefits in the PACENET program.
- *Decrease in Utilization Trend:* During 2010, claims per participating cardholder were 8.0% lower than the average in 2009 (37.8 vs. 41.1).
- *Decreased State Share Cost per Cardholder:* With the implementation of PACE Plus Medicare, the Program realized savings in the state share payments through avoided costs, shown by the substantial decrease in state share expenditures since 2005. These decreases are apparent by comparing the cost per cardholder in 2005 with values for 2010. At $978, the

average state share per participating cardholder in 2010 is substantially lower (-37%) than the 2005 average of $1,563.

PACENET

- *Increase in Enrollment:* The number of PACENET enrolled cardholders in 2010 increased by 5% relative to 2009, from 193,781 to 203,347.
- *Decreased Utilization Trend:* The average number of claims per participating PACENET cardholder during 2010 was 9.6% lower than that observed in 2009 (34.9 vs. 38.6).
- *Increased Cost per Cardholder:* The average cost per PACENET cardholder increased during 2010. Cost per participating cardholder raised from $1,020 during 2009 to $1,096 during 2010, an increase of 7%.

MAGNITUDE OF NEED

The magnitude of enrollee need for assistance is profound. A close examination of the distribution of the PACE annual benefit reveals that 11% of PACE enrollees, over 15,000 persons, received coverage valued between $2,000 and $5,000. About 3,600 PACE cardholders utilized $5,000 or more in benefits that were paid by PACE.

DEPTH AND BREADTH OF THE BENEFIT

The Program reaches across all Commonwealth counties. Cardholders and pharmacy providers in large and small counties are well represented. Statewide, 2,924 pharmacy providers received the benefit of increased business, reliable payments, stable customer base, and rapid Program response.

MEDICATIONS USED

The medications used reflect the chronic disease burden experienced by many elderly. On average, participants used approximately four different medications each month. Over 80% of PACE enrollees utilized one or more cardiovascular drugs, accounting for approximately one-third of all claims and 24% of expenditures. Other frequently used classes include hormones and synthetic substances, anti-infective agents, and gastrointestinal agents.

ENSURING SAFE MEDICATION USE

Since 1992, PACE has maintained an exemplary prospective drug utilization review (ProDUR) program. ProDUR assists the Program, physicians, and pharmacists in attaining the common goal of ensuring safe and effective use of medications by this special population – older Pennsylvanians. Prior to dispensing medications, the review checks for safety issues related to dosage, duplicative therapy, drug interactions, and other potential problems. The Program's medical exception process relies upon communication with physicians regarding individual patient needs.

OUTCOMES RESEARCH

In 2010, researchers using Program data published and presented topics related to interventions, program assessments, medication adherence, falls, mental health, and medication safety.

CONSUMER PHARMACEUTICAL ASSISTANCE

The Program continues with its referral system for persons who are in need of pharmaceutical assistance but *ineligible* for PACE/PACENET benefits by responding to 19,807 inquiries over nine years and facilitating enrollment into patient assistance programs offered by pharmaceutical manufacturers and special funds received as a result of litigation settlements. At the end of 2010, 63% (9,145 persons) of inquirers were receiving medication assistance through the Pharmaceutical Assistance Program Clearinghouse. Among the 9,145 persons receiving assistance, a total of 53,649 medications were obtained.

FREQUENTLY REQUESTED PROGRAM STATISTICS

The table below provides frequently requested Program information and lists references within the Annual Report for additional details.

2010 PACE AND PACENET SUMMARY			
	PACE	**PACENET**	**REFER TO:**
DEMOGRAPHIC DATA			
Total enrolled for 2010	144,243	203,347	Tables 4.2, A and B
% Participating	83.5%	80.7%	Tables 4.2, A and B
Avg. age for enrolled	79.5 yrs.	78.0 yrs.	Tables 4.2, A and B
Female, avg. age	80.2 yrs.	78.3 yrs.	
Male, avg. age	77.0 yrs.	77.3 yrs.	
% Female	79.6%	66.5%	Tables 4.2, A and B
% Own residence	54.5%	69.7%	Tables 4.2, A and B
% Rent	27.5%	19.1%	Tables 4.2, A and B
% Married	9.4%	38.9%	Tables 4.2, A and B
Avg. Income	$12,199	$21,720	Tables 4.2, A and B
% Cardholders in urban counties	41.9%	37.2%	Table 5.1
% Cardholders in rural counties	13.0%	13.8%	Table 5.1
BENEFIT DATA			
Avg. total expenditures per enrolled cardholder	$2,144	$2,088	Tables 4.4
Avg. total expenditures per participant	$2,569	$2,588	Tables 4.4
Avg. total expenditures per claim	$67.90	$74.14	Tables 4.4
Avg. state share per enrolled cardholder	$816	$885	Tables 4.4
Avg. state share per participant	$978	$1,096	Tables 4.4
Avg. state share per claim	$25.84	$31.41	Tables 4.4
Avg. cardholder share per enrolled cardholder	$181	$326	Tables 4.4
Avg. cardholder share per participant	$217	$404	Tables 4.4
Avg. cardholder share per claim	$5.74	$11.58	Tables 4.4
Avg. TPL share per enrolled cardholder	$1,147	$877	Tables 4.4
Avg. TPL share per participant	$1,374	$1,087	Tables 4.4
Avg. TPL share per claim	$36.31	$31.15	Tables 4.4
2010 percent change in state share per claim	14.1% increase	12.3% increase	Figure 2.1, 2009 and 2010
Avg. claims per participant	37.8	34.9	Tables 4.2, A and B
Avg. number of therapeutic classes per participant	5.6	5.4	Tables 7.1, A and B
UTILIZATION DATA (by date of payment)			
Total claims	4,662,904	5,839,557	Tables 6.1 and 6.6
Avg. claims per cardholder	32.3	28.7	Tables 6.1 and 6.6
Avg. deductible claims per cardholder	-	6.3	Table 6.6
Avg. copaid claims per cardholder	-	22.5	Table 6.6
Generic utilization rate	65.5%	64.7%	Tables 6.2 and 6.6
PAYMENT DATA			
Total Program payout	$117.70 M	$179.87 M	Table 3.1
Avg. weekly Program payout	$2.26 M	$3.46 M	Table 3.1
Avg. annual Program payout per pharmacy	$40,255	$61,514	Tables 3.1 and 5.1
% Program payout to chain pharmacies	58.6%	60.4%	Tables 6.1 and 6.5

PENNSYLVANIA PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY

History

The Pharmaceutical Assistance Contract for the Elderly (PACE) Program was enacted in November 1983, and implemented on July 1, 1984. Its purpose is to assist qualified state residents who are 65 years of age or older in paying for their prescription medications. The PACE legislation was amended in 1987 for reauthorization and, in 1992, for the manufacturers' rebate reauthorization and additional cost containment initiatives. The legislature expanded income eligibility for PACE on four occasions: 1985, 1991, 1996, and 2003. The 1996 legislation also created the PACE Needs Enhancement Tier (PACENET). In July 2001, Act 2001-77, the Pennsylvania Master Tobacco Settlement, increased PACENET income eligibility by $1,000. Recognizing that the nominal increases in Social Security income were making enrollees ineligible for PACE, the legislature also created a limited PACE moratorium, effective January 1, 2001, until December 31, 2002, which permitted enrollees to remain in benefit even though their incomes exceeded the eligibility limits. Late in 2002, Act 2002-149 extended the moratorium for the PACE enrollment and expanded it to include the PACENET enrollment as well. While this moratorium expired on December 31, 2003, cardholders who were enrolled prior to the expiration, and had their eligibility periods extending into 2004, were permitted to remain in the Program until their eligibility end date.

In November 2003, Act 2003-37 enabled an unprecedented expansion for enrollment eligibility in the Programs, modified the $500 annual PACENET deductible, and changed the PACE copay structure. The legislation raised the income limits for PACE to $14,500 for individuals and $17,700 for married couples; it boosted the income cap for PACENET to $23,500 for single persons and to $31,500 for married couples. With a $480 deductible divided into monthly $40 amounts, PACENET paid benefits after the first $40 in prescription costs each month. Beginning in 2004, PACE and PACENET had a two-tiered prescription copayment structure. The PACE copayment became $6 for generic drugs and $9 for brand name products. The PACENET copayment remained at the original amounts of $8 for generics and $15 for brand name drugs. Act 37 required both Programs to adjust the copayments to reflect increasing drug prices over time.

Act 37 instituted federal upper limits (FUL) in the provider reimbursement formula and raised the dispensing fee fifty cents. The Program began to reimburse pharmacies the lesser of three prices: the Average Wholesale Price (AWP) minus 10%, plus a $4.00 dispensing fee; the Usual and Customary charge to the cash-paying public; or, the most current FUL established in the Medicaid program, plus a $4.00 dispensing fee. All payment methods include the subtraction of the cardholder's copayment.

The federal Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 created a new outpatient prescription drug benefit, Part D of Medicare. Prior to the full implementation of Medicare Part D and beginning in June 2004, low income, non-HMO, PACE enrollees (134,393 cardholders over 18 months) were auto-enrolled into the interim Medicare Drug Discount Card and Transitional Assistance Program. They received a discount card that allowed for $600 per year in drug expenses in 2004 and again in 2005. Additional cardholders, estimated at 30,000, received this assistance through cards issued by their HMO. The PACE Program covered the Medicare drug card copayments for the auto-enrolled cardholders. The Medicare Transitional Assistance Program was a source of significant drug coverage for cardholders, with known savings in Program benefit payments of $112 million for the auto-enrolled cardholders.

The Medicare Part D drug benefit began in January 2006. The PACE Program elected to be a qualified State Pharmacy Assistance Program which, along with the passage of state Act 111 in July 2006, allowed for the creation of PACE Plus Medicare. The successful launch of PACE Plus Medicare on September 1, 2006, saw thousands of cardholders take advantage of the features of both PACE and Medicare Part D. With the goal of providing seamless coverage, PACE Plus Medicare fills the coverage gaps encountered by cardholders in Medicare Part D, including deductibles, the doughnut hole phase, drugs excluded under MMA, drugs not in a plan's formulary, and copayment differentials between the Part D plan coverage and the PACE and PACENET copayments. PACE Plus pays the Medicare premiums for Part D coverage for PACE cardholders. Act 111 also eliminated the monthly deductible for PACENET cardholders. PACENET cardholders who choose to forego Part D coverage are now responsible for a monthly benchmark premium payment ($32.59 in 2006; $28.45 in 2007; $26.59 in 2008; $29.23 in 2009; $32.09 in 2010; and, $34.07 in 2011) to the Program. The benchmark premium payment remains lower than the prior $40 per month deductible for the Program.

Act 111 recreated the PACE and PACENET moratoriums thereby permitting some 14,000 seniors to maintain their PACE or PACENET status despite disqualifying increases in their overall income due to Social Security cost-of-living increases. The PACE moratorium expired at the end of 2006; the PACENET moratorium continued through 2007. The Act revised provider reimbursement by adjusting the Average Wholesale Price formula from AWP minus 10% to AWP minus 12%, plus a $4.00 dispensing fee.

Act 69 of 2008 recreated the PACE and PACENET moratoriums, thereby permitting 15,400 seniors to maintain their Program enrollment in 2010 despite disqualifying increases in their overall 2008 income due to Social Security cost-of-living increases.

PACE covers all medications requiring a prescription in the Commonwealth, as well as insulin, insulin syringes, and insulin needles, unless a manufacturer does not participate in the Manufacturers' Rebate Program. PACE does not cover experimental medications, medications for hair-loss or wrinkles, or any medication that can be purchased without a prescription. With appropriate documentation, PACE covers Drug Efficacy Study Implementation (DESI) medications. PACE requires generic substitution of brand multi-source products when an approved, Food and Drug Administration (FDA) A-rated generic is available. At the time of dispensing, a cardholder may encounter a prospective drug utilization review edit; PACE will not reimburse the prescription unless the pharmacist or physician documents the medical necessity for it. The Department of Aging recognizes the possibility of exceptional circumstances in connection with the application of therapeutic criteria and reimbursement edits. Appendix A contains a description of the PACE/PACENET medical exception process.

With the advent of PACE Plus, cardholders enrolled in Part D plans conform to the reimbursement limits established by the plans, some of which allow up to a ninety-day supply. Otherwise, cardholders not enrolled in a Part D Plan receive a thirty-day supply or 100 units (tablets or capsules) whichever is less. The Program guarantees reimbursement to the provider (including nearly 2,900 Pennsylvania pharmacies) within 21 days, paying interest on any unpaid balance after 21 days. Six types of providers dispense PACE/PACENET-funded prescriptions to cardholders. The majority of providers are either independent pharmacies or chain pharmacies. Other provider types include institutional pharmacies, nursing home pharmacies, mail order pharmacies, and dispensing physicians. All providers may offer mail order services if they are enrolled as a mail order pharmacy and if they follow specialized program requirements pertaining to record keeping and cardholder verification procedures.

Manufacturers for innovator products pay the Program a rebate similar to the federal "best price" Medicaid rebate. Generic manufacturers pay an 11% rebate based on the average manufacturer price (AMP). An inflation penalty applies to innovator products if annual price increases exceed the consumer price index. The inflation penalty rebate was discontinued for generic products at the end of 2006. Effective January 2010, the federal Medicaid flat rebate rate increased from 15.1% of the AMP to 23.1% and the generic rate increased from 11% to 13%.

Administration

The Pennsylvania Department of Aging administers the PACE/PACENET Program. A contractor directly responsible to the Department assists in conducting many of the day-to-day operations. Four primary operation responsibilities of the Program are to process applications, reimburse providers for prescriptions, protect enrollees from adverse drug events, and obtain the most cost-efficient reimbursement possible for the Program. Administrative responsibilities include research and policy development, monitoring and evaluating operations and ensuring that the mandates of the Act and Program regulations are met. Activities in these areas include conducting audits of not only the providers, but also of the cardholders and the contracting agency. The Program routinely reviews medication utilization profiles of the cardholders and dispensing practices of the providers and physicians. The Department also evaluates the procedures used to implement the Program, identifies any trends which may be relevant for future administration, and carefully scrutinizes all expenditures.

The Department of Aging receives funds through restricted revenue accounts to serve as the administrative and fiscal agent for other Commonwealth-sponsored drug reimbursement programs. Pharmaceutical claims for the Chronic Renal Disease Program, Cystic Fibrosis Program, Spina Bifida Program, Metabolic Conditions Program, including Maple Syrup Urine Disease Program and the Phenylketonuria Program (all within the Department of Health), and the Special Pharmaceutical Benefits Program (Department of Public Welfare) are processed through the PACE/PACENET system. The program also adjudicates claims for two programs in the Department of Insurance, the Workers' Compensation Security Fund and the Pennsylvania Automobile Catastrophic Loss Benefits Continuation Fund. The PACE Program serves as the fiscal agent for the General Assistance Program (Department of Public Welfare), the Special Pharmaceutical Assistance Program, and the Chronic Renal Disease Program for the collection of rebates from pharmaceutical manufacturers.

PENNSYLVANIA DEPARTMENT OF AGING

SECTION 1

PROGRAM RESEARCH HIGHLIGHTS

PENNSYLVANIA DEPARTMENT OF AGING

INTERVENTIONS, GENERAL PROGRAM ASSESSMENTS, AND MEDICATION ADHERENCE STUDIES		
CURRENT PACE/PACENET COLLABORATIVE RESEARCH AND EVALUATION PROJECTS, 2008 - 2011		
INTERVENTIONS		
TOPIC	**TITLE / RESEARCH GROUP**	**DESCRIPTION**
ASSESSMENT FOR DEPRESSION, ANXIETY, AND SLEEP DISORDERS	**TELEPHONE-BASED BEHAVIORAL HEALTH ASSESSMENT FOR SENIORS ON NEW PSYCHIATRIC MEDICATION** **Behavioral Health Laboratory, Medical School, University of Pennsylvania**	Results from an intervention program of care management services by the Behavioral Health Laboratory for PACE cardholders (begun in 2008) support concerns related to psychotropic medication prescribing in the elderly and raise additional questions about off-label or inappropriate prescribing. **Overall, 208 (47.4%) participants in the sample did not meet criteria for any mental health disorder, including 80 (55.9%) of those receiving anxiolytics. Just 6% met the criteria for anxiety disorders.** The pilot found that older, community dwelling patients in the study received new psychotropic medications in excess of what might be expected based on their relatively low symptom burden. Many reported that the prescription was for a psychosocial stressor, while a number of others were unaware of the reason for the prescription. **Intervention aims include assigning individuals with clinically significant symptoms to minimal monitoring or monitoring with care management and social service support in order to determine whether the clinical services are impacting outcomes**.
ACADEMIC DETAILING	**TARGETING AND EMPOWERING PHYSICIANS TO AVERT INSTITUTIONALIZATION OF FRAIL ELDERLY** **The Division of Pharmacoepi. and Pharmacoeconomics of the Brigham and Women's Hospital/Harvard Medical School**	**The PACE Program, in collaboration with the Harvard Medical School and the non-profit Independent Drug Information Service (iDiS), uses trained drug education consultants to meet one-on-one with clinicians caring for a large number of patients enrolled in government-funded pharmacy programs.** During these office visits, which began in 2005, the consultants provide objective, research-based information about the most effective drugs and non-medication therapeutic options for eight common chronic conditions. Beginning in 2008, a parallel program in which consultants also began delivering 3 educational modules to physicians. These modules focused on preventing the need for hospitalizations and institutionalizations due to cognitive impairment and associated behavioral problems, falls and mobility problems, and incontinence. The **falls and mobility module** (661 visits) reviews the risk factors for and consequences of falls; presents simple algorithms to screen for mobility problems and risk of falls in older, community dwelling patients; describes how to develop a targeted medical history and conduct an examination of persons at increased risk of falls; and reports on the community supports available to supplement physician interventions. The **cognitive impairment and associated behavioral problems module** (682 visits) presents how to diagnose cognitive impairment and dementia in the elderly; defines an efficient diagnostic workup for finding treatable causes of memory loss; assesses drug treatment for cognitive impairment and its limitations; discusses how to respond to the behavioral problems in patients with dementia; and lists the adverse effects of drugs used in elderly patients with dementia, particularly the antipsychotics. The **module on incontinence** (628 visits) includes practical strategies to screen for and diagnose urinary incontinence, and evaluates the available behavioral, pharmacological, and surgical approaches to its management. For each topic in the academic detailing program, the iDiS staff developed print materials, trained the detailing staff and managed the intervention. The physician faculty determined the modules based upon common drugs used by and conditions affecting the elderly. For each module, drug educators distributed several different types of documents to physicians during face-to-face meetings including the following: comprehensive reviews of biomedical literature, known as **evidence documents**; distillations of key information to be used as the basis for the discussion between practitioner and the consultant, known as **summary documents**; **patient or caregiver brochures** that provide key information geared to the lay public, including resources for additional information and support; and, laminated, pocket-sized **reference cards** with tables for quick reference on treatment recommendations and drug efficacy. **These materials detail unbiased and balanced information useful to the physician, for example, which patient conditions**

		warrant use of each drug, and clarify when more costly, brand-name drugs are more effective, and when less expensive generic or over-the-counter drugs may be equivalent or better. Materials can be found at www.RxFacts.org. A survey measured physician satisfaction with the academic detailing visiting program. Elements receiving the highest agreement scores included: "The program provides me with useful information about commonly used medications." "The content represents unbiased and balanced information about drugs." "My drug consultant is a well-informed source of evidence-based information about drugs I prescribe." "I would like to see this program continue." **Drug consultants made 2,125 visits in 2010, reaching a total number of visits of 7,710 since October 2005. Evaluation of two modules, non-steroidal anti-inflammatory drugs/coxib use and acid suppressing drugs, demonstrated that the program achieved significant reductions in the medications targeted.**
INTERVENTION	OSTEOPOROSIS TELEPHONIC COACHING INTERVENTION TO IMPROVE MEDICATION ADHERENCE (OPTIMA) **The Division of Pharmacoepi. and Pharmacoeconomics of the Brigham and Women's Hospital/Harvard Medical School**	**Researchers designed an innovative, randomized controlled trial for improving adherence with osteoporosis medications.** While treatment exists for osteoporosis, most people do not adhere to treatment long term. PACE cardholders beginning treatment were recruited into one of two intervention arms: 12 months of mailed education or one-on-one telephone-based counseling and the mailed education. Motivational interviewing formed the basis for the counseling program, delivered by trained and supervised health counselors over 10 telephone calls. The sessions included scripted dialog and open-ended questions about medication adherence and its barriers, as well as structured questions. The primary end point of the trial was medication adherence measured over the 12-month intervention period. Secondary end points include fractures, nursing home admissions, health care resource utilization and mortality. The project recruited nearly 900 members, with 90% of them female. **Results indicated that non-adherence is common and complex. Simple solutions are unlikely to solve non-adherence. The OPTIMA intervention improved adherence by a moderate amount but not enough to reduce fracture risk. Further refinements under consideration are using patient subgroups for intervention and exploring the sustainability of adherence. The intervention was cost-effective among 65 year-old women initiating bisphosphonates.**
GENERIC SAMPLE DISTRIBUTION	**STUDY ASSESSING THE EFFECT OF CARDIOVASCULAR MEDICATIONS PROVIDED AS LOW-COST, EVIDENCE-BASED GENERIC SAMPLES (SAMPLES) TRIAL** **The Division of Pharmacoepi. and Pharmacoeconomics of the Brigham and Women's Hospital/Harvard Medical School**	Highly effective generic cardiovascular medications are frequently underused, leading to greater overall drug costs and cost-related nonadherence. This project assesses an intervention to stimulate appropriate generic cardiovascular drug use without creating administrative or financial barriers that may impede essential medication use. **The trial is a clustered, randomized controlled trial of the effect of providing physicians with free generic samples of hydrochlorothiazide for hypertensive patients and simvastatin for patients with hyperlipidemia. The project randomized 660 primary care physicians in Pennsylvania, clustered by physician practice, to receive free samples for both conditions or to receive no samples.** PACE prescription data will be the basis for an intention-to-treat evaluation of the impact of the intervention on physician prescribing behavior (proportion of prescriptions that are generic) and patient adherence. Secondary outcomes will include physician adherence to established guidelines and overall prescription drug costs. **The trial will determine whether free generic samples can reduce overall drug costs as well as out-of-pocket costs to the patient without sacrificing efficacy and whether this approach results in improved adherence to essential cardiovascular medications. This intervention may also improve adherence to practice guidelines and improve the quality of care received.** If effective, this strategy could be used broadly by private insurers or government payers aiming to stimulate more cost-effective and higher-quality care. The rationale and design for the project can be found at Am Heart J 2009;157:613-9.
FALLS PREVENTION	**FALLS-FREE PA** **Graduate School of Public Health, University of Pittsburgh**	The Centers for Disease Control and Prevention provided funds for this two year research grant. **Researchers at the Graduate School of Public Health at the University of Pittsburgh and the PA Department of Aging are examining county level falls incidence and the effect of the Department's *Healthy Steps for Older Adults* and *Healthy Steps in Motion* projects. A physician education component includes surveying physicians who see older adults in their practice and offering mailed and online educational materials (healthyaging.pitt.edu) with CME/CEU credits.** The Falls and Mobility module developed by the Independent Drug Information Service for the PACE Program's academic detailing effort is available through an online link.

GENERAL PROGRAM ASSESSMENTS		
TOPIC	**TITLE / RESEARCH GROUP**	**DESCRIPTION**
IMPROVED HEALTH STATUS AND AVOIDANCE OF NURSING HOME ENTRY AND LATER ENTRY INTO WAIVER PROGRAMS	**PACE ENROLLMENT PROVIDES ADVANTAGE FOR LOW INCOME, PRE-MEDICAID SENIORS** **Pennsylvania Departments of Aging and Public Welfare, Office of Long Term Living, Magellan Health Services, Inc., Mercer Government Human Services Consulting, and the Health Policy Institute at Georgetown University**	A 2010, analysis demonstrates that the PACE Program supports many seniors prior to their Medicaid enrollment. Data compare consumers who "had" and "did not have" PACE in a five year period prior to using long-term care or nursing waiver services. **Results suggest PACE enrollment enables seniors to remain in the community longer, with better health, and to delay entry into and utilization of long-term care and waiver services**. Findings include: • Average length of nursing facility stay over a 5-year period was 40 days less for previous PACE enrolled. • PACE members were older at entry into a nursing facility by 2.8 years. • The ages at waiver entry show PACE members were older by 3.1 years. • Later age of entry into nursing facilities provided an estimated annual savings of $728.8 M. • Deferred waiver program produced estimated annual savings of $86.5 M. • PACE enrollees who have subsequent Medicaid enrollment have lower costs as a result of early prescription coverage from PACE. • The Program takes advantage of its ideal position to educate those PACE seniors, who are specifically known to be income eligible, about the comprehensive health care coverage available through Medicaid, producing a unique, efficient outreach and improved coordination with Medicaid. Analysts at Mercer Government Human Services Consulting evaluated the study and were prepared to certify results.
SATISFACTION SURVEYS	**PACE/PACENET SURVEY ON HEALTH AND WELL-BEING** **Magellan Health Services, Inc.**	**The *Survey on Health and Well-Being* provides information about the cardholder population. Questions measure respondent health perceptions, medication literacy, affordability issues, activity limitation, height, weight, education, and cardholder satisfaction with the Program. Survey data are frequently linked with other important data sources, including prescription records, Medicare services records, and vital statistics records, and** are used for program evaluation and original research studies. Included in the PACE/PACENET new enrollment application, the survey gathers important information about a person's health immediately prior to joining PACE. The renewal survey is mailed to existing cardholders throughout the year. Most renewal survey questions are the same as the new enrollment survey, but a few questions are different. It provides important information about the cardholder's health after being in PACE. Annual updates allow the study of changes in health over time. Response rates in 2010 were 42% for the new application survey and 51% for the renewal survey. **Results: Nearly 40% of current respondents indicated that they did not complete high school with just 17% of current respondents indicating that they only completed the 8th grade. Understanding the educational background of the cardholder population helps to ensure that cardholder communications are at an appropriate reading level. Among cardholders who were enrolled in PACE at the time that they completed the survey, 94% reported that they were either "extremely" or "quite a bit" satisfied that PACE had improved their quality of life. Among PACENET enrolled cardholders, 78% were "extremely" or "quite a bit" satisfied that PACENET had improved their quality of life. Another 20% were "moderately" satisfied. These data indicate high levels of satisfaction with both the PACE and PACENET programs. Cardholders who responded to the renewal survey also expressed a high degree of satisfaction with the combination of PACE/PACENET and Medicare Part D with the majority of cardholders (65%) strongly agreeing that PACE Plus Medicare worked well for them. Over 92% either strongly or somewhat agree that the combination works well for them.** Several questions have been analyzed for a group of new enrollees who complete an application survey in 2005, and who also completed renewal surveys in 2006 and 2007. **The data indicate that measures for prescription affordability have improved, and occurrences of skipping doses along with avoiding doctor visits due to prescription cost have decreased.**

MEDICATION ADHERENCE STUDIES		
TOPIC	**TITLE / RESEARCH GROUP**	**DESCRIPTION**
MEDICATION ADHERENCE AND HEALTH OUTCOMES	**FRACTURE OUTCOME OF NON-ADHERENCE TO OSTEOPOROSIS MEDICATIONS AMONG OLDER WOMEN** **The Medicine, Health, and Aging Project at Penn State University**	Osteoporosis medications have been shown to reduce fracture risk. The goal of this study was to examine associations between adherence and fracture-related hospitalization risk among older women using osteoporosis medications. The prescription refill patterns of 8,277 older women enrolled in PACE who used osteoporosis medications in 2003 were evaluated. Two medication adherence indicators were computed: the Proportion of Days Covered (PDC) and persistence. PDC represents the proportion of days covered by at least one medication within a therapeutic class, and persistence indicates whether the patient continued refilling prescriptions throughout the observation period. Multivariate logistic regression examined the relationship between osteoporosis medication adherence and hospitalization for fracture in 2003 while controlling for demographics, comorbidity, average PDC across other chronic therapeutic classes, and recency of osteoporosis therapy initiation. Relative to full adherence (PDC≥80%), low osteoporosis medication adherence (PDC<60%) was associated with increased risk of hospitalization for fracture among new users (OR=1.91, P=0.06). Non-persistence to osteoporosis medication was associated with increased risk of fracture-related hospitalization among long-term users (OR=1.71, P=0.02). Charlson comorbidity (OR=1.21, P<0.0001) and average PDC level of other therapeutic classes (OR=0.14, P=0.0006) were also significant predictors of hospitalization for fracture. **These results indicate that both general medication non-adherence and osteoporosis medication-specific non-adherence are associated with increased fracture risk. The findings also suggest that the benefits of osteoporosis medication adherence may be dependent on therapy duration. This project, along with other PACE research, will help with the design of interventions aimed at improving medication adherence in the elderly.**
MEDICATION ADHERENCE RATES FOR SEVERAL THERAPEUTIC CLASSES	**PREDICTORS AND HEALTH OUTCOMES OF MEDICATION ADHERENCE ACROSS MULTIPLE THERAPEUTIC CLASSES AMONG THE ELDERLY** **STUDY 1. DESCRIPTIONS OF MEDICATION USE AND FACTORS RELATED TO MEDICATION ADHERENCE** **The Medicine, Health, and Aging Project at Penn State University**	Adherence to a medication regimen is defined as the extent to which patients take medications as prescribed by their health care provider. Non-adherence can reduce the effectiveness of any prescribed therapeutic regimen and may contribute to disease worsening, additional comorbidities, and death. The elderly are at high risk of medication nonadherence due to multiple chronic conditions. \ **In Study 1, medication use status, adherence and medication-taking patterns for 15 therapeutic classes were described.** Adherence levels were compared by demographic factors, therapeutic class, medication use patterns, medication use history, and specific measurement methods. The effects of potential predictors on non-adherence across multiple therapeutic classes were also assessed. **The results of Study 1 showed that adherence rates for the 15 classes ranged from 68% to 88%, and persistence rates ranged from 75% to 95%.** The adherence rates for users of thyroid agents, calcium-channel blockers, and ARB/ACE medications were higher than those for other therapeutic classes. The adherence rates for users of oral antidiabetic drugs and other cardiovascular drugs fell in a second tier, followed by statins, Alzheimer's treatments, antidepressants, and proton pump inhibitors. Adherence rates were lowest for osteoporosis medications, overactive bladder medications, and diuretics. **The results of Study 1 also suggest that race, medication use history, medication use pattern and specific therapeutic class were all significant predictors of medication non-adherence and non-persistence.** For example, compared with other races, African-Americans were more likely to experience medication nonadherence and non-persistence. However, medication history and other demographic factors were also important predictors of non-adherence. The longer an older adult had used a medication, the more adherent or persistent the person was likely to be. While females and married persons generally had higher persistence rates, elderly with higher incomes in this sample were more likely to be non-persistent.

	STUDY 2. HEALTH OUTCOMES OF MEDICATION NON-ADHERENCE **The Medicine, Health, and Aging Project at Penn State University**	**In Study 2, a cross-sectional study and a cohort study were conducted respectively to investigate the effects of non-adherence on hospitalization and mortality in a multiple therapeutic class setting.** Results of Study 2 suggested an interaction effect between persistence and adherence level, as measured by the proportion of days covered (PDC). **Results suggested that for persistent users, lower adherence levels were generally associated with a greater likelihood of hospitalization, and higher mean numbers of hospitalization days. On the other hand, for nonpersistent users, lower adherence levels were either unrelated to hospitalization and hospitalization days, or were associated with non-hospitalization and fewer hospitalization days, depending on the specific therapeutic class examined. Study 2 also suggested significant relationships between non-persistence and all-cause mortality for ARB/ACE inhibitor medications (HR=1.39), β-blockers (HR=1.23), calcium-channel blockers (HR=1.15), statins (HR=1.29), overactive bladder drugs (HR=1.49) and thyroid agents (HR=1.56).** The results indicated a significant relationship between low adherence levels and mortality for β-blockers and cardiac glycosides, and barely significant relationships for oral antidiabetic drugs and osteoporosis medications. **Study results may help to guide the design of interventions aimed at improving medication adherence in the elderly.** Results of this research have been published as a doctoral dissertation and will also be developed for scientific publication.
MEDICATION ADHERENCE, COMPLIANCE, AND PERSISTENCE	**HEALTH OUTCOMES OF MEDICATION ADHERENCE AND PERSISTENCE AMONG ELDERLY ACE/ARB USERS** **Department Of Biobehavioral Health, Penn State University**	Medication-taking behavior is often described by measures of adherence and its two components, compliance and persistence. Most prior studies have not distinguished patients who use medications regularly and then discontinue treatment (non-persistence) from patients who continue to use medications, but use them non-adherently (non-compliance). **This study examined the independent impacts of global adherence, compliance and persistence on mortality among elderly using angiotensin-converting enzyme (ACE) inhibitors or angiotensin-II receptor antagonists (ARBs).** The PACE prescription refill patterns of 28,594 ACE/ARB new users were assessed. Adherence and compliance were evaluated using the Proportion of Days Covered (PDC), computed as the percentage of days for which any ARB/ACE medication was available. Cox regression models with time-dependent measures of global adherence, compliance and persistence were employed to examine their impact on mortality. Covariates included demographics, time-dependent Elixhauser comorbidity index and average adherence level of other chronic therapeutic classes. The results indicated that higher global adherence level was associated with lower mortality probability (HR=0.62, P<0.0001); persistent ARB/ACE users were less likely to die than non-persistent users (HR=0.69, P<0.0001); and compliance was a non-significant predictor for mortality (HR=1.09, P=0.07). **These results suggested that the consequences of ARB/ACE non-persistence may be more severe than non-compliance, and highlight the importance of interventions aimed at improving cardiovascular medication persistence.** This study is detailed in a paper prepared for the 2011 APHA Meeting.
MEDICATION SAFETY	**MEDICATION COMPREHENSION AND SAFETY IN OLDER ADULTS** **Leonard Davis Institute of Health Economics, University of Pennsylvania School of Medicine**	Medication adherence is a function of receiving, recalling and following instructions. For community-dwelling patients, few systems exist to monitor drug administration and prevent medication errors at home. This study surveyed nearly 5,000 cardholders who had filled a prescription for one of three drugs associated with a high risk of complications if not taken correctly: warfarin, digoxin, and phenytoin. **The results indicate that a substantial proportion of older adults do not recall receiving instructions on the use of their medications and do not take advantage of existing systems for organizing medications. In this study, 32% said that they had received no specific instructions about their medications, 35% said they had received instructions from their primary care provider, and 46% said they had received them from a pharmacist.** The majority of patients who received instructions from their primary care provider received oral instructions, while the majority receiving instructions from a pharmacist received written instructions. New users were slightly more likely to report receiving instruction than chronic users. Patients on warfarin were more likely to report instructions than those on digoxin or phenytoin. Only 24% reported being asked to bring in all of their medications to review with their physicians and 39% reported being asked about their use of over-the-counter and complementary therapies at their office visits. Among warfarin users, 48% reported often or sometimes splitting

		their medication. This is especially disturbing given the fact that warfarin requires accurate dosing and even slight variations can increase risk of bleeding or clotting. **In terms of organizing medications, 54% of patients reported moving their medications from the pharmacy bottle to a pillbox with multiple compartments and filling the boxes themselves. However, 40% reported that they used no system at all.** The risk of warfarin-related hospitalizations is influenced by patient knowledge of medication instructions and by the number of medical and pharmaceutical care providers. **A previous annual report reported findings from this study that indicated that patients receiving written instructions alone or written plus verbal instructions were associated with a reduced risk of bleeding events.** The failure to report receiving instructions from health care providers does not necessarily mean that instructions were not given. However, if patients cannot recall receiving any instructions, it seems likely that even if instructions are provided, the system is inadequate. **Improved communication about safe medication use could be provided through physician offices or pharmacies, or through direct-to-patient education. Since the end of this study, FDA regulations require a medication guide with all warfarin prescriptions. Medicare now provides a reimbursement mechanism for medication counseling.** An Issue Brief in 2008 summarized this patient medication safety study (www.upenn.edu./ldi).
STATIN USE	**ASSOCIATION BETWEEN STATIN USE AND INCIDENCE OF ATRIAL FIBRILLATION FOLLOWING HOSPITALIZATION FOR CORONARY ARTERY DISEASE** **The Division of Pharmacoepi. and Pharmacoeconomics of the Brigham and Women's Hospital/Harvard Medical School**	**This study demonstrated an association between statin use and a decrease in the incidence of atrial fibrillation (AF) after hospitalization for treatment of coronary artery disease.** Evidence links inflammatory processes and AF. Research also suggests that statins possess antiarrhythmic properties and inhibit AF. This study sought to evaluate statin use and new onset AF by assembling data from the PACE Program, a similar program in New Jersey, and Medicare services data into a database of population-based medication use and health outcomes. Included in the database were the elements associated with hospitalizations for acute myocardial infarction or coronary revascularization from 1995 to 2004. The incidence of new AF was compared between two groups, those who were or were not prescribed statins within 1 month of hospital discharge after their cardiac event. Multivariable analysis controlling for demographic and clinical confounders indicated that statin use independently decreased the risk of developing new onset AF compared to nonusers. These findings lend support to the antiarrhythmic effects of statins and suggest another benefit for their use in patients with coronary artery disease, although a cause-and-effect relation was not confirmed. It is possible that the outcome of AF in this study represented a marker of coronary artery disease progression. However, most AF episodes in the study occurred in the community and did not require hospital admission, suggesting stability of patients' disease at the time of AF diagnosis. Results were presented in The American Journal of Cardiology in 2010 (www.AJConline.org).

PENNSYLVANIA DEPARTMENT OF AGING

SECTION 2

FINANCIAL DATA BY DATE OF SERVICE

PENNSYLVANIA DEPARTMENT OF AGING

TABLE 2.1A
HISTORICAL CLAIM AND EXPENDITURE DATA FOR PACE ENROLLED AND PARTICIPATING CARDHOLDERS BY SEMI-ANNUAL PERIOD BASED ON DATE OF SERVICE JANUARY 1991 - DECEMBER 2010

SEMI-ANNUAL PERIOD	ENROLLED CARDHOLDERS	PARTICIPATING CARDHOLDERS	TOTAL CLAIMS	CLAIMS PER ENROLLED CARDHOLDER	CLAIMS PER PARTICIPATING CARDHOLDER	TOTAL EXPENDITURES	EXPENDITURES PER ENROLLED CARDHOLDER	EXPENDITURES PER PARTICIPATING CARDHOLDER	AVERAGE STATE SHARE PER CLAIM
JAN-JUN 1991	405,358	337,684	5,280,376	13.03	15.64	$116,074,618	$286.35	$343.74	$21.98
JUL-DEC 1991	394,055	324,574	4,677,159	11.87	14.41	$109,871,650	$278.82	$338.51	$23.49
JAN-JUN 1992	399,721	326,469	4,656,986	11.65	14.26	$116,082,506	$290.41	$355.57	$24.93
JUL-DEC 1992	385,103	313,430	4,602,261	11.95	14.68	$117,081,602	$304.03	$373.55	$25.44
JAN-JUN 1993	376,916	310,438	4,402,171	11.68	14.18	$113,068,754	$299.98	$364.22	$25.68
JUL-DEC 1993	357,777	296,802	4,456,223	12.46	15.01	$116,164,381	$324.68	$391.39	$26.07
JAN-JUN 1994	354,819	293,462	4,320,159	12.18	14.72	$115,413,542	$325.27	$393.28	$26.72
JUL-DEC 1994	340,607	281,465	4,404,257	12.93	15.65	$119,100,741	$349.67	$423.15	$27.04
JAN-JUN 1995	331,965	277,461	4,383,968	13.21	15.80	$121,147,211	$364.94	$436.63	$27.63
JUL-DEC 1995	317,719	263,576	4,347,335	13.68	16.49	$122,158,872	$384.49	$463.47	$28.10
JAN-JUN 1996	306,062	253,283	4,244,190	13.87	16.76	$120,868,654	$394.92	$477.21	$28.48
JUL-DEC 1996	292,755	238,963	4,204,461	14.36	17.59	$120,429,840	$411.37	$503.97	$28.64
JAN-JUN 1997	286,126	236,157	4,286,478	14.98	18.15	$116,732,847	$407.98	$494.30	$27.23
JUL-DEC 1997	276,180	226,806	4,358,892	15.78	19.22	$123,482,056	$447.11	$544.44	$28.33
JAN-JUN 1998	267,225	222,465	4,235,619	15.85	19.04	$126,872,548	$474.78	$570.30	$29.95
JUL-DEC 1998	257,009	213,694	4,331,390	16.85	20.27	$137,146,444	$533.63	$641.79	$31.66
JAN-JUN 1999	246,467	208,992	4,316,588	17.51	20.65	$142,412,978	$577.82	$681.43	$32.99
JUL-DEC 1999	238,388	200,921	4,450,893	18.67	22.15	$153,596,648	$644.31	$764.46	$34.51
JAN-JUN 2000	237,017	202,683	4,449,102	18.77	21.95	$160,615,339	$677.65	$792.45	$36.10
JUL-DEC 2000	230,752	197,777	4,530,829	19.64	22.91	$169,886,476	$736.23	$858.98	$37.50
JAN-JUN 2001	225,325	197,082	4,558,339	20.23	23.13	$178,650,979	$792.86	$906.48	$39.19
JUL-DEC 2001	218,576	190,540	4,590,216	21.00	24.09	$187,820,534	$859.29	$985.73	$40.92
JAN-JUN 2002	216,719	190,131	4,558,000	21.03	23.97	$194,788,889	$898.81	$1,024.50	$42.74
JUL-DEC 2002	209,737	183,318	4,605,906	21.96	25.13	$203,591,448	$970.70	$1,110.59	$44.20
JAN-JUN 2003	209,761	182,654	4,552,662	21.70	24.93	$208,103,630	$992.10	$1,139.33	$45.71
JUL-DEC 2003	207,144	180,460	4,683,173	22.61	25.95	$221,512,877	$1,069.37	$1,227.49	$47.30
JAN-JUN 2004	215,486	189,762	4,675,699	21.70	24.64	$209,731,950	$973.30	$1,105.24	$44.86

TABLE 2.1A
HISTORICAL CLAIM AND EXPENDITURE DATA FOR PACE ENROLLED AND PARTICIPATING CARDHOLDERS BY SEMI-ANNUAL PERIOD BASED ON DATE OF SERVICE JANUARY 1991 - DECEMBER 2010

SEMI-ANNUAL PERIOD	ENROLLED CARDHOLDERS	PARTICIPATING CARDHOLDERS	TOTAL CLAIMS	CLAIMS PER ENROLLED CARDHOLDER	CLAIMS PER PARTICIPATING CARDHOLDER	TOTAL EXPENDITURES	EXPENDITURES PER ENROLLED CARDHOLDER	EXPENDITURES PER PARTICIPATING CARDHOLDER	AVERAGE STATE SHARE PER CLAIM
JUL-DEC 2004	209,237	183,970	4,639,594	22.17	25.22	$178,165,448	$851.50	$968.45	$38.40
JAN-JUN 2005	209,512	182,450	4,602,802	21.97	25.23	$166,496,079	$794.69	$912.56	$36.17
JUL-DEC 2005	203,956	177,667	4,628,809	22.70	26.05	$208,631,707	$1,022.93	$1,174.29	$45.07
JAN-JUN 2006	199,426	172,092	4,482,461	22.48	26.05	$196,369,222	$984.67	$1,141.07	$43.81
JUL-DEC 2006	194,884	164,174	4,071,755	20.89	24.80	$126,433,882	$648.76	$770.12	$31.05
JAN-JUN 2007	203,104	167,796	3,619,456	17.82	21.57	$81,202,595	$399.81	$483.94	$22.44
JUL-DEC 2007	183,839	150,273	3,487,882	18.97	23.21	$98,984,305	$538.43	$658.70	$28.38
JAN-JUN 2008	164,728	133,656	3,014,596	18.30	22.55	$70,096,781	$425.53	$524.46	$23.25
JUL-DEC 2008	160,802	125,319	2,878,017	17.90	22.97	$76,070,500	$473.07	$607.01	$26.43
JAN-JUN 2009	145,634	119,773	2,682,436	18.42	22.40	$55,426,889	$380.59	$462.77	$20.66
JUL-DEC 2009	141,988	114,169	2,546,781	17.94	22.31	$63,035,614	$443.95	$552.13	$24.75
JAN-JUN 2010	138,520	113,130	2,379,427	17.18	21.03	$56,131,540	$405.22	$496.17	$23.59
JUL-DEC 2010	134,104	106,535	2,175,106	16.22	20.42	$61,572,767	$459.14	$577.96	$28.31

SOURCE: PDA/CARDHOLDER FILE, CLAIMS HISTORY

NOTES: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE, EXCLUDE PACENET CLAIMS.
ENROLLED CARDHOLDERS ARE THOSE ENROLLED FOR ANY PORTION OF THE REPORTED PERIOD.
PARTICIPATING CARDHOLDERS ARE CARDHOLDERS WITH ONE OR MORE APPROVED CLAIMS DURING THE REPORTED PERIOD.

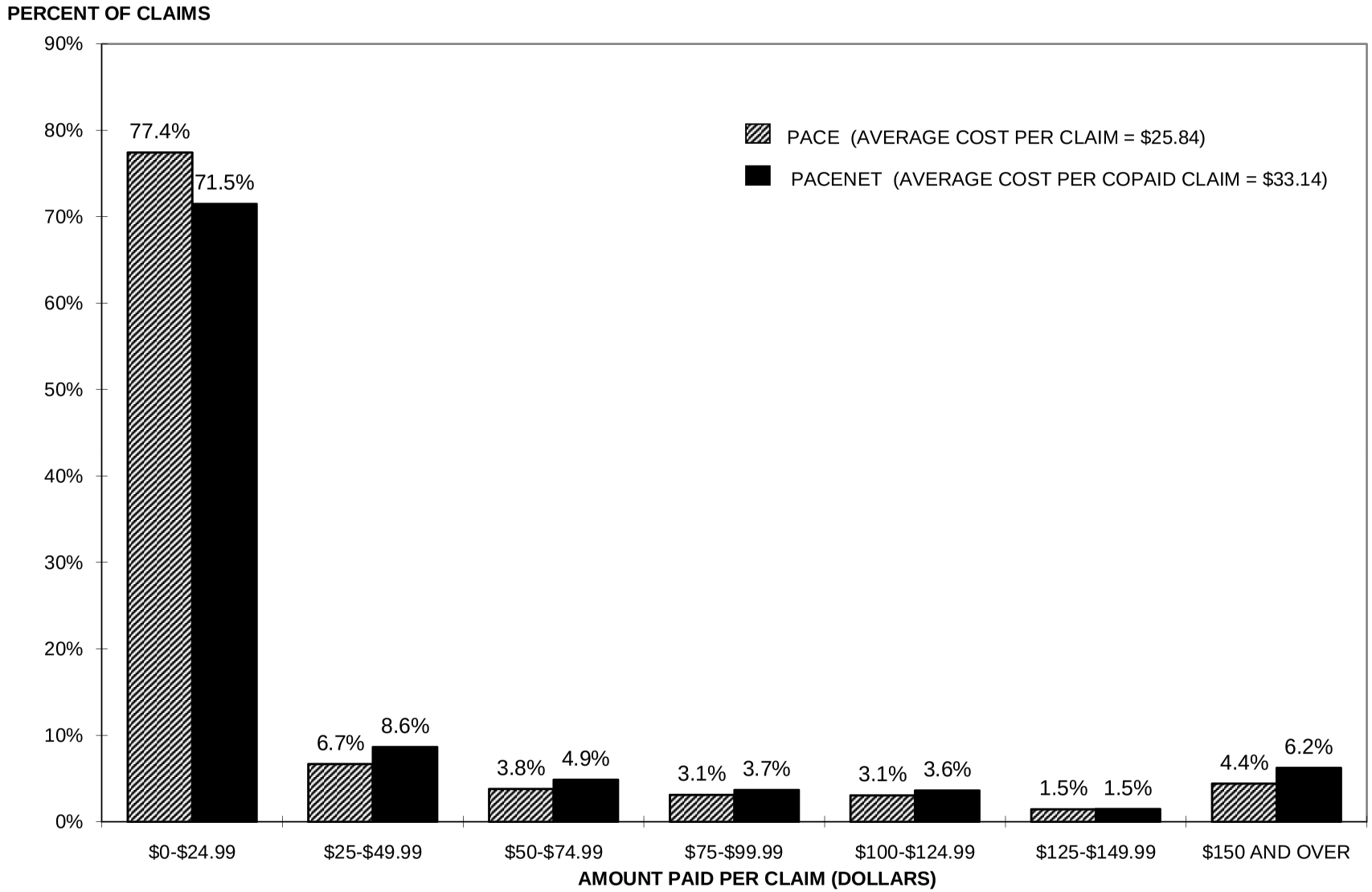
TABLE 2.1B
HISTORICAL CLAIM AND EXPENDITURE DATA FOR PACENET ENROLLED AND PARTICIPATING CARDHOLDERS
BY SEMI-ANNUAL PERIOD BASED ON DATE OF SERVICE
JULY 1996 - DECEMBER 2010

SEMI-ANNUAL PERIOD	ENROLLED CARDHOLDERS	PARTICI-PATING CARDHOLDERS	TOTAL CLAIMS	CLAIMS PER ENROLLED CARDHOLDER	CLAIMS PER PARTICI-PATING CARDHOLDER	TOTAL EXPENDITURES	EXPENDITURES PER ENROLLED CARDHOLDER	EXPENDITURES PER PARTICIPATING CARDHOLDER	AVERAGE STATE SHARE PER CLAIM
JUL-DEC 1996	1,523	740	2,331	1.53	3.15	$823	$0.54	$1.11	$0.35
JAN-JUN 1997	9,063	6,369	75,721	8.35	11.89	$592,426	$65.37	$93.02	$7.82
JUL-DEC 1997	12,523	9,007	149,187	11.91	16.56	$2,676,259	$213.71	$297.13	$17.94
JAN-JUN 1998	18,053	12,683	175,085	9.70	13.80	$2,909,397	$161.16	$229.39	$16.62
JUL-DEC 1998	18,673	13,804	232,846	12.47	16.87	$4,738,127	$253.74	$343.24	$20.35
JAN-JUN 1999	22,272	16,649	263,010	11.81	15.80	$5,519,395	$247.82	$331.52	$20.99
JUL-DEC 1999	22,187	16,885	309,280	13.94	18.32	$7,416,866	$334.29	$439.26	$23.98
JAN-JUN 2000	25,739	19,762	339,481	13.19	17.18	$8,371,658	$325.25	$423.62	$24.66
JUL-DEC 2000	25,446	19,630	381,074	14.98	19.41	$10,193,859	$400.61	$519.30	$26.75
JAN-JUN 2001	29,522	22,146	412,077	13.96	18.61	$11,255,086	$381.24	$508.22	$27.31
JUL-DEC 2001	29,278	23,284	477,954	16.32	20.53	$13,849,683	$473.04	$594.82	$28.98
JAN-JUN 2002	35,508	27,594	540,878	15.23	19.60	$16,333,097	$459.98	$591.91	$30.20
JUL-DEC 2002	36,146	28,611	613,528	16.97	21.44	$20,069,086	$555.22	$701.45	$32.71
JAN-JUN 2003	39,263	31,011	644,800	16.42	20.79	$21,627,367	$550.83	$697.41	$33.54
JUL-DEC 2003	40,148	31,869	720,687	17.95	22.61	$25,653,456	$638.97	$804.97	$35.60
JAN-JUN 2004	93,861	72,605	1,305,266	13.91	17.98	$48,958,319	$521.60	$674.31	$37.51
JUL-DEC 2004	105,018	82,631	1,921,310	18.30	23.25	$71,800,234	$683.69	$868.93	$37.37
JAN-JUN 2005	123,399	94,979	2,176,264	17.64	22.91	$81,372,126	$659.42	$856.74	$37.39
JUL-DEC 2005	125,108	99,242	2,450,953	19.59	24.70	$96,448,835	$770.92	$971.86	$39.35
JAN-JUN 2006	134,715	108,462	2,708,710	20.11	24.97	$100,473,823	$745.83	$926.35	$37.09
JUL-DEC 2006	141,099	109,867	2,684,515	19.03	24.43	$77,093,600	$546.38	$701.70	$28.72
JAN-JUN 2007	162,966	127,001	2,630,629	16.14	20.71	$59,094,943	$362.62	$465.31	$22.46
JUL-DEC 2007	147,627	116,369	2,687,888	18.21	23.10	$85,506,499	$579.21	$734.79	$31.81
JAN-JUN 2008	176,161	136,910	2,950,988	16.75	21.55	$68,072,714	$386.42	$497.21	$23.07
JUL-DEC 2008	182,452	137,834	3,078,477	16.87	22.33	$89,908,365	$492.78	$652.29	$29.21
JAN-JUN 2009	177,553	140,328	2,963,530	16.69	21.12	$66,833,671	$376.42	$476.27	$22.55
JUL-DEC 2009	184,291	141,689	3,023,686	16.41	21.34	$91,218,108	$494.97	$643.79	$30.17
JAN-JUN 2010	189,558	148,953	2,877,852	15.18	19.32	$78,560,904	$414.44	$527.42	$27.30
JUL-DEC 2010	192,601	147,462	2,849,518	14.79	19.32	$101,307,460	$526.00	$687.01	$35.55

SOURCE: PDA/CARDHOLDER FILE, CLAIMS HISTORY

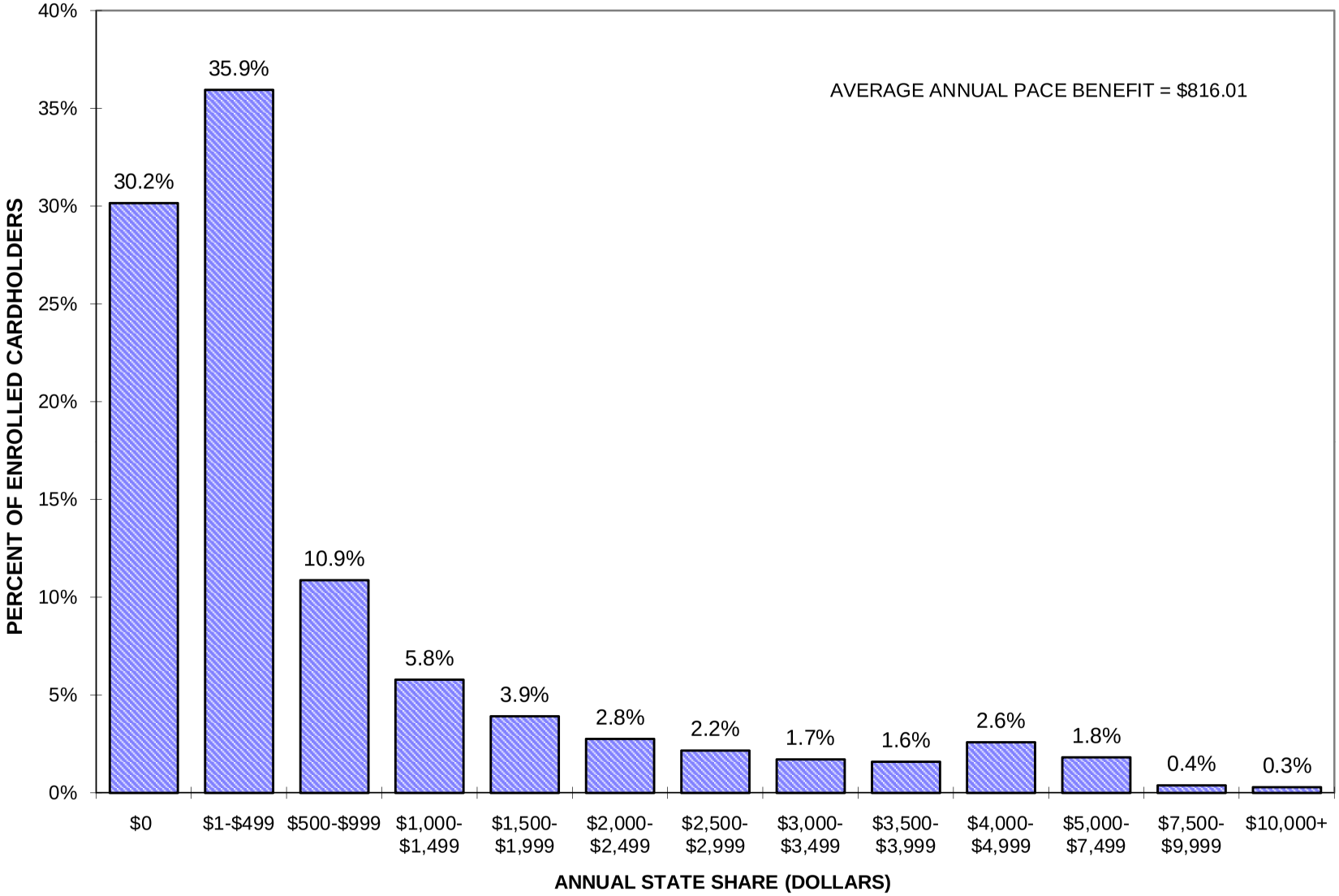
NOTES: DATA INCLUDE ORIGINAL, PAID PACENET CLAIMS BY DATE OF SERVICE. TOTAL CLAIMS INCLUDE DEDUCTIBLE CLAIMS AND COPAID CLAIMS.
ENROLLED CARDHOLDERS ARE THOSE ENROLLED FOR ANY PORTION OF THE REPORTED PERIOD.
PARTICIPATING CARDHOLDERS ARE CARDHOLDERS WITH ONE OR MORE APPROVED CLAIMS DURING THE REPORTED PERIOD.

FIGURE 2.1
PACE AND PACENET CLAIM DISTRIBUTION BY AMOUNT PAID PER CLAIM
JANUARY - DECEMBER 2010
(PACE N = 4,554,533; PACENET N = 4,488,286)



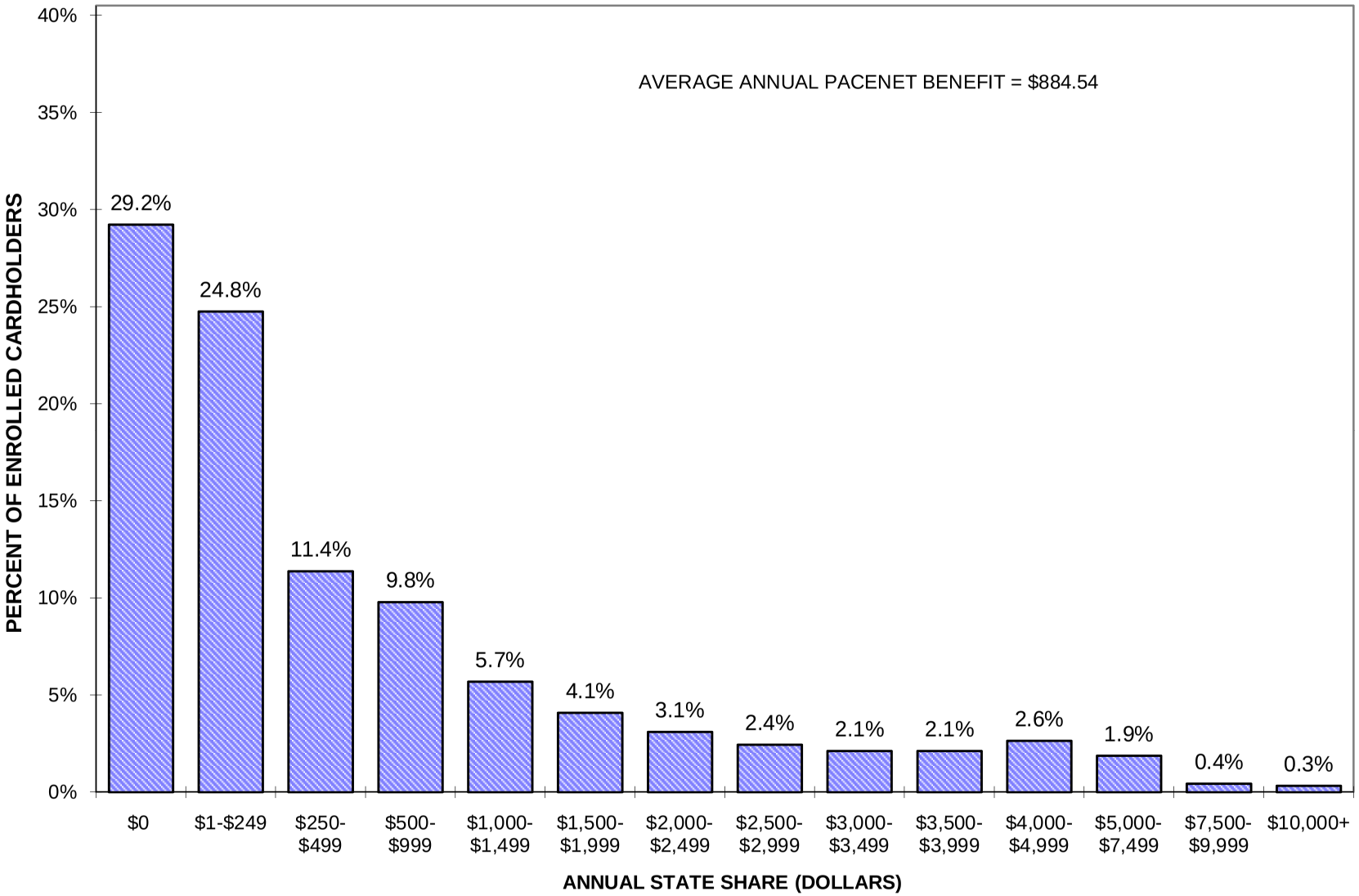
SOURCE: PDA/CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE, EXCLUDE PACENET DEDUCTIBLE CLAIMS.

FIGURE 2.2
DISTRIBUTION OF PACE ANNUAL BENEFIT
JANUARY - DECEMBER 2010
N = 144,243



SOURCE: PDA/CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE, EXCLUDE PACENET CLAIMS.

FIGURE 2.3
DISTRIBUTION OF PACENET ANNUAL BENEFIT
JANUARY - DECEMBER 2010
N = 203,347



SOURCE: PDA/CLAIMS HISTORY
NOTE: DATA INCLUDE PACENET ORIGINAL, PAID CLAIMS BY DATE OF SERVICE, EXCLUDE PACE CLAIMS.

TABLE 2.2
PACE AND PACENET TOTAL PRESCRIPTION COST, EXPENDITURES, OFFSETS AND RECOVERIES
JANUARY - DECEMBER 2010

EXPENDITURES, RECOVERIES, OFFSETS	JAN - JUN	JUL - DEC	CY 2010	% OF TOTAL GROSS EXPENDITURES
TOTAL PRESCRIPTION COST (DATE OF SERVICE)	$ 370,516,072	$ 363,139,174	$ 733,655,246	
MEDICARE PART D PREMIUMS	16,509,519	12,381,054	28,890,573	
GROSS CLAIMS/PREMIUMS SUBTOTAL	387,025,591	375,520,228	762,545,819	97.0%
FHS CONTRACT				
OPERATIONS	10,333,936	11,266,697	21,600,633	
SPECIAL CLAIMS	1,113	451	1,564	
GROSS CONTRACT SUBTOTAL	8,096,008	8,624,883	16,720,891	2.1%
PDA ADMINISTRATION				
PERSONNEL	419,861	431,268	851,129	
OPERATIONS	55,845	65,259	121,104	
GROSS PDA ADMIN. SUBTOTAL	475,706	496,527	972,233	0.1%
OTHER ADMINISTRATION				
AUDITS	297,500	335,000	632,500	
MEDICAL ADVISOR	9,667	4,887	14,554	
THIRD PARTY RECOVERY	452,015	458,916	910,931	
GROSS OTHER ADMIN. SUBTOTAL	759,182	798,803	1,557,985	0.2%
BEHAVIORAL HEALTH INTERVENTIONS	99,795	345,895	445,690	0.1%
ENROLLMENT OUTREACH	1,173,026	1,224,917	2,397,943	0.3%
PRESCRIBER EDUCATION	668,720	736,453	1,405,173	0.2%
GROSS EXPENDITURES	398,298,028	387,747,706	786,045,734	100.0%
PRESCRIPTION COST OFFSETS				
PART D/OTHER PAYER OFFSETS	(188,413,272)	(155,127,109)	(343,540,381)	-43.7%
CARDHOLDER COPAYMENTS	(47,334,706)	(45,184,002)	(92,518,708)	-11.8%
TOTAL OFFSETS	(235,747,978)	(200,311,111)	(436,059,089)	-55.5%
RECOVERIES				
MANUFACTURER REBATES	(37,607,197)	(37,035,330)	(74,642,527)	
REFUNDS FROM PROVIDERS	(4,895)	(43,026)	(47,921)	
ATTORNEY GENERAL COLLECTIONS	(1,601)	(3,745,025)	(3,746,626)	
THIRD-PARTY REIMBURSEMENTS	(12,066,328)	(887,118)	(12,953,446)	
COMBINED RECOVERIES	(49,680,021)	(41,710,499)	(91,390,520)	
PRIOR YEARS' REBATE REFUNDS	830,158	451,026	1,281,184	
NET RECOVERIES	(48,849,863)	(41,259,473)	(90,109,336)	-11.5%
NET EXPENDITURES				
STATE SHARE BEFORE RECOVERIES	134,768,094	162,828,063	297,596,157	37.9%
STATE SHARE AFTER RECOVERIES	85,918,231	121,568,590	207,486,821	26.4%
NET STATE SHARE SHARE EXPENDITURES AFTER OFFSETS AND RECOVERIES	$ 113,700,187	$ 146,177,122	$ 259,877,309	33.1%

NOTES

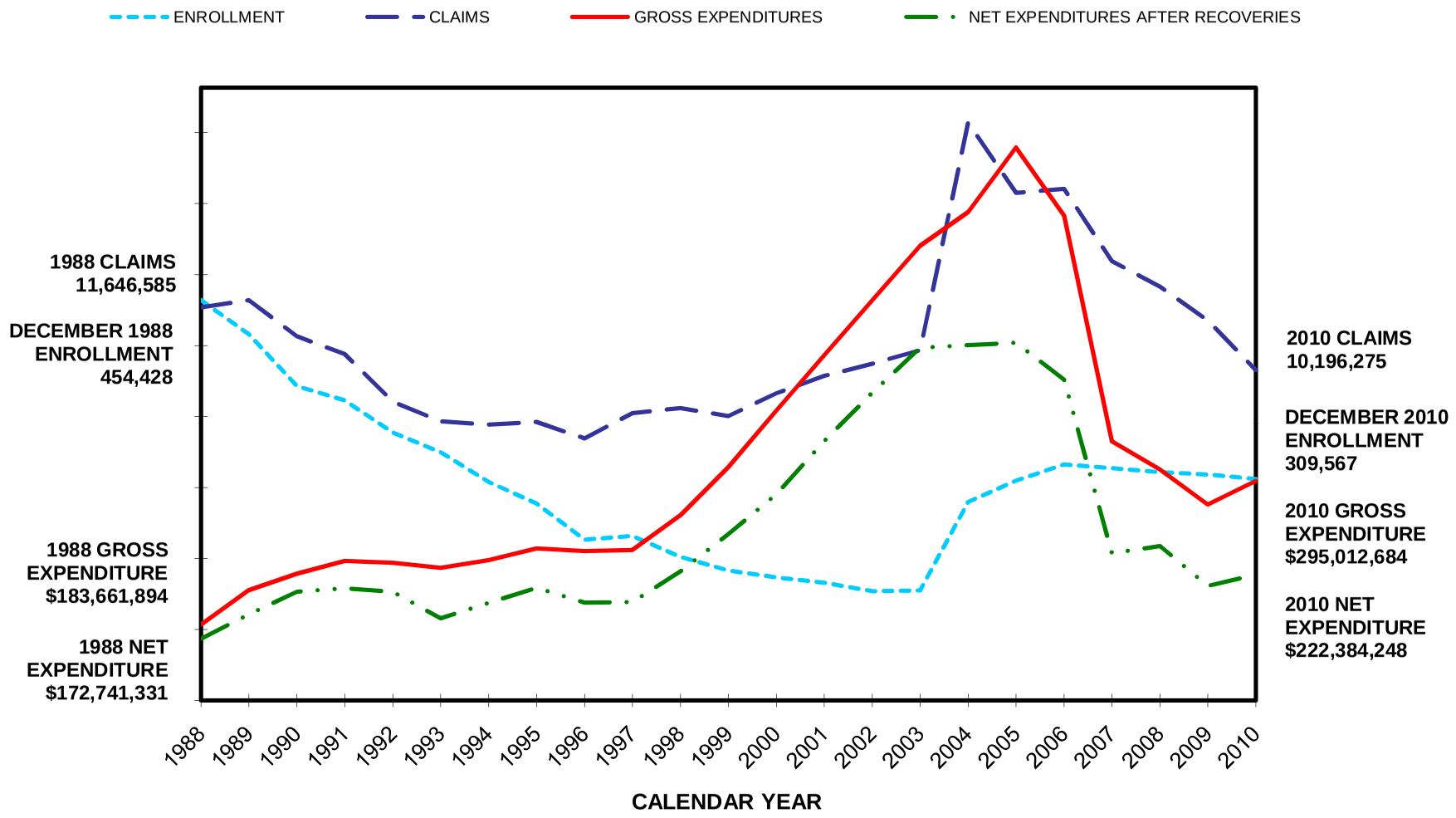
TABLE USES SAS201 REPORT FOR PRESCRIPTION COST DISTRIBUTION (DATE OF SERVICE, BY MONTH).

TABLE UNDERSTATES GROSS EXPENDITURES BY $292,392 DUE TO AUDIT RECOVERIES THROUGH NEGATIVE ADJUSTMENTS. THE PROGRAM RECOVERED $1,419,459 FROM AUDITS CONDUCTED IN 2009 AND $499,070 FOR 2010 AUDITS.

REBATES ($74.6 M) ARE 25.1% OF TOTAL STATE SHARE PRESCRIPTION DRUG COST ($297.6 M).

TOTAL PRESCRIPTION COST DOES NOT INCLUDE CLAIMS PROCESSED SOLELY BY THIRD PARTY COVERAGE.

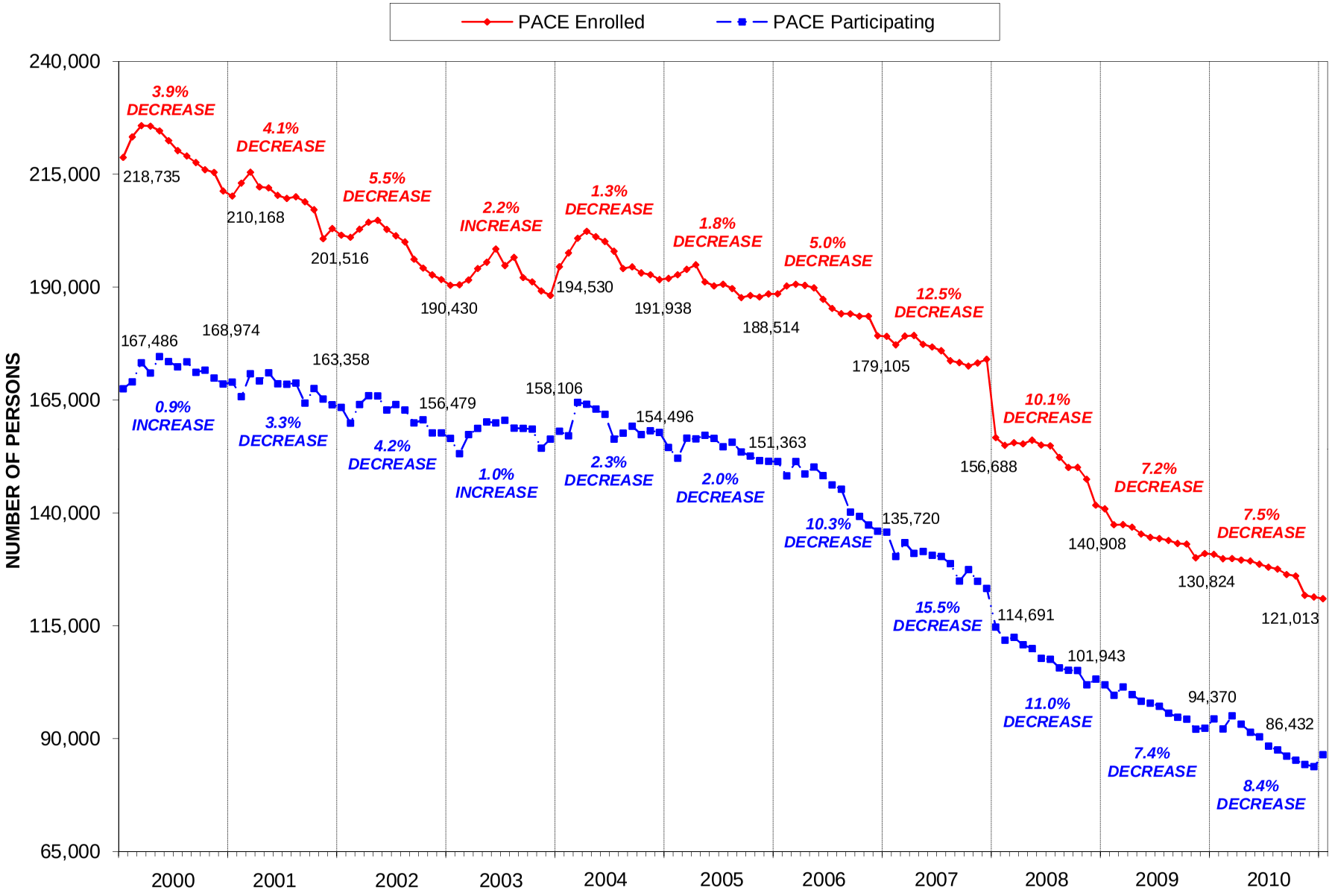
FIGURE 2.4
PACE AND PACENET ENROLLMENT, CLAIMS, AND CLAIMS EXPENDITURES BY CALENDAR YEAR 1988-2010



Source: PACE Biannual Reports, 1988-1995; PACE Annual Reports, 1996-2010.

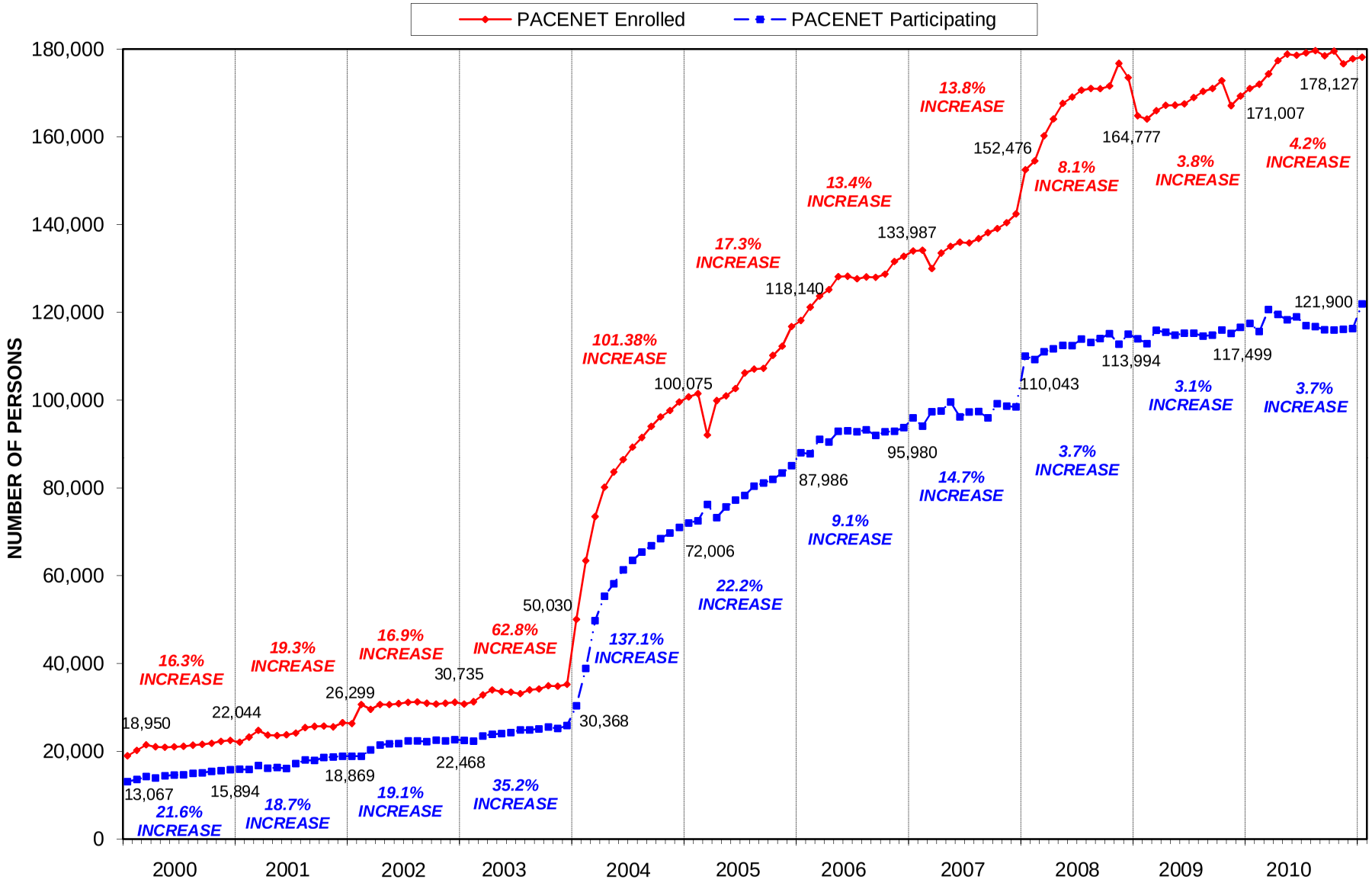
Notes: Enrollment figures represent the number of enrolled cardholders at the end of each reported calendar year.
Recoveries include third party payments, manufacturers' rebate, and restitutions.

FIGURE 2.5A
PACE TOTAL ENROLLED AND PARTICIPATING CARDHOLDERS BY MONTH
JANUARY 2000 - JANUARY 2011



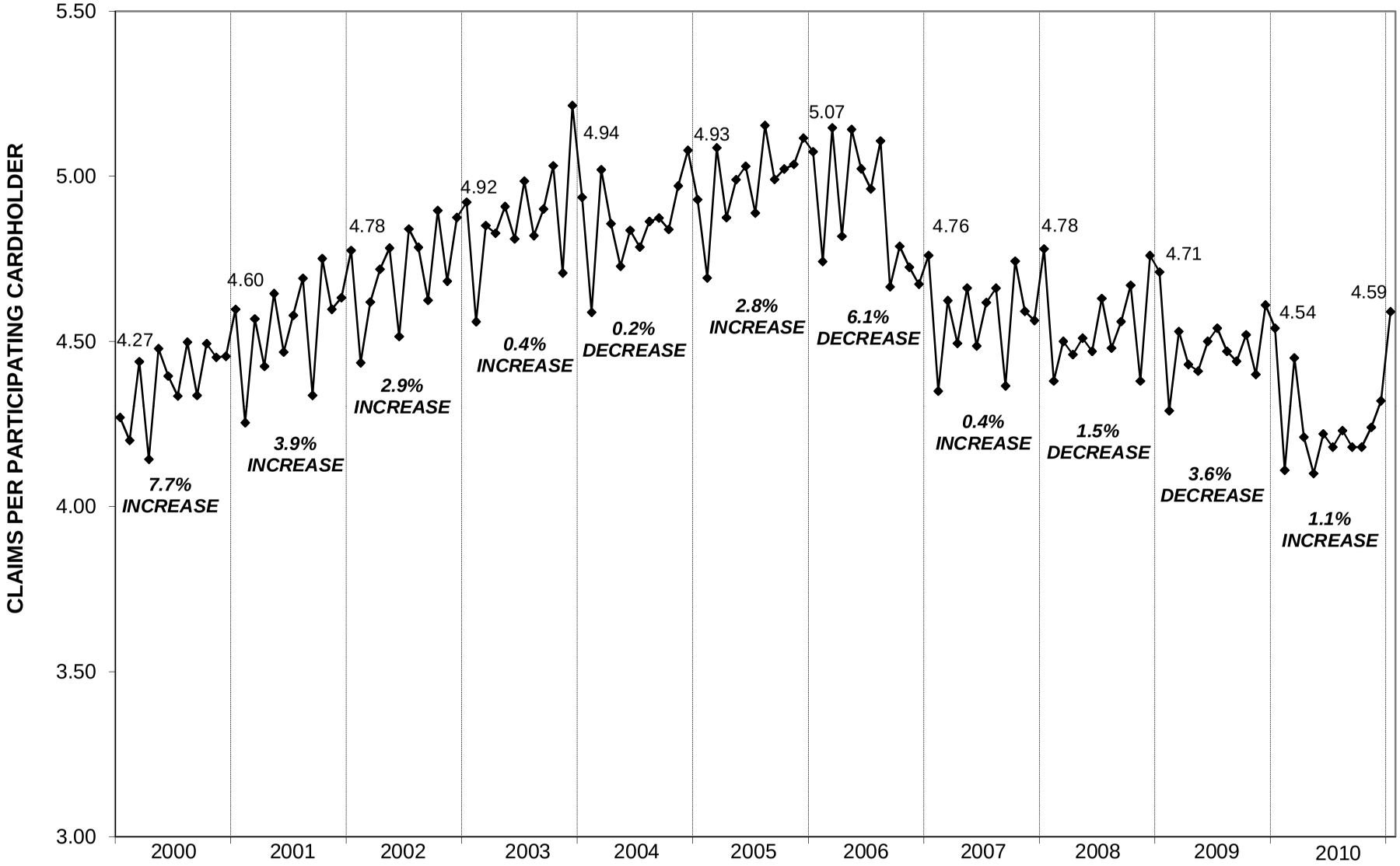
SOURCE: END-OF-MONTH PACE ENROLLED TAKEN FROM MR-0-01A REPORT, PARTICIPATING TAKEN FROM CLAIMS HISTORY BASED ON DATE OF SERVICE

FIGURE 2.5B
PACENET TOTAL ENROLLED AND PARTICIPATING CARDHOLDERS BY MONTH
JANUARY 2000 - JANUARY 2011



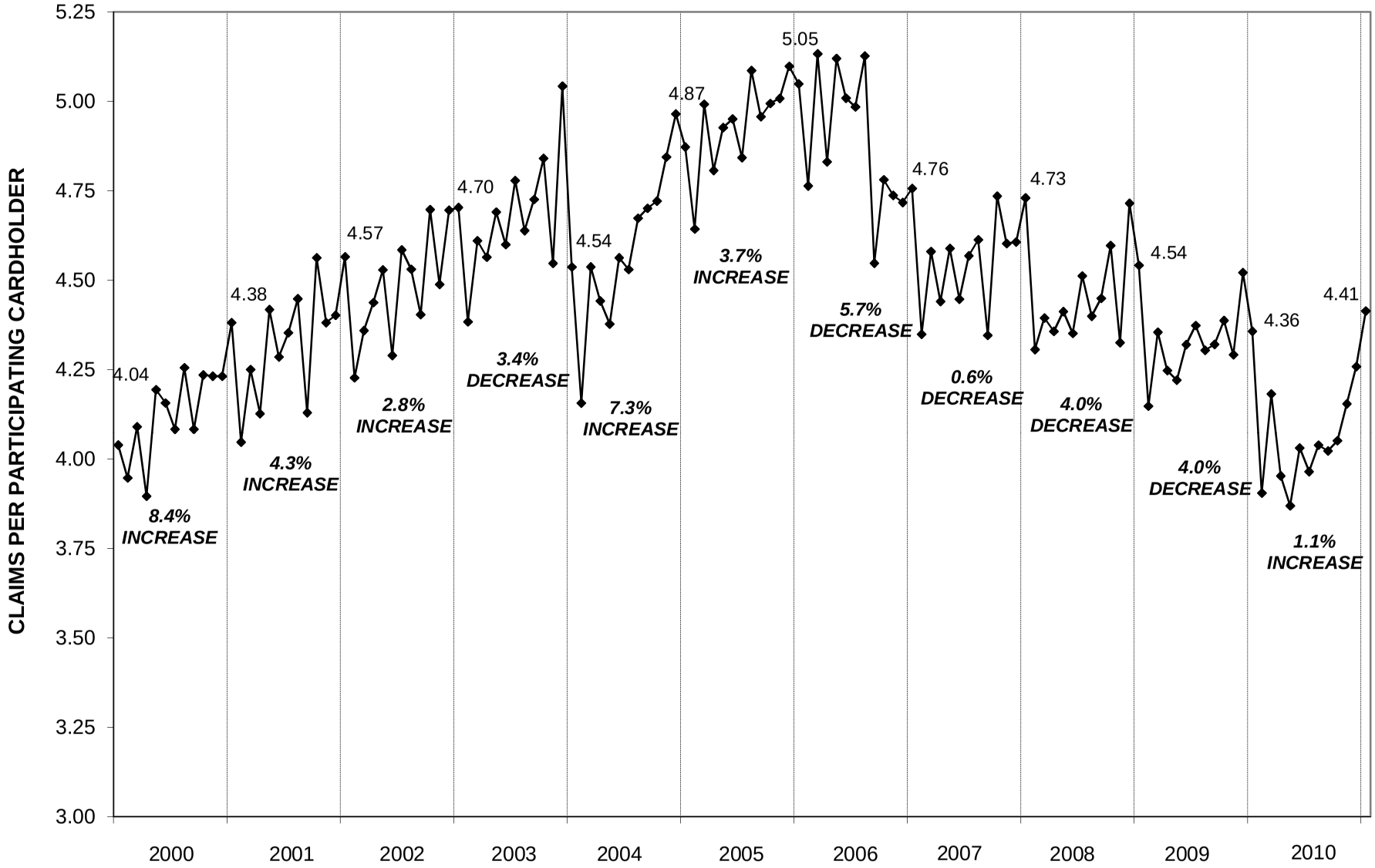
SOURCE: END-OF-MONTH PACE ENROLLED TAKEN FROM MR-0-01A REPORT, PARTICIPATING TAKEN FROM CLAIMS HISTORY BASED ON DATE OF SERVICE

FIGURE 2.6A
AVERAGE PRESCRIPTIONS PER PARTICIPATING PACE CARDHOLDER BY MONTH
JANUARY 2000 - JANUARY 2011



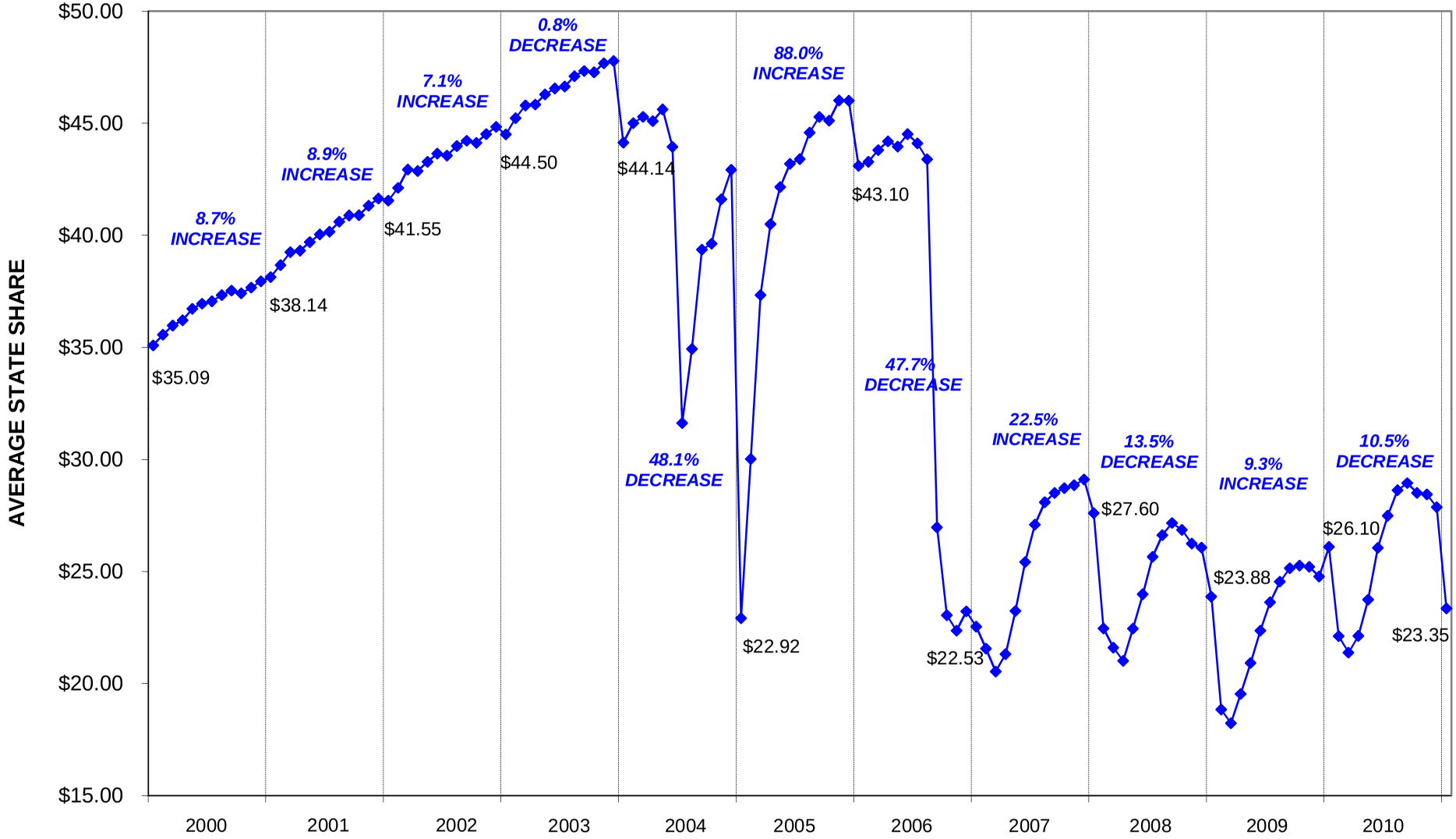
SOURCE: PACE CLAIMS HISTORY (INCLUDES PACE PAID, ORIGINAL CLAIMS; EXCLUDES PACENET CLAIMS)
NOTE: PARTICIPATING CARDHOLDERS INCLUDE THOSE WITH ONE OR MORE CLAIMS IN A GIVEN MONTH, BASED ON DATE OF SERVICE.

FIGURE 2.6B
AVERAGE PRESCRIPTIONS PER PARTICIPATING PACENET CARDHOLDER BY MONTH
JANUARY 2000 - JANUARY 2011



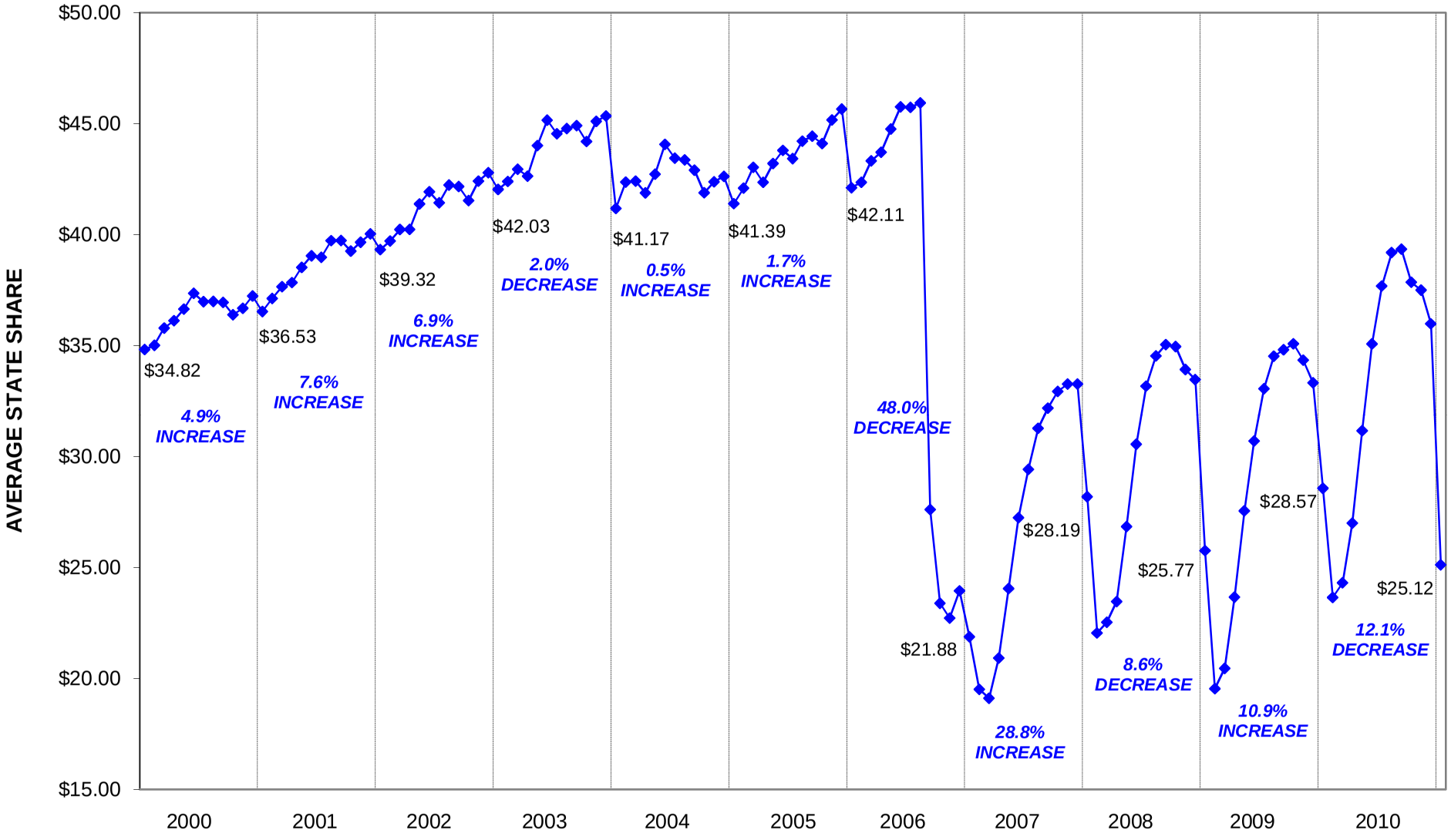
SOURCE: PACENET CLAIMS HISTORY (INCLUDES PACENET PAID, ORIGINAL CLAIMS; EXCLUDES PACE CLAIMS)
NOTE: PARTICIPATING CARDHOLDERS INCLUDE THOSE WITH ONE OR MORE CLAIMS IN A GIVEN MONTH, BASED ON DATE OF SERVICE.

FIGURE 2.7A
PACE AVERAGE STATE SHARE PER CLAIM BY MONTH
JANUARY 2000 - JANUARY 2011



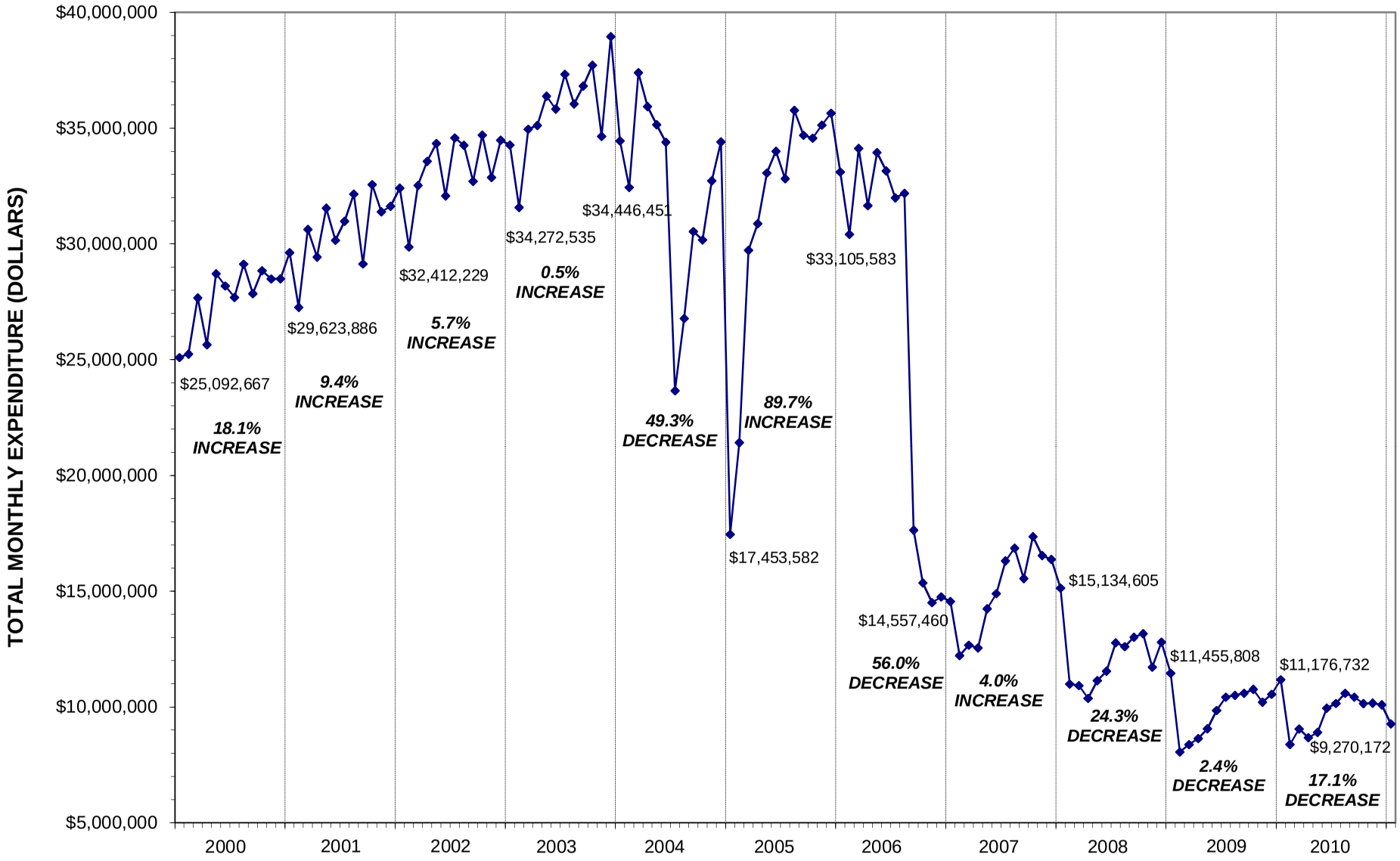
SOURCE: PACE CLAIMS HISTORY
NOTE: INCLUDES PAID, ORIGINAL CLAIMS BASED ON DATE OF SERVICE; EXCLUDES PACENET CLAIMS.

FIGURE 2.7B
PACENET AVERAGE STATE SHARE PER COPAID CLAIM BY MONTH
JANUARY 2000 - JANUARY 2011



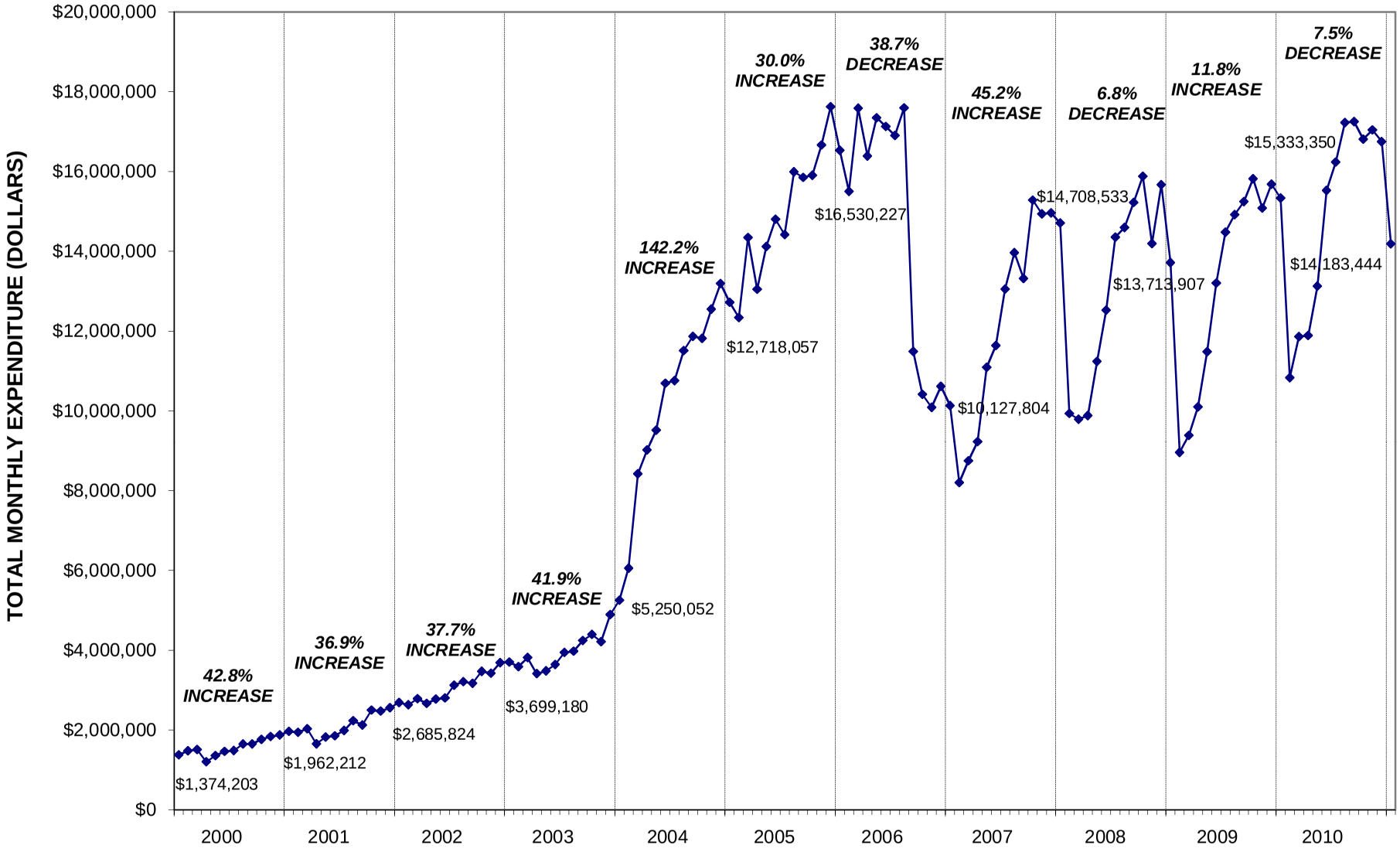
SOURCE: PACENET CLAIMS HISTORY
NOTE: INCLUDES ONLY PACENET COPAID, ORIGINAL CLAIMS BASED ON DATE OF SERVICE; EXCLUDES PACENET DEDUCTIBLE AND PACE CLAIMS.

FIGURE 2.8A
TOTAL PACE EXPENDITURE BY MONTH
JANUARY 2000 - JANUARY 2011



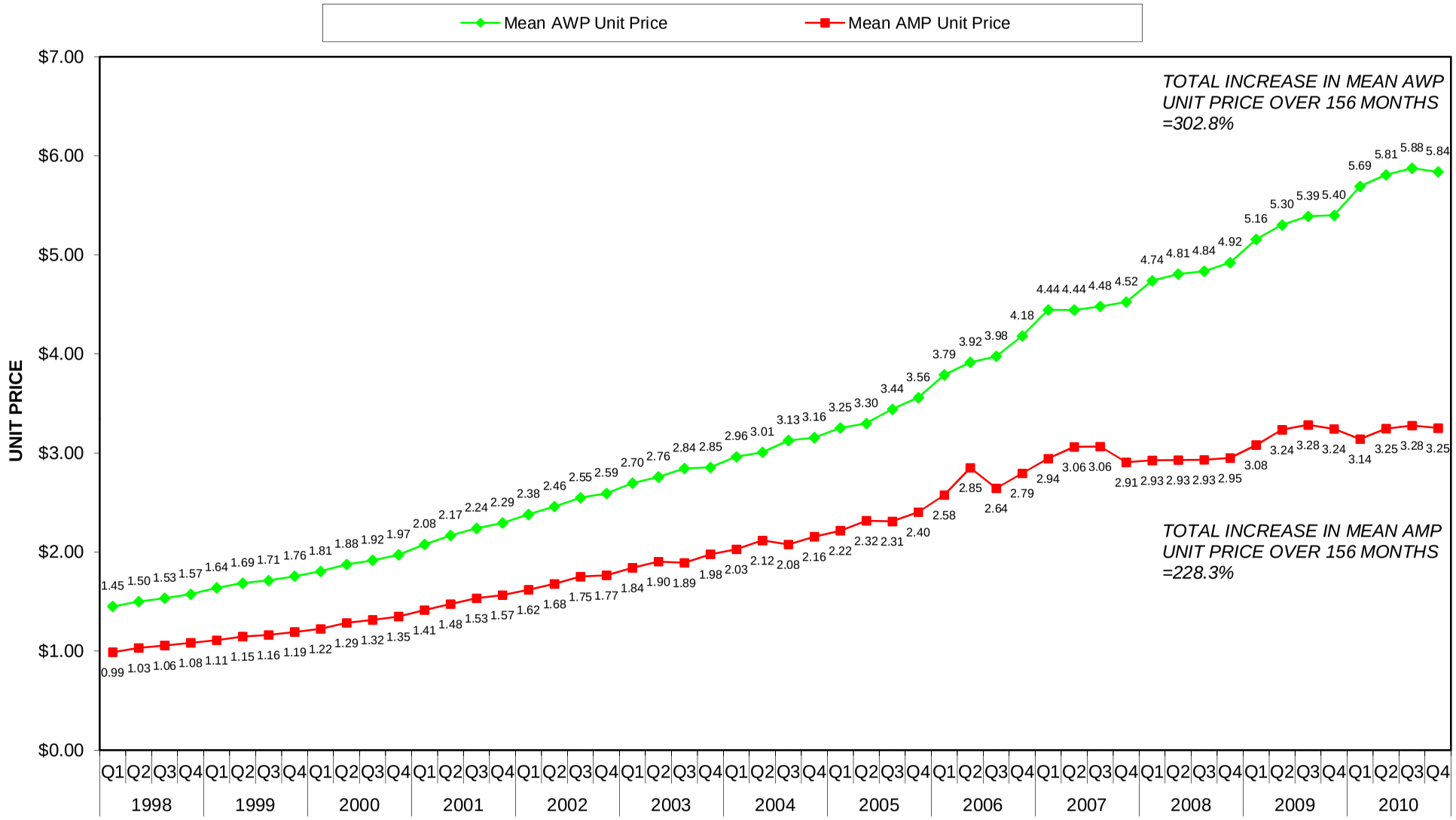
SOURCE: PACE CLAIMS HISTORY
NOTE: INCLUDES PAID, ORIGINAL CLAIMS BASED ON DATE OF SERVICE; EXCLUDES PACENET CLAIMS.

FIGURE 2.8B
TOTAL PACENET EXPENDITURE BY MONTH
JANUARY 2000 - JANUARY 2011



SOURCE: PACENET CLAIMS HISTORY
NOTE: INCLUDES PACENET PAID, ORIGINAL CLAIMS BASED ON DATE OF SERVICE; EXCLUDES PACE CLAIMS.

FIGURE 2.9
PACE AVERAGE WHOLESALE PRICE (AWP) AND AVERAGE MANUFACTURER'S PRICE (AMP) *
BY QUARTER
JANUARY 1998 - DECEMBER 2010



* DATA INCLUDE CLAIMS FOR NDC'S FOR WHICH REBATE AMP DATA ARE AVAILABLE FOR ANY QUARTER IN 1998-2010.
SOURCE: PACE CLAIMS HISTORY AND MANUFACTURERS' REBATE HISTORY

PENNSYLVANIA DEPARTMENT OF AGING

SECTION 3

PROGRAM DATA BY DATE OF PAYMENT

PENNSYLVANIA DEPARTMENT OF AGING

TABLE 3.1
PACE AND PACENET CLAIMS AND EXPENDITURES PAID BY FISCAL YEAR
JULY 1984 - DECEMBER 2010

		PACE			PACENET		
SEMI-ANNUAL PERIOD	NUMBER OF WEEKS	NUMBER OF PROCESSED CLAIMS	EXPENDITURES	AVERAGE STATE SHARE PER PROCESSED CLAIM *	NUMBER OF PROCESSED CLAIMS	EXPENDITURES	AVERAGE STATE SHARE PER PROCESSED CLAIM **
JUL-DEC 1984	26	2,101,419	$20,714,685	$9.86			
JAN-JUN 1985	26	3,475,440	$36,579,102	$10.53			
1st YEAR TOTAL		5,576,859	$57,293,787	$10.27			
JUL-DEC 1985	26	4,372,468	$50,616,334	$11.58			
JAN-JUN 1986	26	4,966,536	$61,368,193	$12.36			
2nd YEAR TOTAL		9,339,004	$111,984,527	$11.99			
JUL-DEC 1986	26	5,237,141	$68,786,114	$13.13			
JAN-JUN 1987	26	5,257,747	$72,761,148	$13.84			
3rd YEAR TOTAL		10,494,888	$141,547,262	$13.49			
JUL-DEC 1987	27	5,515,827	$80,237,477	$14.55			
JAN-JUN 1988	25	5,440,743	$84,469,697	$15.53			
4th YEAR TOTAL		10,956,570	$164,707,174	$15.03			
JUL-DEC 1988	27	6,055,327	$99,192,197	$16.38			
JAN-JUN 1989	26	5,937,088	$103,781,619	$17.48			
5th YEAR TOTAL		11,992,415	$202,973,816	$16.93			
JUL-DEC 1989	26	5,709,497	$106,600,899	$18.67			
JAN-JUN 1990	26	5,544,295	$110,848,137	$19.99			
6th YEAR TOTAL		11,253,792	$217,449,036	$19.32			
JUL-DEC 1990	26	5,352,797	$112,293,188	$20.98			
JAN-JUN 1991	26	5,453,044	$117,814,625	$21.61			
7th YEAR TOTAL		10,805,841	$230,107,813	$21.29			
JUL-DEC 1991	26	5,073,452	$115,304,410	$22.73			
JAN-JUN 1992	26	4,816,750	$115,596,910	$24.00			
8th YEAR TOTAL		9,890,202	$230,901,320	$23.35			
JUL-DEC 1992	26	4,724,142	$115,980,339	$24.55			
JAN-JUN 1993	26	4,403,096	$108,876,491	$24.73			
9th YEAR TOTAL		9,127,238	$224,856,830	$24.64			
JUL-DEC 1993	26	4,729,097	$118,778,523	$25.12			
JAN-JUN 1994	26	4,341,896	$111,401,456	$25.66			
10th YEAR TOTAL		9,070,993	$230,179,979	$25.38			
JUL-DEC 1994	26	4,721,702	$122,294,905	$25.90			
JAN-JUN 1995	27	4,228,653	$111,136,630	$26.28			
11th YEAR TOTAL		8,950,355	$233,431,535	$26.08			
JUL-DEC 1995	26	4,895,160	$131,701,547	$26.90			
JAN-JUN 1996	26	4,443,096	$121,066,818	$27.25			
12th YEAR TOTAL		9,338,256	$252,768,365	$27.07			
JUL-DEC 1996	26	4,334,551	$119,612,179	$27.60	540	$23	$0.04
JAN-JUN 1997	26	4,523,225	$116,697,725	$25.80	74,647	$586,350	$7.85
13th YEAR TOTAL		8,857,776	$236,309,904	$26.68	75,187	$586,373	$7.80
JUL-DEC 1997	26	4,546,360	$121,880,844	$26.81	150,263	$2,680,675	$17.84
JAN-JUN 1998	26	4,497,031	$126,776,785	$28.19	171,797	$2,860,833	$16.65
14th YEAR TOTAL		9,043,391	$248,657,629	$27.50	322,060	$5,541,508	$17.21
JUL-DEC 1998	26	4,504,394	$134,229,706	$29.80	233,277	$4,737,561	$20.31
JAN-JUN 1999	26	4,220,448	$139,246,165	$32.99	256,109	$5,410,383	$21.13
15th YEAR TOTAL		8,724,842	$273,475,871	$31.34	489,386	$10,147,944	$20.74

TABLE 3.1
PACE AND PACENET CLAIMS AND EXPENDITURES PAID BY FISCAL YEAR
JULY 1984 - DECEMBER 2010

		PACE			PACENET		
SEMI-ANNUAL PERIOD	NUMBER OF WEEKS	NUMBER OF PROCESSED CLAIMS	EXPENDITURES	AVERAGE STATE SHARE PER PROCESSED CLAIM *	NUMBER OF PROCESSED CLAIMS	EXPENDITURES	AVERAGE STATE SHARE PER PROCESSED CLAIM **
JUL-DEC 1999	26	4,456,680	$153,781,999	$34.51	310,165	$7,421,422	$23.93
JAN-JUN 2000	26	4,453,977	$160,846,800	$36.11	339,250	$8,389,295	$24.73
16th YEAR TOTAL		8,910,657	$314,628,799	$35.31	649,415	$15,810,717	$24.35
JUL-DEC 2000	26	4,538,814	$170,118,213	$37.48	382,379	$10,200,170	$26.68
JAN-JUN 2001	26	4,536,651	$177,830,053	$39.20	420,529	$11,319,858	$26.92
17th YEAR TOTAL		9,075,465	$347,948,266	$38.34	802,908	$21,520,028	$26.80
JUL-DEC 2001	26	4,635,934	$189,489,307	$40.87	480,559	$13,924,106	$28.97
JAN-JUN 2002	26	4,554,962	$194,745,251	$42.75	542,321	$16,348,022	$30.14
18th YEAR TOTAL		9,190,896	$384,234,558	$41.81	1,022,880	$30,272,128	$29.59
JUL-DEC 2002	26	4,615,282	$203,947,092	$44.19	615,169	$20,100,929	$32.68
JAN-JUN 2003	26	4,554,809	$208,208,623	$45.71	644,320	$21,608,906	$33.54
19th YEAR TOTAL		9,170,091	$412,155,715	$44.95	1,259,489	$41,709,835	$33.12
JUL-DEC 2003	26	4,688,095	$221,734,037	$47.30	722,537	$25,698,628	$35.57
JAN-JUN 2004	26	4,581,399	$205,908,844	$44.94	1,268,014	$47,385,206	$37.37
20th YEAR TOTAL		9,269,494	$427,642,881	$46.13	1,990,551	$73,083,834	$36.72
JUL-DEC 2004	26	4,646,945	$178,347,082	$38.38	1,922,663	$71,852,034	$37.37
JAN-JUN 2005	26	4,613,122	$166,886,748	$36.18	2,178,944	$81,479,300	$37.39
21st YEAR TOTAL		9,260,067	$345,233,830	$37.28	4,101,607	$153,331,334	$37.38
JUL-DEC 2005	26	4,632,516	$208,781,508	$45.07	2,451,200	$96,468,947	$39.36
JAN-JUN 2006	26	4,484,886	$196,409,910	$43.79	2,708,585	$100,489,805	$37.10
22nd YEAR TOTAL		9,117,402	$405,191,418	$44.44	5,159,785	$196,958,752	$38.17
JUL-DEC 2006	26	4,074,738	$126,753,319	$31.11	2,686,230	$77,256,980	$28.76
JAN-JUN 2007	26	3,642,398	$82,054,486	$22.53	2,633,012	$59,270,762	$22.51
23rd YEAR TOTAL		7,717,136	$208,807,805	$27.06	5,319,242	$136,527,742	$25.67
JUL-DEC 2007	26	3,491,014	$99,077,033	$28.38	2,688,584	$85,271,656	$31.72
JAN-JUN 2008	26	3,015,416	$70,145,582	$23.26	2,947,413	$67,641,825	$22.95
24th YEAR TOTAL		6,506,430	$169,222,615	$26.01	5,635,997	$152,913,481	$27.13
JUL-DEC 2008	26	2,882,322	$76,213,073	$26.44	3,082,226	$89,890,137	$29.16
JAN-JUN 2009	26	2,675,602	$55,324,827	$20.68	2,960,252	$66,702,151	$22.53
25th YEAR TOTAL		5,557,924	$131,537,900	$23.67	6,042,478	$156,592,288	$25.92
JUL-DEC 2009	26	2,560,054	$63,361,329	$24.75	3,031,954	$91,430,885	$30.16
JAN-JUN 2010	26	2,331,662	$54,819,385	$23.51	2,824,223	$76,675,981	$27.15
26th YEAR TOTAL		4,891,716	$118,180,714	$24.16	5,856,177	$168,106,866	$28.71
JUL-DEC 2010	26	2,181,000	$61,792,640	$28.33	2,859,390	$101,724,678	$35.58
27th YEAR-TO-DATE TOTAL		2,181,000	$61,792,640	$28.33	2,859,390	$101,724,678	$35.58
CUMULATIVE TOTAL		234,270,700	$6,383,221,988	$27.25	41,586,552	$1,264,827,508	$30.41

* The State Share is the amount paid by the PACE Program for each claim. The State Share per processed claim does not reflect rebates from manufacturers, recoupments from insurance carriers, or audit disallowances received from providers and enrollees. The number of claims includes all original, debit, credit and void claims. Some claims, therefore, do not have a payment associated with them. The State Share per original, paid claim would be higher than the values shown on this table.

Reimbursement formulas for PACE:

July 1, 1984 - June 1985: The lesser of either the Average Wholesale Price (AWP) plus a $2.50 dispensing fee or the Usual and Customary Charge (U&C), then subtracting a $4.00 cardholder payment.

July 1, 1985 - June 1991: The lesser of either the Average Wholesale Price (AWP) plus a $2.75 dispensing fee or the Usual and Customary Charge (U&C), then subtracting a $4.00 cardholder payment.

July 1, 1991 - November 21, 1996: Same as above with copayment increased to $6.00.

TABLE 3.1
PACE AND PACENET CLAIMS AND EXPENDITURES PAID BY FISCAL YEAR
JULY 1984 - DECEMBER 2010

Reimbursement formulas for PACE (continued):

November 22, 1996 - December 31, 2003: The lesser of either the AWP minus 10% plus a $3.50 dispensing fee, or the U&C, then subtracting a $6.00 copayment.

January 1, 2004 - July 9, 2006: The lesser of either AWP minus 10% plus a $4.00 dispensing fee, or the U&C, or the Federal Upper Limit for a generic product plus a $4.00 dispensing fee, then subtracting a copayment of $6.00 for generics and $9.00 for brand products. The copayment can be adjusted annually.

June 2004 - December 2005: Average PACE state share per claim reflects additional savings from the Transitional Assistance benefit for Medicare Discount Program cardholders.

June 2004 - December 2010: Average state share per claim reflects savings from Medicare Part D.

** The State Share is the amount paid by the PACENET Program for each claim in the copayment phase. The State Share per processed claim does not reflect rebates from manufacturers, recoupments from insurance carriers, or audit disallowances received from providers and enrollees. The number of processed claims includes claims in the copay and deductible phases. Therefore, the State Share per copay phase claim would be higher than the values shown on this table.

Reimbursement formulas for PACENET:

November 22, 1996 - December 31, 2003: The lesser of either AWP minus 10% plus a $3.50 dispensing fee, or the U&C, then subtracting a copayment of $8.00 for generics and $15 for brand products.

January 1, 2004 - July 9, 2006: The lesser of either AWP minus 10% plus a $4.00 dispensing fee, or the U&C, or the Federal Upper Limit for a generic product plus a $4.00 dispensing fee, then subtracting a copayment of $8.00 for generics and $15.00 for brand products. The copayment can be adjusted annually.

July 10, 2006 - Present: The lesser of either AWP minus 12% plus a $4.00 dispensing fee, or the U&C, or the Federal Upper Limit for a generic product plus a $4.00 dispensing fee, then subtracting a copayment of $8.00 for generics and $15.00 for brand products. The copayment can be adjusted annually.

June 2004 - December 2010: Average state share per claim reflects savings from Medicare Part D.

SOURCE: PDA/MRW200-01 & MRM730-01

TABLE 3.2A
PACE HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2010

MANUFACTURER	PRODUCT	STRENGTH	EXPENDITURE	% OF ALL EXPENDI-TURES	RANK BY EXPENDI-TURE	CLAIMS	% OF ALL CLAIMS	RANK BY VOLUME	EXCLUSIVITY/ PATENT EXPIRATION	PRODUCT DESCRIPTION
BRISTOL-MYERS SQUIBB	PLAVIX	75 MG	$6,440,526.67	5.37	1	108,278	2.32	1	06/19	ANTIPLATELET AGENT
ASTRA ZENECA	NEXIUM	40 MG	$4,087,520.65	3.41	2	56,076	1.20	2	11/19	GASTROINTESTINAL AGENT
EISAI	ARICEPT	10 MG	$3,181,643.60	2.65	3	34,450	0.74	7	06/22	ALZHEIMER'S DISEASE TREATMENT
PFIZER	LIPITOR	20 MG	$2,222,914.55	1.85	4	43,866	0.94	4	07/16	LIPID-LOWERING AGENT
BOEHRINGER INGELHEIM	SPIRIVA	18 MCG	$2,138,046.60	1.78	5	32,677	0.70	8	03/27	RESPIRATORY AGENT
GLAXOSMITHKLINE	ADVAIR DISKUS	250/50 MCG	$1,802,400.53	1.50	6	24,887	0.53	18	02/16	RESPIRATORY AGENT
PFIZER	LIPITOR	10 MG	$1,736,721.04	1.45	7	49,583	1.06	3	07/16	LIPID-LOWERING AGENT
PFIZER	PANTOPRAZOLE SODIUM	40 MG	$1,619,691.20	1.35	8	27,086	0.58	11	—	GASTROINTESTINAL AGENT
FOREST	NAMENDA	10 MG	$1,578,805.83	1.32	9	22,495	0.48	21	04/15	ALZHEIMER'S DISEASE TREATMENT
EISAI	ARICEPT	5 MG	$1,428,157.45	1.19	10	15,072	0.32	43	06/22	ALZHEIMER'S DISEASE TREATMENT
PFIZER	CELEBREX	200 MG	$1,402,071.67	1.17	11	26,968	0.58	13	06/15	ANTI-INFLAMMATORY/ANALGESIC
PFIZER	LIPITOR	40 MG	$1,323,636.13	1.10	12	27,061	0.58	12	07/16	LIPID-LOWERING AGENT
EISAI	ACIPHEX	20 MG	$1,262,814.00	1.05	13	8,930	0.19	93	05/13	GASTROINTESTINAL AGENT
SANOFI-AVENTIS	LANTUS SOLOSTAR	100 U/ML	$1,176,010.37	0.98	14	21,210	0.45	27	09/27	DIABETES TREATMENT
MERCK	ZETIA	10 MG	$1,158,440.94	0.97	15	30,015	0.64	10	01/22	LIPID-LOWERING AGENT
MERCK	JANUVIA	100 MG	$1,058,886.75	0.88	16	13,355	0.29	52	04/26	DIABETES TREATMENT
TAKEDA	ACTOS	30 MG	$1,054,253.75	0.88	17	11,992	0.26	58	08/16	DIABETES TREATMENT
PFIZER	DETROL LA	4 MG	$1,048,795.34	0.87	18	21,796	0.47	24	11/19	OVERACTIVE BLADDER TREATMENT
PFIZER	XALATAN	0.005%	$996,691.02	0.83	19	26,173	0.56	14	03/11	GLAUCOMA TREATMENT
MERCK	SINGULAIR	10 MG	$943,872.10	0.79	20	21,309	0.46	26	02/12	RESPIRATORY AGENT
CARACO	PANTOPRAZOLE SODIUM	40 MG	$927,544.21	0.77	21	14,519	0.31	46	—	GASTROINTESTINAL AGENT
PROCTER & GAMBLE	ACTONEL	35 MG	$880,827.66	0.73	22	20,834	0.45	29	08/18	OSTEOPOROSIS TREATMENT
NOVARTIS	DIOVAN	160 MG	$802,314.81	0.67	23	24,320	0.52	19	06/17	ANGIOTENSIN II RECEPTOR ANTAG.
FOREST	LEXAPRO	10 MG	$796,206.22	0.66	24	21,949	0.47	23	08/22	ANTIDEPRESSANT
GENENTECH	BONIVA	150 MG	$789,411.14	0.66	25	15,599	0.33	40	05/23	OSTEOPOROSIS TREATMENT
ELI LILLY	FORTEO	250 MCG/ML	$751,125.77	0.63	26	1,521	0.03	619	08/19	OSTEOPOROSIS TREATMENT
TAKEDA	ACTOS	45 MG	$747,297.42	0.62	27	8,036	0.17	105	08/16	DIABETES TREATMENT
SANDOZ	LANSOPRAZOLE	30 MG	$725,418.61	0.61	28	8,233	0.18	101	—	GASTROINTESTINAL AGENT
ELI LILLY	EVISTA	60 MG	$693,955.93	0.58	29	15,856	0.34	39	03/17	OSTEOPOROSIS TREATMENT
ASTRA ZENECA	ARIMIDEX	1 MG	$673,008.91	0.56	30	4,634	0.10	210	—	CHEMOTHERAPEUTIC AGENT

TABLE 3.2A
PACE HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2010

MANUFACTURER	PRODUCT	STRENGTH	EXPENDITURE	% OF ALL EXPENDI-TURES	RANK BY EXPENDI-TURE	CLAIMS	% OF ALL CLAIMS	RANK BY VOLUME	EXCLUSIVITY/ PATENT EXPIRATION	PRODUCT DESCRIPTION
ASTRA ZENECA	CRESTOR	10 MG	$661,899.24	0.55	31	15,965	0.34	38	12/21	LIPID-LOWERING AGENT
ABBOTT	TRICOR	145 MG	$656,057.86	0.55	32	15,535	0.33	41	02/23	LIPID-LOWERING AGENT
NOVARTIS	FEMARA	2.5 MG	$648,377.73	0.54	33	3,371	0.07	299	—	CHEMOTHERAPEUTIC AGENT
GLAXOSMITHKLINE	ADVAIR DISKUS	500/50 MCG	$635,552.22	0.53	34	6,878	0.15	130	02/16	RESPIRATORY AGENT
BOEHRINGER INGELHEIM	AGGRENOX		$573,107.58	0.48	35	9,269	0.20	87	01/17	ANTIPLATELET AGENT
PROCTER & GAMBLE	ACTONEL	150 MG	$572,268.40	0.48	36	10,535	0.23	75	08/18	OSTEOPOROSIS TREATMENT
TEVA	PANTOPRAZOLE SODIUM	40 MG	$565,127.38	0.47	37	9,177	0.20	90	—	GASTROINTESTINAL AGENT
BOEHRINGER INGELHEIM	COMBIVENT		$560,925.56	0.47	38	12,177	0.26	57	06/15	RESPIRATORY AGENT
NOVARTIS	DIOVAN	80 MG	$546,217.29	0.46	39	18,086	0.39	32	06/17	ANGIOTENSIN II RECEPTOR ANTAG.
ASTRA ZENECA	CRESTOR	5 MG	$536,919.48	0.45	40	11,701	0.25	63	12/21	LIPID-LOWERING AGENT
TAKEDA	ACTOS	15 MG	$533,340.39	0.44	41	9,350	0.20	85	08/16	DIABETES TREATMENT
MERCK	VYTORIN	10/40 MG	$532,505.28	0.44	42	9,444	0.20	83	10/16	LIPID-LOWERING AGENT
PFIZER	LIPITOR	80 MG	$522,869.32	0.44	43	10,388	0.22	76	07/16	LIPID-LOWERING AGENT
NOVARTIS	DIOVAN	320 MG	$500,425.30	0.42	44	13,174	0.28	54	06/17	ANGIOTENSIN II RECEPTOR ANTAG.
GLAXOSMITHKLINE	LOVAZA	1 GM	$475,534.32	0.40	45	8,168	0.18	104	01/25	FISH OIL SUPPLEMENT
MERCK	JANUVIA	50 MG	$473,702.55	0.40	46	6,135	0.13	152	04/26	DIABETES TREATMENT
MYLAN	OMEPRAZOLE	20 MG	$467,871.24	0.39	47	39,978	0.86	5	—	GASTROINTESTINAL AGENT
ASTELLAS	VESICARE	5 MG	$467,579.49	0.39	48	6,834	0.15	132	11/18	OVERACTIVE BLADDER TREATMENT
ALLERGAN	RESTASIS	0.05%	$451,143.20	0.38	49	5,443	0.12	174	05/14	DRY EYE TREATMENT
MYLAN	LANSOPRAZOLE	30 MG	$442,989.95	0.37	50	4,642	0.10	207	—	GASTROINTESTINAL AGENT
DR REDDY'S	OMEPRAZOLE	20 MG	$212,125.52	0.18	102	16,137	0.35	37	—	GASTROINTESTINAL AGENT
PAR	METAPROLOL SUCCINATE	100 MG	$208,470.61	0.17	107	13,543	0.29	50	—	BETA BLOCKER
PAR	METAPROLOL SUCCINATE	50 MG	$163,984.76	0.14	132	14,641	0.31	45	—	BETA BLOCKER
KREMERS URBAN	OMEPRAZOLE	20 MG	$153,578.35	0.13	141	15,215	0.33	42	—	GASTROINTESTINAL AGENT
TEVA	ALENDRONATE SODIUM	70 MG	$139,574.98	0.12	156	17,072	0.37	35	—	OSTEOPOROSIS TREATMENT
TEVA	VITAMIN D	50,000 IU	$74,564.87	0.06	271	18,731	0.40	31	—	VITAMIN SUPPLEMENT
TEVA	SIMVASTATIN	40 MG	$45,427.02	0.04	381	25,440	0.55	16	—	LIPID-LOWERING AGENT
TEVA	SIMVASTATIN	20 MG	$35,722.80	0.03	443	25,705	0.55	15	—	LIPID-LOWERING AGENT
MYLAN	LEVOTHYROXINE SODIUM	0.075 MG	$25,365.85	0.02	544	21,403	0.46	25	—	THYROID REPLACEMENT
MYLAN	LEVOTHYROXINE SODIUM	0.05 MG	$21,758.88	0.02	586	24,966	0.54	17	—	THYROID REPLACEMENT

TABLE 3.2A
PACE HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2010

MANUFACTURER	PRODUCT	STRENGTH	EXPENDITURE	% OF ALL EXPENDI-TURES	RANK BY EXPENDI-TURE	CLAIMS	% OF ALL CLAIMS	RANK BY VOLUME	EXCLUSIVITY/ PATENT EXPIRATION	PRODUCT DESCRIPTION
MYLAN	LEVOTHYROXINE SODIUM	0.10 MG	$20,519.28	0.02	614	17,180	0.37	34	—	THYROID REPLACEMENT
MALLINCKRODT	APAP/HYDROCODONE	500 MG/5	$17,949.19	0.01	667	16,647	0.36	36	—	ANALGESIC NARCOTIC
MYLAN	AMLODIPINE BESYLATE	5 MG	$17,518.73	0.01	678	19,108	0.41	30	—	CALCIUM CHANNEL BLOCKER
MYLAN	AMLODIPINE BESYLATE	10 MG	$16,719.73	0.01	702	13,889	0.30	47	—	CALCIUM CHANNEL BLOCKER
CAMBER	AMLODIPINE BESYLATE	5 MG	$12,317.17	0.01	858	13,654	0.29	49	—	CALCIUM CHANNEL BLOCKER
MYLAN	METAPROLOL TARTRATE	25 MG	$11,808.19	0.01	888	35,971	0.77	6	—	BETA BLOCKER
MYLAN	LEVOTHYROXINE SODIUM	0.025 MG	$11,506.82	0.01	905	13,800	0.30	48	—	THYROID REPLACEMENT
LANNETT	DIGOXIN	0.125 MG	$10,154.50	0.01	988	21,100	0.45	28	—	CARDIAC GLYCOSIDE
MYLAN	FUROSEMIDE	40 MG	$4,047.17	0.00	1,667	32,334	0.69	9	—	DIURETIC
MYLAN	METAPROLOL TARTRATE	50 MG	$3,602.16	0.00	1,781	24,253	0.52	20	—	BETA BLOCKER
MYLAN	FUROSEMIDE	20 MG	$1,947.40	0.00	2,427	22,028	0.47	22	—	DIURETIC
TEVA	HYDROCHLOROTHIAZIDE	25 MG	$6.00	0.00	7,654	14,970	0.32	44	—	DIURETIC
QUALITEST	HYDROCHLOROTHIAZIDE	25 MG	$2.79	0.00	7,831	17,580	0.38	33	—	DIURETIC
	TOTAL 73 PRODUCTS		$57,482,097.42	47.95		1,440,397	30.89			
	TOTAL ALL PRODUCTS		$119,878,839.79	100.00		4,662,904	100.00			

NOTES: PATENT AND EXCLUSIVITY EXPIRATION INFORMATION TAKEN FROM THE FDA ORANGE BOOK, AVAILABLE AT: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm.
DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT FOR PACE ONLY, EXCLUDING PACENET.

SOURCE: PDA/CLAIMS HISTORY

TABLE 3.2B
PACENET HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2010

MANUFACTURER	PRODUCT	STRENGTH	CARDHOLDER EXPENDITURES	STATE SHARE EXPENDITURES	TOTAL EXPENDITURES	% OF TOTAL	RANK BY EXPENDI-TURES	CLAIMS	% OF TOTAL	RANK BY VOLUME
BRISTOL-MYERS SQUIBB	PLAVIX	75 MG	$16,082,558.84	$11,670,862.16	$27,753,421.00	6.40	1	155,864	2.67	1
ASTRA ZENECA	NEXIUM	40 MG	$6,907,175.92	$5,461,651.73	$12,368,827.65	3.00	2	62,213	1.07	2
EISAI	ARICEPT	10 MG	$5,719,625.34	$5,012,841.45	$10,732,466.79	2.75	3	46,078	0.79	6
BOEHRINGER INGELHEIM	SPIRIVA	18 MCG	$5,557,501.09	$4,427,610.14	$9,985,111.23	2.43	4	48,923	0.84	5
GLAXOSMITHKLINE	ADVAIR DISKUS	250/50 MCG	$4,342,539.87	$3,497,199.75	$7,839,739.62	1.92	5	35,540	0.61	12
SANOFI-AVENTIS	LANTUS SOLOSTAR	100 U/ML	$3,438,465.09	$2,886,023.16	$6,324,488.25	1.58	6	36,755	0.63	10
PFIZER	LIPITOR	20 MG	$4,253,334.87	$2,825,077.50	$7,078,412.37	1.55	7	49,193	0.84	4
FOREST	NAMENDA	10 MG	$2,928,615.11	$2,615,039.72	$5,543,654.83	1.43	8	31,383	0.54	16
PFIZER	LIPITOR	40 MG	$2,858,639.71	$2,069,504.38	$4,928,144.09	1.13	9	34,082	0.58	14
MERCK	ZETIA	10 MG	$2,943,593.94	$2,002,821.93	$4,946,415.87	1.10	10	40,500	0.69	9
MERCK	JANUVIA	100 MG	$2,066,653.97	$1,967,319.18	$4,033,973.15	1.08	11	19,407	0.33	37
TAKEDA	ACTOS	30 MG	$1,913,700.22	$1,922,300.12	$3,836,000.34	1.05	12	16,027	0.27	49
PFIZER	LIPITOR	10 MG	$3,442,001.84	$1,880,508.56	$5,322,510.40	1.03	13	53,251	0.91	3
PFIZER	CELEBREX	200 MG	$2,570,110.15	$1,875,192.25	$4,445,302.40	1.03	14	29,730	0.51	19
PFIZER	PANTOPRAZOLE SODIUM	40 MG	$1,624,806.50	$1,833,555.96	$3,458,362.46	1.01	15	30,348	0.52	17
EISAI	ARICEPT	5 MG	$2,119,446.00	$1,782,682.92	$3,902,128.92	0.98	16	16,714	0.29	47
TAKEDA	ACTOS	45 MG	$1,756,683.43	$1,779,023.30	$3,535,706.73	0.98	17	13,610	0.23	72
MERCK	SINGULAIR	10 MG	$1,988,299.27	$1,507,868.54	$3,496,167.81	0.83	18	26,058	0.45	23
PFIZER	DETROL LA	4 MG	$1,978,370.09	$1,326,075.37	$3,304,445.46	0.73	19	23,246	0.40	26
EISAI	ACIPHEX	20 MG	$698,801.07	$1,321,163.56	$2,019,964.63	0.72	20	8,832	0.15	121
ABBOTT	TRICOR	145 MG	$1,808,932.07	$1,314,282.12	$3,123,214.19	0.72	21	23,056	0.39	27
NOVARTIS	FEMARA	2.5 MG	$887,721.15	$1,287,198.61	$2,174,919.76	0.71	22	4,722	0.08	270
ELI LILLY	FORTEO	250 MCG/ML	$937,900.76	$1,273,475.70	$2,211,376.46	0.70	23	2,220	0.04	556
GLAXOSMITHKLINE	ADVAIR DISKUS	500/50 MCG	$1,470,743.98	$1,265,871.02	$2,736,615.00	0.69	24	9,445	0.16	109
PFIZER	XALATAN	0.005%	$1,468,770.71	$1,124,367.34	$2,593,138.05	0.62	25	30,219	0.52	18
ASTRA ZENECA	ARIMIDEX	1 MG	$1,598,377.03	$1,119,838.95	$2,718,215.98	0.61	26	6,461	0.11	181
ASTRA ZENECA	CRESTOR	10 MG	$1,744,758.66	$1,077,141.44	$2,821,900.10	0.59	27	21,336	0.37	32
FOREST	LEXAPRO	10 MG	$1,511,254.04	$1,067,458.16	$2,578,712.20	0.59	28	25,803	0.44	24
BOEHRINGER INGELHEIM	COMBIVENT		$1,427,432.14	$1,050,822.73	$2,478,254.87	0.58	29	15,616	0.27	52
CARACO	PANTOPRAZOLE SODIUM	40 MG	$734,722.21	$1,031,270.00	$1,765,992.21	0.57	30	15,766	0.27	51

TABLE 3.2B
PACENET HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2010

MANUFACTURER	PRODUCT	STRENGTH	CARDHOLDER EXPENDITURES	STATE SHARE EXPENDITURES	TOTAL EXPENDITURES	% OF TOTAL	RANK BY EXPENDI-TURES	CLAIMS	% OF TOTAL	RANK BY VOLUME
NOVARTIS	DIOVAN	160 MG	$1,693,867.85	$1,020,347.25	$2,714,215.10	0.56	31	28,177	0.48	20
BOEHRINGER INGELHEIM	AGGRENOX		$1,349,505.00	$991,306.20	$2,340,811.20	0.54	32	13,072	0.22	75
PROCTER & GAMBLE	ACTONEL	35 MG	$1,418,354.42	$941,247.73	$2,359,602.15	0.52	33	20,974	0.36	35
PFIZER	LIPITOR	80 MG	$1,168,792.15	$930,547.14	$2,099,339.29	0.51	34	14,728	0.25	60
ELI LILLY	EVISTA	60 MG	$1,473,786.07	$868,653.55	$2,342,439.62	0.48	35	18,108	0.31	41
GENETECH	BONIVA	150 MG	$1,047,971.08	$864,216.11	$1,912,187.19	0.47	36	15,611	0.27	53
TAKEDA	ACTOS	15 MG	$969,629.21	$858,240.09	$1,827,869.30	0.47	37	11,447	0.20	86
BOEHRINGER INGELHEIM	FLOMAX	0.4 MG	$1,287,339.27	$828,415.02	$2,115,754.29	0.45	38	14,233	0.24	66
MERCK	VYTORIN	10/40 MG	$662,358.64	$796,794.70	$1,459,153.34	0.44	39	12,087	0.21	82
NOVARTIS	DIOVAN	80 MG	$1,259,384.58	$763,819.65	$2,023,204.23	0.42	40	22,940	0.39	28
SANDOZ	LANSOPRAZOLE	30 MG	$344,921.46	$756,196.53	$1,101,117.99	0.41	41	8,984	0.15	119
ASTRA ZENECA	CRESTOR	5 MG	$1,058,594.04	$754,714.82	$1,813,308.86	0.41	42	14,095	0.24	67
NOVARTIS	GLEEVEC	400 MG	$1,240,871.60	$745,521.74	$1,986,393.34	0.41	43	434	0.01	1679
TEVA	PANTOPRAZOLE SODIUM	40 MG	$656,551.16	$732,993.05	$1,389,544.21	0.40	44	12,025	0.21	83
MERCK	JANUVIA	50 MG	$808,693.32	$720,209.15	$1,528,902.47	0.39	45	7,313	0.13	151
GLAXOSMITHKLINE	LOVAZA	1 GM	$691,012.24	$703,112.07	$1,394,124.31	0.39	46	9,919	0.17	102
PROCTER & GAMBLE	ASACOL	400 MG	$700,881.48	$693,254.46	$1,394,135.94	0.38	47	5,031	0.09	247
PFIZER	REVATIO	20 MG	$465,823.79	$684,914.23	$1,150,738.02	0.38	48	851	0.01	1117
NOVARTIS	DIOVAN	320 MG	$1,071,659.91	$677,163.30	$1,748,823.21	0.37	49	15,767	0.27	50
GLAXOSMITHKLINE	AVODART	0.5 MG	$951,376.73	$662,990.94	$1,614,367.67	0.36	50	13,731	0.24	69
MYLAN	OMEPRAZOLE	20 MG	$935,804.25	$466,790.28	$1,402,594.53	0.26	79	45,068	0.77	7
DR REDDY'S	OMEPRAZOLE	20 MG	$338,256.23	$224,548.51	$562,804.74	0.12	152	19,016	0.33	38
PAR	METOPROLOL SUCCINATE	50 MG	$446,519.47	$179,711.15	$626,230.62	0.10	188	17,578	0.30	43
BECTON DICKINSON	BD ULTRA-FINE SHORT		$237,517.82	$170,033.66	$407,551.48	0.09	196	16,798	0.29	46
SANDOZ	OMEPRAZOLE	20 MG	$434,420.33	$160,233.75	$594,654.08	0.09	207	17,310	0.30	45
KREMERS URBAN	OMEPRAZOLE	20 MG	$299,433.92	$156,869.73	$456,303.65	0.09	210	17,542	0.30	44
TEVA	ALENDRONATE SODIUM	70 MG	$267,340.07	$95,218.04	$362,558.11	0.05	302	18,938	0.32	39
TEVA	VITAMIN D	50000 IU	$186,256.68	$40,245.11	$226,501.79	0.02	519	22,316	0.38	29
TEVA	SIMVASTATIN	40 MG	$466,482.32	$30,395.18	$496,877.50	0.02	596	36,184	0.62	11
TEVA	SIMVASTATIN	20 MG	$417,272.50	$16,624.86	$433,897.36	0.01	860	32,956	0.56	15

TABLE 3.2B
PACENET HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2010

MANUFACTURER	PRODUCT	STRENGTH	CARDHOLDER EXPENDITURES	STATE SHARE EXPENDITURES	TOTAL EXPENDITURES	% OF TOTAL	RANK BY EXPENDI-TURES	CLAIMS	% OF TOTAL	RANK BY VOLUME
MALLINCKRODT	APAP/HYDROCODONE	500/5 MG	$140,058.59	$10,859.54	$150,918.13	0.01	1,096	21,767	0.37	31
MYLAN	LEVOTHYROXINE SODIUM	0.075 MG	$178,096.32	$9,366.54	$187,462.86	0.01	1,194	22,190	0.38	30
MYLAN	AMLODIPINE BESYLATE	10 MG	$234,680.28	$7,917.14	$242,597.42	0.00	1,313	17,628	0.30	42
MYLAN	LEVOTHYROXINE SODIUM	0.1 MG	$154,274.29	$7,185.99	$161,460.28	0.00	1,372	18,671	0.32	40
MYLAN	LEVOTHYROXINE SODIUM	0.05 MG	$195,592.50	$6,369.45	$201,961.95	0.00	1,461	26,303	0.45	22
MYLAN	AMLODIPINE BESYLATE	5 MG	$248,654.13	$3,888.43	$252,542.56	0.00	1,875	21,332	0.37	33
PFIZER	AMLODIPINE BESYLATE	5 MG	$196,330.97	$3,805.36	$200,136.33	0.00	1,905	16,210	0.28	48
LANNETT	DIGOXIN	0.125 MG	$144,803.56	$1,941.50	$146,745.06	0.00	2,556	21,207	0.36	34
MYLAN	METOPROLOL TARTRATE	25 MG	$236,454.65	$1,661.06	$238,115.71	0.00	2,765	41,653	0.71	8
MYLAN	FUROSEMIDE	40 MG	$193,765.50	$930.12	$194,695.62	0.00	3,441	35,031	0.60	13
MYLAN	METOPROLOL TARTRATE	50 MG	$153,410.51	$513.11	$153,923.62	0.00	4,153	26,977	0.46	21
MYLAN	FUROSEMIDE	20 MG	$118,502.11	$336.93	$118,839.04	0.00	4,687	23,553	0.40	25
QUALITEST	HYDROCHLOROTHIAZIDE	25 MG	$79,050.26	$0.00	$79,050.26	0.00	8,164	20,798	0.36	36
	TOTAL 73 PRODUCTS		$115,405,886.30	$88,866,150.92	$204,272,037.22	48.73		1,748,951	29.95	
	TOTAL ALL PRODUCTS		$248,530,401.60	$182,347,431.23	$430,877,832.83	100.00		5,839,557	100.00	

NOTE: DATA INCLUDE ORIGINAL, PAID PACENET CLAIMS BY DATE OF PAYMENT. TOTAL CLAIMS INCLUDE DEDUCTIBLE CLAIMS AND COPAID CLAIMS.
SOURCE: PDA CLAIMS HISTORY

TABLE 3.3
ANNUAL CHANGE IN PACE EXPENDITURE AND UTILIZATION FOR HIGH EXPENDITURE THERAPEUTIC CLASSES
2009-2010

			2010							2009							PERCENT CHANGE: 2009-2010			
MANUFACTURER	PRODUCT	STRENGTH	EXPENDI-TURE	%	CLAIMS	%	COST PER CLAIM	USERS	%	EXPENDI-TURE	%	CLAIMS	%	COST PER CLAIM	USERS	%	% CHANGE EXPEND-ITURE	% CHANGE CLAIMS	% CHANGE COST PER CLAIM	% CHANGE USERS
ANTI-INFECTIVE AGENTS																				
PRICARA	LEVAQUIN (LEVOFLOXACIN)	500 MG	$240,471	11.0	5,302	4.4	$45.35	4,202	8.5	$46,328	1.9	1,064	0.7	$43.54	954	1.7	419.1	398.3	4.2	340.5
VIROPHARMA	VANCOCIN HCL PULVULES (VANCOMYCIN)	250 MG	$238,141	10.8	200	0.1	$1,190.70	105	0.2	$220,187	9.1	257	0.1	$856.76	155	0.2	8.2	-22.2	39.0	-32.3
VIROPHARMA	VANCOCIN HCL PULVULES (VANCOMYCIN)	125 MG	$178,059	8.1	318	0.2	$559.93	157	0.3	$153,299	6.4	408	0.3	$375.73	197	0.3	16.2	-22.1	49.0	-20.3
AR SCIENTIFIC	QUALAQUIN (QUININE)	324 MG	$149,265	6.8	1,488	1.2	$100.31	276	0.5	$143,595	5.9	1,741	1.2	$82.48	368	0.6	3.9	-14.5	21.6	-25.0
SCHERING	AVELOX (MOXIFLOXACIN)	400 MG	$134,473	6.1	3,046	2.5	$44.15	2,478	5.0	$169,639	7.0	3,950	2.9	$42.95	3,199	5.8	-20.7	-22.9	2.8	-22.5
	ALL OTHER		$1,245,575	56.9	109,430	91.3	$11.38	46,550	94.9	$1,661,219	69.3	127,833	94.5	$13.00	53,280	97.3	-25.0	-14.4	-12.4	-12.6
	TOTAL		$2,185,984	100.0	119,784	100.0	$18.25	49,023	100.0	$2,394,267	100.0	135,253	100.0	$17.70	54,735	100.0	-8.7	-11.4	3.1	-7.5
AUTONOMIC DRUGS																				
EISAI	ARICEPT (DONEPEZIL)	10 MG	$3,181,644	31.9	34,450	19.6	$92.36	5,246	16.8	$2,770,965	31.3	36,996	20.2	$74.90	5,586	17.1	14.8	-6.9	23.3	-6.1
BOEHRINGER INGELHEIM	SPIRIVA (TIOTROPIUM)	18 MCG	$2,138,047	21.4	32,677	18.6	$65.43	5,965	19.1	$1,905,150	21.5	32,701	17.8	$58.26	6,128	18.8	12.2	-0.1	12.3	-2.7
EISAI	ARICEPT (DONEPEZIL)	5 MG	$1,428,157	14.3	15,072	8.6	$94.76	3,213	10.3	$1,235,397	13.9	16,251	8.8	$76.02	3,427	10.5	15.6	-7.3	24.6	-6.2
BOEHRINGER INGELHEIM	COMBIVENT (ALBUTEROL)	—	$560,926	5.6	12,177	6.9	$46.06	2,775	8.9	$466,623	5.2	13,345	7.2	$34.97	3,061	9.4	20.2	-8.8	31.7	-9.3
NOVARTIS	EXELON (RIVASTIGMINE)	9.5 MG	$337,757	3.3	3,080	1.7	$109.66	601	1.9	$196,463	2.2	2,221	1.2	$88.46	488	1.4	71.9	38.7	24.0	23.2
	ALL OTHER		$2,319,282	23.2	77,644	44.3	$29.87	21,291	68.3	$2,259,809	25.5	81,561	44.5	$27.71	21,383	65.7	2.6	-4.8	7.8	-0.4
	TOTAL		$9,965,812	100.0	175,100	100.0	$56.91	31,145	100.0	$8,834,407	100.0	183,075	100.0	$48.26	32,539	100.0	12.8	-4.4	17.9	-2.5
BLOOD FORMATION AND COAGULATION AGENTS																				
ER SQUIBB	PLAVIX (CLOPIDOGREL)	75 MG	$6,440,527	67.9	108,278	51.1	$59.48	14,859	48.2	$5,994,026	63.2	115,336	48.7	$51.97	15,651	47.5	7.4	-6.1	14.5	-5.1
BOEHRINGER INGELHEIM	AGGRENOX (ASPIRIN/DIPYRIMADOLE)	25-200 MG	$573,108	6.0	9,269	4.3	$61.83	1,371	4.4	$544,384	5.7	9,980	4.2	$54.55	1,501	4.5	5.3	-7.1	13.4	-8.7
ORTHO BIOTECH	PROCRIT (EPOETIN)	40000 U	$365,662	3.8	419	0.1	$872.70	110	0.3	$528,383	5.5	620	0.2	$852.23	161	0.4	-30.8	-32.4	2.4	-31.7
ORTHO BIOTECH	PROCRIT (EPOETIN)	20000 U	$325,999	3.4	706	0.3	$461.76	203	0.6	$428,555	4.5	881	0.3	$486.44	228	0.6	-23.9	-19.9	-5.1	-11.0
ORTHO BIOTECH	PROCRIT (EPOETIN)	10000 U	$126,729	1.3	623	0.2	$203.42	147	0.4	$172,061	1.8	765	0.3	$224.92	185	0.5	-26.3	-18.6	-9.6	-20.5
	ALL OTHER		$1,646,178	17.3	92,260	43.6	$17.84	16,221	52.7	$1,807,093	19.0	109,133	46.1	$16.56	17,532	53.2	-8.9	-15.5	7.8	-7.5
	TOTAL		$9,478,204	100.0	211,555	100.0	$44.80	30,778	100.0	$9,474,501	100.0	236,715	100.0	$40.02	32,923	100.0	0.0	-10.6	11.9	-6.7
CARDIAC DRUGS																				
NOVARTIS	DIOVAN (VALSARTAN)	160 MG	$802,315	5.5	24,320	2.3	$32.99	3,587	3.8	$782,912	5.4	25,359	2.1	$30.87	3,786	3.8	2.5	-4.1	6.9	-5.3
NOVARTIS	DIOVAN (VALSARTAN)	80 MG	$546,217	3.8	18,086	1.7	$30.20	2,772	2.9	$567,640	3.9	20,205	1.7	$28.09	3,089	3.1	-3.8	-10.5	7.5	-10.3
NOVARTIS	DIOVAN (VALSARTAN)	320 MG	$500,425	3.4	13,174	1.2	$37.99	1,938	2.0	$451,572	3.1	12,919	1.0	$34.95	1,830	1.8	10.8	2.0	8.7	5.9
NOVARTIS	DIOVAN HCT (HYDROCHLOROTHIAZIDE)	12.5 MG	$426,336	2.9	11,941	1.1	$35.70	1,660	1.7	$459,846	3.1	13,821	1.1	$33.27	1,959	1.9	-7.3	-13.6	7.3	-15.3
DAIICHI-SANKYO	BENICAR (OLMESARTAN)	40 MG	$414,428	2.8	10,334	1.0	$40.10	1,508	1.6	$291,169	2.0	10,346	0.8	$28.14	1,526	1.5	42.3	-0.1	42.5	-1.2
	ALL OTHER		$11,642,819	81.2	937,843	92.3	$12.41	90,274	96.9	$11,856,114	82.2	1,092,421	92.9	$10.85	96,571	97.0	-1.8	-14.2	14.4	-6.5
	TOTAL		$14,332,541	100.0	1,015,698	100.0	$14.11	93,071	100.0	$14,409,252	100.0	1,175,071	100.0	$12.26	99,483	100.0	-0.5	-13.6	15.1	-6.5
LIPID-LOWERING AGENTS																				
PFIZER	LIPITOR (ATORVASTATIN)	20 MG	$2,222,915	17.5	43,866	9.4	$50.68	6,085	9.8	$2,332,106	18.3	51,290	10.1	$45.47	7,049	10.9	-4.7	-14.5	11.4	-13.7
PFIZER	LIPITOR (ATORVASTATIN)	10 MG	$1,736,721	13.7	49,583	10.7	$35.03	6,524	10.5	$1,901,926	14.9	59,824	11.8	$31.79	7,797	12.0	-8.7	-17.1	10.2	-16.3
PFIZER	LIPITOR (ATORVASTATIN)	40 MG	$1,323,636	10.4	27,061	5.8	$48.91	3,980	6.4	$1,385,332	10.9	30,440	6.0	$45.51	4,417	6.8	-4.5	-11.1	7.5	-9.9
MERCK	ZETIA (EZETIMIBE)	10 MG	$1,158,441	9.1	30,015	6.4	$38.60	4,165	6.7	$1,283,922	10.1	34,620	6.8	$37.09	4,778	7.4	-9.8	-13.3	4.1	-12.8
ASTRAZENECA	CRESTOR (ROSUVASTATIN)	10 MG	$661,899	5.2	15,965	3.4	$41.46	2,470	3.9	$559,664	4.4	15,503	3.0	$36.10	2,400	3.7	18.3	3.0	14.8	2.9
	ALL OTHER		$5,572,176	43.9	296,415	64.0	$18.80	45,010	72.5	$5,221,838	41.1	313,666	62.0	$16.65	45,274	70.1	6.7	-5.5	12.9	-0.6
	TOTAL		$12,675,788	100.0	462,905	100.0	$27.38	62,001	100.0	$12,684,787	100.0	505,343	100.0	$25.10	64,547	100.0	-0.1	-8.4	9.1	-4.9

TABLE 3.3
ANNUAL CHANGE IN PACE EXPENDITURE AND UTILIZATION FOR HIGH EXPENDITURE THERAPEUTIC CLASSES
2009-2010

			2010							2009							PERCENT CHANGE: 2009-2010			
MANUFACTURER	PRODUCT	STRENGTH	EXPENDI-TURE	%	CLAIMS	%	COST PER CLAIM	USERS	%	EXPENDI-TURE	%	CLAIMS	%	COST PER CLAIM	USERS	%	% CHANGE EXPEND-ITURE	% CHANGE CLAIMS	% CHANGE COST PER CLAIM	% CHANGE USERS
COX-2 INHIBITOR ANTI-INFLAMMATORY DRUGS																				
PFIZER	CELEBREX (CELECOXIB)	200 MG	$1,402,072	93.6	26,968	91.7	$51.99	4,826	91.2	$1,658,281	93.3	30,321	91.6	$54.69	5,521	91.3	-15.5	-11.1	-4.9	-12.6
PFIZER	CELEBREX (CELECOXIB)	100 MG	$95,213	6.3	2,409	8.1	$39.52	527	9.9	$118,673	6.6	2,721	8.2	$43.61	627	10.3	-19.8	-11.5	-9.4	-15.9
PFIZER	CELEBREX (CELECOXIB)	50 MG	$231	0.0	14	0.0	$16.49	7	0.1	$234	0.0	13	0.0	$17.99	3	0.0	-1.3	7.7	-8.4	133.3
PFIZER	CELEBREX (CELECOXIB)	400 MG	$35	0.0	14	0.0	$2.49	4	0.0	$116	0.0	21	0.0	$5.54	3	0.0	-70.1	-33.3	-55.1	33.3
	TOTAL		$1,497,550	100.0	29,405	100.0	$50.93	5,286	100.0	$1,777,304	100.0	33,076	100.0	$53.73	6,046	100.0	-15.7	-11.1	-5.2	-12.8
OTHER NONSTEROIDAL ANTI-INFLAMMATORY DRUGS																				
ENDO	VOLTAREN GEL (DICLOFENAC)	1%	$92,185	23.4	3,487	8.9	$26.44	1,734	13.6	$29,131	7.4	940	2.1	$30.99	631	4.5	216.4	271.0	-14.7	174.8
PFIZER	ARTHROTEC (DICLOFENAC)	75 MG	$73,483	18.7	1,036	2.6	$70.93	208	1.6	$83,057	21.3	1,267	2.8	$65.55	252	1.8	-11.5	-18.2	8.2	-17.5
PFIZER	ARTHROTEC (DICLOFENAC)	50 MG	$45,315	11.5	620	1.5	$73.09	148	1.1	$43,298	11.1	688	1.5	$62.93	154	1.1	4.7	-9.9	16.1	-3.9
TEVA	NABUMETONE	500 MG	$13,814	3.5	863	2.2	$16.01	267	2.1	$15,247	3.9	1,130	2.5	$13.49	328	2.3	-9.4	-23.6	18.6	-18.6
SANDOZ	DICLOFENAC SODIUM	75 MG	$12,043	3.0	1,165	3.0	$10.34	349	2.7	$8,869	2.2	972	2.1	$9.12	324	2.3	35.8	19.9	13.3	7.7
	ALL OTHER		$156,045	39.7	31,644	81.5	$4.93	10,505	82.7	$209,857	53.8	39,434	88.7	$5.32	12,650	91.7	-25.6	-19.8	-7.3	-17.0
	TOTAL		$392,885	100.0	38,815	100.0	$10.12	12,690	100.0	$389,460	100.0	44,431	100.0	$8.77	13,786	100.0	0.9	-12.6	15.5	-7.9
OPIATE AGONIST ANALGESICS																				
PURDUE	OXYCONTIN (OXYCODONE)	40 MG	$153,994	7.1	863	0.7	$178.44	175	0.6	$203,846	9.5	1,015	0.7	$200.83	215	0.6	-24.5	-15.0	-11.2	-18.6
PURDUE	OXYCONTIN (OXYCODONE)	80 MG	$146,761	6.8	326	0.2	$450.19	70	0.2	$144,928	6.8	418	0.3	$346.72	71	0.2	1.3	-22.0	29.8	-1.4
PURDUE	OXYCONTIN (OXYCODONE)	20 MG	$140,088	6.4	1,357	1.1	$103.23	365	1.2	$193,895	9.1	1,884	1.4	$102.92	450	1.4	-27.8	-28.0	0.3	-18.9
PURDUE	OXYCONTIN (OXYCODONE)	60 MG	$91,317	4.2	281	0.2	$324.97	55	0.1	$81,459	3.8	206	0.1	$395.43	39	0.1	12.1	36.4	-17.8	41.0
PURDUE	OXYCONTIN (OXYCODONE)	10 MG	$74,498	3.4	1,409	1.1	$52.87	475	1.6	$109,759	5.1	2,071	1.5	$53.00	645	2.0	-32.1	-32.0	-0.2	-26.4
	ALL OTHER		$1,549,336	71.8	113,657	96.4	$13.63	28,639	99.6	$1,393,912	65.5	128,903	95.8	$10.81	31,728	99.3	11.2	-11.8	26.1	-9.7
	TOTAL		$2,155,994	100.0	117,893	100.0	$18.29	28,737	100.0	$2,127,799	100.0	134,497	100.0	$15.82	31,947	100.0	1.3	-12.3	15.6	-10.2
ANTIDEPRESSANTS																				
FOREST	LEXAPRO (ESCITALOPRAM)	10 MG	$796,206	23.9	21,949	12.2	$36.28	3,762	13.5	$840,194	24.4	25,882	12.7	$32.46	4,384	14.8	-5.2	-15.2	11.7	-14.2
FOREST	LEXAPRO (ESCITALOPRAM)	20 MG	$348,349	10.4	9,876	5.5	$35.27	1,600	5.7	$372,833	10.8	10,862	5.3	$34.32	1,723	5.8	-6.6	-9.1	2.8	-7.1
ELI LILLY	CYMBALTA (DULOXETINE)	30 MG	$301,183	9.0	4,097	2.2	$73.51	817	2.9	$286,971	8.3	4,318	2.1	$66.46	921	3.1	5.0	-5.1	10.6	-11.3
WYETH	EFFEXOR-XR (VENLAFAXINE)	75 MG	$260,897	7.8	3,703	2.0	$70.46	775	2.8	$374,916	10.8	6,277	3.0	$59.73	1,056	3.5	-30.4	-41.0	18.0	-26.6
ELI LILLY	CYMBALTA (DULOXETINE)	60 MG	$237,393	7.1	3,837	2.1	$61.87	811	2.9	$0	0.0	0	0.0	$0.00	0	0.0	—	—	—	—
	ALL OTHER		$1,374,447	41.4	135,836	75.7	$10.12	23,250	84.0	$1,565,030	45.4	155,571	76.6	$10.06	24,264	82.2	-12.2	-12.7	0.6	-4.2
	TOTAL		$3,318,474	100.0	179,298	100.0	$18.51	27,663	100.0	$3,439,944	100.0	202,910	100.0	$16.95	29,491	100.0	-3.5	-11.6	9.2	-4.1
ANTIPSYCHOTICS																				
ASTRAZENECA	SEROQUEL (QUETIAPINE)	25 MG	$284,188	10.1	5,591	16.7	$50.83	1,114	21.8	$253,127	10.0	5,622	15.6	$45.02	1,154	21.6	12.3	-0.6	12.9	-3.5
ER SQUIBB	ABILIFY (ARIPIPRAZOLE)	5 MG	$281,750	10.0	1,290	3.8	$218.41	271	5.3	$220,650	8.7	1,285	3.5	$171.71	275	5.1	27.7	0.4	27.2	-1.5
ELI LILLY	ZYPREXA (OLANZAPINE)	2.5 MG	$277,025	9.8	2,410	7.2	$114.95	451	8.8	$254,824	10.0	2,684	7.4	$94.94	517	9.6	8.7	-10.2	21.1	-12.8
ELI LILLY	ZYPREXA (OLANZAPINE)	5 MG	$229,074	8.1	2,077	6.2	$110.29	383	7.5	$231,722	9.1	2,303	6.4	$100.62	427	7.9	-1.1	-9.8	9.6	-10.3
ASTRAZENECA	SEROQUEL (QUETIAPINE)	50 MG	$210,352	7.4	2,690	8.0	$78.20	547	10.7	$184,890	7.3	2,765	7.7	$66.87	556	10.4	13.8	-2.7	16.9	-1.6
	ALL OTHER		$1,528,012	54.3	19,254	57.7	$79.36	3,284	64.3	$1,379,980	54.6	21,153	59.0	$65.24	3,441	64.4	10.7	-9.0	21.6	-4.6
	TOTAL		$2,810,401	100.0	33,312	100.0	$84.37	5,106	100.0	$2,525,195	100.0	35,812	100.0	$70.51	5,339	100.0	11.3	-7.0	19.6	-5.0

TABLE 3.3
ANNUAL CHANGE IN PACE EXPENDITURE AND UTILIZATION FOR HIGH EXPENDITURE THERAPEUTIC CLASSES
2009-2010

			2010							2009							PERCENT CHANGE: 2009-2010			
MANUFACTURER	PRODUCT	STRENGTH	EXPENDI-TURE	%	CLAIMS	%	COST PER CLAIM	USERS	%	EXPENDI-TURE	%	CLAIMS	%	COST PER CLAIM	USERS	%	% CHANGE EXPEND-ITURE	% CHANGE CLAIMS	% CHANGE COST PER CLAIM	% CHANGE USERS
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS																				
SEPRACOR	LUNESTA (ESZOPICLONE)	2 MG	$184,424	13.4	2,357	1.3	$78.25	454	1.6	$204,491	14.0	2,964	1.6	$68.99	583	1.9	-9.8	-20.5	13.4	-22.1
SANOFI-AVENTIS	AMBIEN CR (ZOLPIDEM)	12.5 MG	$163,875	11.9	1,517	0.8	$108.03	267	0.9	$124,272	8.5	2,390	1.3	$52.00	418	1.3	31.9	-36.5	107.8	-36.1
SANOFI-AVENTIS	AMBIEN CR (ZOLPIDEM)	6.25 MG	$120,652	8.8	1,055	0.6	$114.36	232	0.8	$121,499	8.3	1,937	1.0	$62.73	376	1.2	-0.7	-45.5	82.3	-38.3
COVIDIEN MALLINCKRODT	TEMAZEPAM	7.5 MG	$103,118	7.5	430	0.2	$239.81	167	0.5	$112,270	7.6	462	0.2	$243.01	170	0.5	-8.2	-6.9	-1.3	-1.8
SEPRACOR	LUNESTA (ESZOPICLONE)	3 MG	$60,250	4.3	1,064	0.6	$56.63	205	0.7	$60,831	4.1	1,139	0.6	$53.41	239	0.7	-1.0	-6.6	6.0	-14.2
	ALL OTHER		$737,380	53.8	163,565	96.2	$4.51	27,291	97.8	$836,410	57.2	174,905	95.1	$4.78	29,095	97.2	-11.8	-6.5	-5.7	-6.2
	TOTAL		$1,369,699	100.0	169,988	100.0	$8.06	27,893	100.0	$1,459,775	100.0	183,797	100.0	$7.94	29,904	100.0	-6.2	-7.5	1.5	-7.3
EYE, EAR, NOSE AND THROAT PREPARATIONS																				
PFIZER	XALATAN (LATANOPROST)	5%	$996,691	19.4	26,173	17.2	$38.08	4,169	13.7	$913,242	18.6	27,949	17.1	$32.68	4,687	14.4	9.1	-6.4	16.5	-11.1
ALLERGAN	RESTASIS (CYCLOSPORINE)	0.05%	$451,143	8.8	5,443	3.5	$82.89	1,618	5.3	$417,000	8.4	5,431	3.3	$76.78	1,568	4.8	8.2	0.2	7.9	3.2
ALLERGAN	LUMIGAN (BIMATOPROST)	2.5%	$429,933	8.4	11,506	7.5	$37.37	2,179	7.1	$384,974	7.8	11,973	7.3	$32.15	2,305	7.1	11.7	-3.9	16.2	-5.5
ALCON	TRAVATAN Z (TRAVOPROST)	0.004%	$372,185	7.2	10,386	6.8	$35.84	2,541	8.3	$258,194	5.2	7,589	4.6	$34.02	1,723	5.3	44.1	36.9	5.3	47.5
ALLERGAN	ALPHAGAN P (BRIMONIDINE)	0.1%	$223,713	4.3	7,440	4.8	$30.07	1,521	5.0	$192,439	3.9	6,404	3.9	$30.05	1,426	4.3	16.3	16.2	0.1	6.7
	ALL OTHER		$2,642,651	51.6	90,956	59.8	$29.05	25,673	84.5	$2,742,404	55.8	103,577	63.5	$26.48	27,883	85.9	-3.6	-12.2	9.7	-7.9
	TOTAL		$5,116,316	100.0	151,904	100.0	$33.68	30,348	100.0	$4,908,252	100.0	162,923	100.0	$30.13	32,436	100.0	4.2	-6.8	11.8	-4.8
PROTON PUMP INHIBITOR ANTI-ULCER AGENTS																				
ASTRAZENECA	NEXIUM (ESOMEPRAZOLE)	40 MG	$4,087,521	33.1	56,076	23.3	$72.89	8,418	22.1	$4,280,410	32.1	61,285	22.5	$69.84	8,997	21.7	-4.5	-8.5	4.4	-6.4
WYETH	PANTOPRAZOLE SODIUM	40 MG	$1,619,691	13.1	27,086	11.2	$59.80	4,803	12.6	$1,856,330	13.9	38,574	14.2	$48.12	7,119	17.2	-12.7	-29.8	24.3	-32.5
EISAI	ACIPHEX (RABEPRAZOLE)	20 MG	$1,262,814	10.2	8,930	3.7	$141.41	1,396	3.6	$1,165,071	8.7	12,566	4.6	$92.72	1,911	4.6	8.4	-28.9	52.5	-26.9
CARACO	PANTOPRAZOLE SODIUM	40 MG	$927,544	7.5	14,519	6.0	$63.88	2,749	7.2	$134,660	1.0	2,639	0.9	$51.03	1,604	3.8	588.8	450.2	25.2	71.4
SANDOZ	LANSOPRAZOLE	30 MG	$725,419	5.8	8,233	3.4	$88.11	1,388	3.6	$46,389	0.3	461	0.1	$100.63	461	1.1	1463.8	1685.9	-12.4	201.1
	ALL OTHER		$3,712,217	30.0	124,898	52.0	$29.72	24,053	63.3	$5,815,987	43.7	155,893	57.4	$37.31	28,328	68.5	-36.2	-19.9	-20.3	-15.1
	TOTAL		$12,335,206	100.0	239,742	100.0	$51.45	37,985	100.0	$13,298,847	100.0	271,418	100.0	$49.00	41,336	100.0	-7.2	-11.7	5.0	-11.6
OTHER ANTI-ULCER AGENTS & MISC. GI DRUGS																				
PROCTER & GAMBLE	ASACOL (MESALAMINE)	400 MG	$275,805	30.7	2,973	7.5	$92.77	487	5.6	$295,620	42.2	3,848	10.0	$76.82	549	6.7	-6.7	-22.7	20.8	-11.3
TAKEDA	DEXILANT (DEXLANSOPRAZOLE)	60 MG	$117,206	13.0	1,616	4.1	$72.53	426	4.9	$0	0.0	0	0.0	$0.00	0	0.0	—	—	—	—
SHIRE	LIALDA (MESALAMINE)	1.2 GM	$93,619	10.4	410	1.0	$228.34	68	0.7	$53,757	7.6	377	0.9	$142.59	64	0.7	74.2	8.8	60.1	6.3
AXCAN	CARAFATE (SUCRALFATE)	1 GM	$76,393	8.5	1,364	3.4	$56.01	473	5.4	$71,216	10.1	1,331	3.4	$53.51	473	5.7	7.3	2.5	4.7	0.0
TAKEDA	KAPIDEX (DEXLANSOPRAZOLE)	60 MG	$51,727	5.7	709	1.8	$72.96	287	3.3	$46,034	6.5	571	1.4	$80.62	204	2.4	12.4	24.2	-9.5	40.7
	ALL OTHER		$281,939	31.4	32,315	82.0	$8.72	7,445	85.9	$233,616	33.3	32,257	84.0	$7.24	7,102	86.9	20.7	0.2	20.5	4.8
	TOTAL		$896,690	100.0	39,387	100.0	$22.77	8,662	100.0	$700,243	100.0	38,384	100.0	$18.24	8,170	100.0	28.1	2.6	24.8	9.5
ANTIDIABETIC AGENTS																				
SANOFI-AVENTIS	LANTUS (INSULIN)	100 U	$1,176,010	11.9	21,210	7.6	$55.45	4,245	14.8	$1,081,657	11.8	21,959	7.0	$49.26	4,253	13.9	8.7	-3.4	12.6	-0.2
MERCK	JANUVIA (SITAGLIPTIN)	100 MG	$1,058,887	10.7	13,355	4.8	$79.29	2,045	7.1	$949,778	10.4	12,665	4.0	$74.99	1,953	6.4	11.5	5.4	5.7	4.7
TAKEDA	ACTOS (PIOGLITAZONE)	30 MG	$1,054,254	10.7	11,992	4.3	$87.91	1,831	6.3	$946,932	10.3	13,185	4.2	$71.82	1,964	6.4	11.3	-9.0	22.4	-6.8
TAKEDA	ACTOS (PIOGLITAZONE)	45 MG	$747,297	7.5	8,036	2.9	$92.99	1,185	4.1	$753,722	8.2	9,694	3.1	$77.75	1,386	4.5	-0.9	-17.1	19.6	-14.5
TAKEDA	ACTOS (PIOGLITAZONE)	15 MG	$533,340	5.4	9,350	3.3	$57.04	1,459	5.0	$512,229	5.6	10,701	3.4	$47.87	1,627	5.3	4.1	-12.6	19.2	-10.3
	ALL OTHER		$5,275,835	53.5	211,731	76.8	$24.92	26,563	92.7	$4,866,771	53.4	243,478	78.1	$19.99	28,290	92.9	8.4	-13.0	24.7	-6.1
	TOTAL		$9,845,624	100.0	275,674	100.0	$35.71	28,644	100.0	$9,111,089	100.0	311,682	100.0	$29.23	30,440	100.0	8.1	-11.6	22.2	-5.4

TABLE 3.3
ANNUAL CHANGE IN PACE EXPENDITURE AND UTILIZATION FOR HIGH EXPENDITURE THERAPEUTIC CLASSES
2009-2010

			2010							2009							PERCENT CHANGE: 2009-2010			
MANUFACTURER	PRODUCT	STRENGTH	EXPENDI-TURE	%	CLAIMS	%	COST PER CLAIM	USERS	%	EXPENDI-TURE	%	CLAIMS	%	COST PER CLAIM	USERS	%	% CHANGE EXPEND-ITURE	% CHANGE CLAIMS	% CHANGE COST PER CLAIM	% CHANGE USERS
OTHER HORMONES AND SYNTHETIC AGENTS																				
GLAXOSMITHKLINE	ADVAIR DISKUS 250/50 (FLUTICASONE)	250-50 MCG	$1,802,401	38.6	24,887	9.5	$72.42	5,464	12.4	$1,830,400	40.6	25,902	8.8	$70.67	5,679	12.2	-1.5	-3.9	2.5	-3.8
GLAXOSMITHKLINE	ADVAIR DISKUS 500/50 (FLUTICASONE)	500-50 MCG	$635,552	13.6	6,878	2.6	$92.40	1,440	3.2	$638,186	14.1	7,094	2.4	$89.96	1,554	3.3	-0.4	-3.0	2.7	-7.3
GLAXOSMITHKLINE	ADVAIR DISKUS 100/50 (FLUTICASONE)	100-50 MCG	$324,201	6.9	5,970	2.2	$54.31	1,423	3.2	$367,638	8.1	6,648	2.2	$55.30	1,623	3.5	-11.8	-10.2	-1.8	-12.3
ASTRAZENECA	SYMBICORT (BUDESONIDE)	—	$240,933	5.1	3,734	1.4	$64.52	973	2.2	$167,957	3.7	2,361	0.8	$71.14	719	1.5	43.4	58.2	-9.3	35.3
GLAXOSMITHKLINE	FLOVENT HFA (FLUTICASONE)	0.11 MG	$145,417	3.1	3,121	1.1	$46.59	822	1.8	$128,260	2.8	2,878	0.9	$44.57	790	1.7	13.4	8.4	4.5	4.1
	ALL OTHER		$1,516,253	32.5	216,832	82.9	$6.99	39,233	89.1	$1,375,326	30.5	247,655	84.6	$5.55	41,490	89.7	10.2	-12.4	25.9	-5.4
	TOTAL		$4,664,758	100.0	261,422	100.0	$17.84	44,002	100.0	$4,507,768	100.0	292,538	100.0	$15.41	46,206	100.0	3.5	-10.6	15.8	-4.8
OSTEOPOROSIS DRUGS																				
WARNER CHILCOTT	ACTONEL (RISEDRONATE)	35 MG	$880,828	19.3	20,834	17.3	$42.28	2,952	15.6	$1,077,892	21.5	29,325	19.7	$36.76	4,077	18.7	-18.3	-29.0	15.0	-27.6
GENENTECH	BONIVA (IBANDRONATE)	150 MG	$789,411	17.3	15,599	13.0	$50.61	2,491	13.1	$846,725	16.9	17,509	11.7	$48.36	2,804	12.9	-6.8	-10.9	4.6	-11.2
ELI LILLY	FORTEO (TERIPARATIDE)	250 MCG	$751,126	16.5	1,521	1.2	$493.84	252	1.3	$749,865	15.0	1,695	1.1	$442.40	319	1.4	0.2	-10.3	11.6	-21.0
ELI LILLY	EVISTA (RALOXIFENE)	60 MG	$693,956	15.2	15,856	13.2	$43.77	2,104	11.1	$718,601	14.3	18,571	12.5	$38.69	2,402	11.0	-3.4	-14.6	13.1	-12.4
WARNER CHILCOTT	ACTONEL (RISEDRONATE)	150 MG	$572,268	12.5	10,535	8.7	$54.32	1,810	9.5	$370,964	7.4	8,509	5.7	$43.60	1,642	7.5	54.3	23.8	24.6	10.2
	ALL OTHER		$857,463	18.8	55,614	46.3	$15.42	10,297	54.4	$1,226,616	24.5	72,933	49.0	$16.82	11,997	55.2	-30.1	-23.7	-8.3	-14.2
	TOTAL		$4,545,052	100.0	119,959	100.0	$37.89	18,914	100.0	$4,990,662	100.0	148,542	100.0	$33.60	21,713	100.0	-8.9	-19.2	12.8	-14.3
ALL OTHER DRUGS																				
FOREST	NAMENDA (MEMANTINE)	10 MG	$1,578,806	7.0	22,495	2.2	$70.18	3,357	3.4	$1,514,996	6.8	23,073	2.0	$65.66	3,471	3.3	4.2	-2.5	6.9	-3.3
PFIZER	DETROL LA (TOLTERODINE)	4 MG	$1,048,795	4.7	21,796	2.1	$48.12	3,443	3.5	$1,143,340	5.1	25,356	2.2	$45.09	4,137	4.0	-8.3	-14.0	6.7	-16.8
MERCK	SINGULAIR (MONTELUKAST)	10 MG	$943,872	4.2	21,309	2.0	$44.29	3,238	3.3	$917,663	4.1	22,591	1.9	$40.62	3,413	3.3	2.9	-5.7	9.0	-5.1
ASTRAZENECA	ARIMIDEX (ANASTROZOLE)	1 MG	$673,009	3.0	4,634	0.4	$145.23	969	1.0	$1,034,190	4.6	8,181	0.7	$126.41	1,158	1.1	-34.9	-43.4	14.9	-16.3
NOVARTIS	FEMARA (LETROZOLE)	2.5 MG	$648,378	2.9	3,371	0.3	$192.34	504	0.5	$470,749	2.1	3,676	0.3	$128.06	520	0.5	37.7	-8.3	50.2	-3.1
	ALL OTHER		$17,399,003	78.0	947,458	92.7	$18.36	94,076	97.9	$17,172,175	77.1	1,067,342	92.7	$16.09	100,078	97.8	1.3	-11.2	14.1	-6.0
	TOTAL		$22,291,863	100.0	1,021,063	100.0	$21.83	95,996	100.0	$22,253,113	100.0	1,150,219	100.0	$19.35	102,235	100.0	0.2	-11.2	12.8	-6.4
TOTAL (ALL CATEGORIES)			$119,878,840	100.0	4,662,904	100.0	$25.71	127,018	100.0	$119,286,665	100.0	5,245,686	100.0	$22.74	134,753	100.0	0.5	-11.1	13.1	-6.5

DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT FOR PACE ONLY, EXCLUDING PACENET. THERAPEUTIC CLASSES ARE BASED ON THE AMERICAN HOSPITAL FORMULARY SERVICE (AHFS) CLASSIFICATION SYSTEM, AS PROVIDED BY RED BOOK (SEE APPENDIX B).

TABLE 3.4
PACE AND PACENET NUMBER AND PERCENT OF EXPENDITURES AND CLAIMS BY MANUFACTURER
JANUARY - DECEMBER 2010

MANUFACTURER	ASSOCIATED NDC LABELER CODES	RANK BY EXPENDITURE	EXPENDITURE	% OF ALL EXPENDITURES	CLAIMS	% OF ALL CLAIMS
PFIZER	00008, 00009, 00013, 00025, 00046, 00049, 00069, 00071, 00206, 59762, 63010	1	$36,649,366.64	12.1%	887,285	8.4%
NOVARTIS	00028, 00067, 00078, 00083, 00185, 00781, 43068, 53905, 58768, 63851, 66521, 66685	2	$23,409,584.46	7.7%	823,310	7.8%
BRISTOL-MYERS SQUIBB	00003, 00015, 00056, 00072, 00087, 59772, 63653	3	$21,725,367.93	7.2%	329,331	3.1%
ASTRA ZENECA	00186, 00310	4	$20,315,977.86	6.7%	279,910	2.7%
MERCK	00006, 66582	5	$15,884,611.82	5.3%	269,266	2.6%
GLAXOSMITHKLINE	00007, 00029, 00108, 00145, 00173, 35356, 59366, 63032, 65726	6	$15,165,994.06	5.0%	220,671	2.1%
EISAI	58063, 62856	7	$14,266,710.50	4.7%	130,956	1.2%
BOEHRINGER INGELHEIM	00054, 00597	8	$13,598,188.73	4.5%	266,974	2.5%
LILLY	00002, 00777	9	$11,853,488.74	3.9%	132,626	1.3%
TEVA	00093, 00172, 00182, 00555, 00575, 00703, 50111, 51285, 57844, 59310, 68546	10	$10,791,833.11	3.6%	1,265,197	12.0%
TAKEDA	00300, 64764	11	$9,689,318.86	3.2%	96,310	0.9%
FOREST	00258, 00456, 00535, 00785	12	$8,512,172.87	2.8%	170,798	1.6%
SANOFI-AVENTIS	00024, 00039, 00066, 00068, 00075, 00088, 00955	13	$8,193,219.56	2.7%	99,945	1.0%

TABLE 3.4
PACE AND PACENET NUMBER AND PERCENT OF EXPENDITURES AND CLAIMS BY MANUFACTURER
JANUARY - DECEMBER 2010

MANUFACTURER	ASSOCIATED NDC LABELER CODES	RANK BY EXPENDITURE	EXPENDITURE	% OF ALL EXPENDITURES	CLAIMS	% OF ALL CLAIMS
ABBOTT	00032, 00051, 00074, 57599, 60598	14	$6,546,216.74	2.2%	120,778	1.1%
NOVO NORDISK	00169	15	$6,477,240.83	2.1%	83,873	0.8%
MYLAN	00378, 15330, 49502, 51079, 62794	16	$6,109,872.51	2.0%	1,269,285	12.1%
JOHNSON & JOHNSON	00045, 00062, 10147, 17314, 50458, 50580, 57894, 59676, 68669	17	$4,699,690.83	1.6%	42,910	0.4%
PROCTER & GAMBLE	00149	18	$4,227,744.82	1.4%	73,825	0.7%
DAIICHI-SANKYO	63395, 65597	19	$4,125,106.52	1.4%	92,170	0.9%
AMGEN USA INC	55513, 58406	20	$3,933,256.33	1.3%	6,575	0.1%
ALLERGAN	00023, 11980, 60758	21	$3,882,601.36	1.3%	85,400	0.8%
ALCON	00065, 00299, 00998, 61314	22	$3,105,145.70	1.0%	103,557	1.0%
SCHERING-PLOUGH	00085, 59930	23	$2,606,094.44	0.9%	78,723	0.7%
PURDUE	59011, 67781	24	$2,536,796.87	0.8%	15,966	0.2%
CARACO	41616, 47335, 57664, 62756	25	$2,390,080.99	0.8%	99,568	0.9%
	TOTAL, TOP 25 MANUFACTURERS		$260,695,683.08	86.3%	7,045,209	67.1%
	TOTAL, ALL OTHER MANUFACTURERS		$41,530,587.94	13.7%	3,457,252	32.9%
	TOTAL, ALL MANUFACTURERS		$302,226,271.02	100.0%	10,502,461	100.0%

SOURCE: PDA CLAIMS HISTORY
NOTES: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT.
MANUFACTURER DATA ARE SUMMARIZED BY THE FIRST FIVE DIGITS OF THE 11-DIGIT NATIONAL DRUG CODE, i.e., LABELER CODE.

TABLE 3.5
MANUFACTURERS' REBATE CASH RECEIPTS
BY QUARTER/YEAR BILLED AND BY FISCAL YEAR RECEIVED
JANUARY 1991 - DECEMBER 2010

QUARTER/YEAR BILLED		91-92 THROUGH 01-02 RECEIPTS	02-03 RECEIPTS	03-04 RECEIPTS	04-05 RECEIPTS	05-06 RECEIPTS	06-07 RECEIPTS	07-08 RECEIPTS	08-09 RECEIPTS	09-10 RECEIPTS	10-11 YTD RECEIPTS	TOTAL
JAN-DEC	1991	$22,767,522	($14,702)	($2,038)	$0	$0	$0	$20,846	$0	$0	$0	$22,771,628
JAN-DEC	1992	$33,085,338	$34,972	$4,219	$0	$0	$0	$19,211	$0	$0	$0	$33,143,739
JAN-DEC	1993	$31,596,853	$401,990	$5,661	$0	$0	$0	$12,634	$0	$0	$0	$32,017,138
JAN-DEC	1994	$30,654,918	$7,377	$3,868	$0	$0	$248	$0	$0	$0	$0	$30,666,411
JAN-DEC	1995	$32,651,754	($100,326)	$91,350	$0	$0	$0	$0	$0	$0	$0	$32,642,779
JAN-DEC	1996	$31,367,617	($43,469)	$42,279	$0	$0	$0	$2,285	$0	$0	$0	$31,368,712
JAN-DEC	1997	$38,690,297	$64,988	$29,634	$1,537	$1,552	$0	$12,686	$0	$3,203	$7,838	$38,811,735
JAN-DEC	1998	$48,862,313	$31,412	($33,567)	$1,473	$1,788	$0	$12,158	$0	$157	$1,117	$48,876,851
JAN-DEC	1999	$52,153,079	($166,284)	$85,243	$217,717	$217,671	$0	$1,280	$8,203	$26,070	$0	$52,542,980
JAN-DEC	2000	$58,857,801	($447,591)	($616,680)	$1,007,093	$823	$0	$186,718	$0	$0	$0	$58,988,164
JAN-DEC	2001	$57,939,445	$1,288,679	($386,926)	($519,910)	($78,055)	$18	$0	$0	$0	$0	$58,243,252
JAN-DEC	2002	$10,339,259	$60,830,701	$288,842	$3,927,461	$443,563	$3,115	$4,075	$1,070	($619,515)	($21,593)	$75,196,977
JAN-DEC	2003	$0	$5,050,874	$73,444,391	$17,745,590	$7,358,829	($2,733,936)	$2,140	$67,452	$799,365	$88,509	$101,823,213
JAN-MAR	2004	$0	$0	$11,482,655	$16,273,577	$660,588	$361,277	$462,584	$7,666	($44,390)	-$202,772.39	$29,001,184
APR-JUN	2004	$0	$0	$0	$29,708,534	$2,063,356	$425,464	$188,281	$32,065	$273,075	-$18,573.99	$32,672,201
JUL-SEP	2004	$0	$0	$0	$28,671,294	$1,572,262	$551,444	($520,986)	$14,806	$9,215	-$57,597.85	$30,240,438
OCT-DEC	2004	$0	$0	$0	$24,735,007	$6,899,320	$313,698	$41,201	$2,869	$10,295	-$53,645.92	$31,948,745
JAN-MAR	2005	$0	$0	$0	$12,450,103	$23,322,157	$260,308	($540,632)	($2,924)	$39,243	-$4,582.78	$35,523,672
APR-JUN	2005	$0	$0	$0	$0	$30,831,573	$281,060	$16,745	$36,015	$36,768	-$14,780.94	$31,187,380
JUL-SEP	2005	$0	$0	$0	$0	$33,196,236	$519,425	$252,481	($55,958)	$69,755	-$7,528.93	$33,974,410
OCT-DEC	2005	$0	$0	$0	$0	$32,485,824	$410,268	($781,153)	$85,373	$102,069	-$9,302.68	$32,293,079
JAN-MAR	2006	$0	$0	$0	$0	$25,420,400	$10,542,899	$205,139	$89,446	($3,525)	-$182,749.41	$36,071,611
APR-JUN	2006	$0	$0	$0	$0	$0	$34,205,769	($187,686)	$358,043	$54,662	$27,176.09	$34,457,964
JUL-SEP	2006	$0	$0	$0	$0	$0	$33,499,014	$821,162	($206,715)	$263,818	$23,496.34	$34,400,776
OCT-DEC	2006	$0	$0	$0	$0	$0	$13,179,308	$809,776	$58,917	$151,663	$28,562.40	$14,228,226
JAN-MAR	2007	$0	$0	$0	$0	$0	$6,579,637	$10,042,696	($35,052)	$819,922	$55,366.09	$17,462,569
APR-JUN	2007	$0	$0	$0	$0	$0	$0	$14,327,483	$60,246	$738,570	$80,570.51	$15,206,870
JUL-SEP	2007	$0	$0	$0	$0	$0	$0	$19,514,578	($136)	$1,188,504	$172,306.98	$20,875,253
OCT-DEC	2007	$0	$0	$0	$0	$0	$0	$19,182,687	$337,938	$445,484	$93,710.52	$20,059,820
JAN-MAR	2008	$0	$0	$0	$0	$0	$0	$13,551,772	$3,140,495	$319,784	$1,349.91	$17,013,401
APR-JUN	2008	$0	$0	$0	$0	$0	$0	$0	$12,971,639	$318,040	-$90,840.34	$13,198,838
JUL-SEP	2008	$0	$0	$0	$0	$0	$0	$0	$16,829,532	$377,957	-$16,434.23	$17,191,054
OCT-DEC	2008	$0	$0	$0	$0	$0	$0	$0	$19,258,030	$1,545,409	-$2,007.22	$20,801,432
JAN-MAR	2009	$0	$0	$0	$0	$0	$0	$0	$11,782,455	$1,694,017	$439,530.82	$13,916,003
APR-JUN	2009	$0	$0	$0	$0	$0	$0	$0	$0	$12,711,322	$1,653.65	$12,712,976
JUL-SEP	2009	$0	$0	$0	$0	$0	$0	$0	$0	$18,055,476	$265,989.62	$18,321,466
OCT-DEC	2009	$0	$0	$0	$0	$0	$0	$0	$0	$19,515,817	$149,482.13	$19,665,299
JAN-MAR	2010	$0	$0	$0	$0	$0	$0	$0	$0	$4,120,823	$6,936,422.15	$11,057,245
APR-JUN	2010	$0	$0	$0	$0	$0	$0	$0	$0	$0	$14,059,891.80	$14,059,892
JUL-SEP	2010	$0	$0	$0	$0	$0	$0	$0	$0	$0	$17,858,539.53	$17,858,540
TOTAL		$448,966,196	$66,938,621	$84,438,932	$134,219,475	$164,397,888	$98,399,018	$77,660,160	$64,841,475	$63,023,054	$39,609,102.03	$1,242,493,922

SOURCE: PDA CHECK RECEIPTS AS REPORTED ON STATE STATUS REPORT FOR WEEK ENDING DECEMBER 31, 2010.

PENNSYLVANIA DEPARTMENT OF AGING

SECTION 4

CARDHOLDER UTILIZATION DATA

PENNSYLVANIA DEPARTMENT OF AGING

TABLE 4.1
PACE AND PACENET CARDHOLDER ENROLLMENTS BY QUARTER

PACE

JULY 1984 - JUNE 1988

	QUARTER	NEWLY ENROLLED *	% OF NEWLY ENROLLED	CUMULATIVE ENROLLMENTS
1st	JUL-SEP 1984	273,001	100.0	273,001
PROGRAM	OCT-DEC 1984	23,561	7.9	296,562
YEAR	JAN-MAR 1985	20,941	6.6	317,503
	APR-JUN 1985	69,436	17.9	386,939
2nd	JUL-SEP 1985	38,750	10.0	389,177
PROGRAM	OCT-DEC 1985	20,522	5.0	409,699
YEAR	JAN-MAR 1986	18,770	4.4	428,469
	APR-JUN 1986	17,367	3.9	445,836
3rd	JUL-SEP 1986	23,595	5.6	420,776
PROGRAM	OCT-DEC 1986	14,982	3.4	435,758
YEAR	JAN-MAR 1987	18,130	4.0	453,888
	APR-JUN 1987	18,853	4.0	472,741
4th	JUL-SEP 1987	26,133	5.9	439,967
PROGRAM	OCT-DEC 1987	10,432	2.3	450,399
YEAR	JAN-MAR 1988	13,429	2.9	463,828
	APR-JUN 1988	13,944	2.9	477,772

PACE

JULY 1988 - JUNE 1996

	QUARTER	CUMULATIVE NEWLY ENROLLED	% OF NEWLY ENROLLED	ENROLLMENT AT END OF QUARTER**
5th	JUL-SEP 1988	15,990	3.6	443,518
PROGRAM	OCT-DEC 1988	26,069	5.7	454,428
YEAR	JAN-MAR 1989	41,866	9.1	460,232
	APR-JUN 1989	57,406	12.7	451,547
6th	JUL-SEP 1989	9,847	2.2	438,834
PROGRAM	OCT-DEC 1989	17,787	4.2	426,822
YEAR	JAN-MAR 1990	30,278	7.1	424,120
	APR-JUN 1990	40,169	9.8	408,493
7th	JUL-SEP 1990	6,714	1.7	394,821
PROGRAM	OCT-DEC 1990	26,742	6.9	384,854
YEAR	JAN-MAR 1991	37,239	9.7	383,792
	APR-JUN 1991	46,020	12.4	371,592
8th	JUL-SEP 1991	8,657	2.3	370,654
PROGRAM	OCT-DEC 1991	17,529	4.7	373,365
YEAR	JAN-MAR 1992	31,581	8.4	375,697
	APR-JUN 1992	44,986	12.2	369,919
9th	JUL-SEP 1992	7,115	2.0	355,319
PROGRAM	OCT-DEC 1992	13,436	3.9	347,371
YEAR	JAN-MAR 1993	29,556	8.4	353,309
	APR-JUN 1993	41,397	12.1	341,361
10th	JUL-SEP 1993	6,658	2.0	334,757
PROGRAM	OCT-DEC 1993	11,519	3.5	331,338
YEAR	JAN-MAR 1994	20,162	6.2	324,160
	APR-JUN 1994	33,967	10.4	325,090
11th	JUL-SEP 1994	7,091	2.3	312,413
PROGRAM	OCT-DEC 1994	11,167	3.6	307,231
YEAR	JAN-MAR 1995	22,732	7.3	311,450
	APR-JUN 1995	31,995	10.5	304,153
12th	JUL-SEP 1995	5,382	1.8	298,732
PROGRAM	OCT-DEC 1995	8,278	2.9	289,919
YEAR	JAN-MAR 1996	16,146	5.6	290,460
	APR-JUN 1996	22,518	8.1	279,397

TABLE 4.1
PACE AND PACENET CARDHOLDER ENROLLMENTS BY QUARTER
JULY 1996 - DECEMBER 2010

		PACE			PACENET		
	QUARTER	CUMULATIVE NEWLY ENROLLED	% OF NEWLY ENROLLED	ENROLLMENT AT END OF QUARTER**	CUMULATIVE NEWLY ENROLLED	% OF NEWLY ENROLLED	ENROLLMENT AT END OF QUARTER
13th	JUL-SEP 1996	4,127	1.5	267,049			
PROGRAM	OCT-DEC 1996	9,332	3.6	260,678	1,523	100.0	1,523
YEAR	JAN-MAR 1997	23,797	8.6	275,607	5,771	100.0	5,771
	APR-JUN 1997	30,602	11.6	264,414	9,088	100.0	9,088
14th	JUL-SEP 1997	4,536	1.8	257,291	1,949	17.7	11,037
PROGRAM	OCT-DEC 1997	8,694	3.5	250,671	3,801	29.5	12,889
YEAR	JAN-MAR 1998	16,693	6.6	251,915	5,710	48.5	11,771
	APR-JUN 1998	22,838	9.3	245,553	7,419	53.8	13,802
15th	JUL-SEP 1998	4,375	1.8	237,753	879	5.8	15,213
PROGRAM	OCT-DEC 1998	8,042	3.5	230,722	1,504	9.4	15,964
YEAR	JAN-MAR 1999	14,744	6.4	231,049	3,216	19.9	16,164
	APR-JUN 1999	20,672	9.1	227,041	4,722	27.2	17,372
16th	JUL-SEP 1999	4,086	1.8	221,535	761	4.2	18,195
PROGRAM	OCT-DEC 1999	7,981	3.7	217,103	1,510	8.1	18,655
YEAR	JAN-MAR 2000	18,146	8.2	220,896	4,169	21.6	19,298
	APR-JUN 2000	25,583	11.8	217,140	6,125	30.1	20,375
17th	JUL-SEP 2000	5,061	2.4	213,041	1,032	4.9	21,223
PROGRAM	OCT-DEC 2000	10,283	4.9	208,227	2,034	9.3	21,781
YEAR	JAN-MAR 2001	19,041	9.1	208,299	4,610	20.8	22,167
	APR-JUN 2001	24,932	12.0	207,193	6,603	28.9	22,875
18th	JUL-SEP 2001	3,877	1.9	204,839	1,710	6.9	24,929
PROGRAM	OCT-DEC 2001	7,907	4.0	199,898	3,132	12.1	25,873
YEAR	JAN-MAR 2002	16,319	8.2	199,719	6,931	23.3	29,692
	APR-JUN 2002	22,742	11.4	198,629	9,938	32.7	30,346
19th	JUL-SEP 2002	3,490	1.8	191,935	1,378	4.6	29,980
PROGRAM	OCT-DEC 2002	6,925	3.7	188,566	2,476	8.2	30,356
YEAR	JAN-MAR 2003	13,384	7.0	190,697	5,516	17.5	31,464
	APR-JUN 2003	21,287	10.9	194,961	9,654	29.7	32,520
20th	JUL-SEP 2003	4,467	2.4	187,914	2,299	6.8	33,855
PROGRAM	OCT-DEC 2003	8,106	4.4	185,143	3,737	10.9	34,314
YEAR	JAN-MAR 2004	21,568	10.8	200,130	37,246	51.4	72,474
	APR-JUN 2004	28,312	14.3	197,600	43,224	49.7	87,007
21st	JUL-SEP 2004	4,222	2.2	194,488	7,598	8.1	94,002
PROGRAM	OCT-DEC 2004	6,717	3.5	191,669	15,186	15.3	99,572
YEAR	JAN-MAR 2005	13,536	7.0	193,946	25,934	28.2	92,035
	APR-JUN 2005	19,467	10.2	190,273	35,063	34.2	102,622
22nd	JUL-SEP 2005	3,935	2.1	187,696	6,301	5.9	107,240
PROGRAM	OCT-DEC 2005	9,001	4.8	188,495	15,579	13.3	116,755
YEAR	JAN-MAR 2006	14,476	7.6	190,654	25,774	20.8	123,687
	APR-JUN 2006	23,477	12.5	187,311	42,841	33.4	128,212
23rd	JUL-SEP 2006	2,084	1.1	184,106	3,182	2.5	127,978
PROGRAM	OCT-DEC 2006	5,269	2.9	179,240	11,330	8.5	132,764
YEAR	JAN-MAR 2007	8,687	4.8	182,332	19,571	14.6	134,018
	APR-JUN 2007	11,621	6.5	178,746	26,974	19.7	136,805
24th	JUL-SEP 2007	2,143	1.2	174,824	3,940	2.8	138,701
PROGRAM	OCT-DEC 2007	4,477	2.8	158,560	8,642	5.5	157,874
YEAR	JAN-MAR 2008	6,956	4.5	155,547	19,078	11.9	160,227
	APR-JUN 2008	9,712	6.3	155,026	29,033	17.2	169,043

TABLE 4.1
PACE AND PACENET CARDHOLDER ENROLLMENTS BY QUARTER
JULY 1996 - DECEMBER 2010

		PACE			PACENET		
	QUARTER	CUMULATIVE NEWLY ENROLLED	% OF NEWLY ENROLLED	ENROLLMENT AT END OF QUARTER**	CUMULATIVE NEWLY ENROLLED	% OF NEWLY ENROLLED	ENROLLMENT AT END OF QUARTER
25th	JUL-SEP 2008	2,321	1.5	150,074	6,087	3.6	170,931
PROGRAM	OCT-DEC 2008	4,873	3.4	141,712	11,833	6.8	173,460
YEAR	JAN-MAR 2009	6,838	6.7	101,470	17,435	10.5	165,925
	APR-JUN 2009	8,521	6.3	134,590	23,075	13.8	167,488
26th	JUL-SEP 2009	1,848	1.4	133,248	6,469	3.8	170,994
PROGRAM	OCT-DEC 2009	2,654	2.0	131,002	13,898	8.2	169,270
YEAR	JAN-MAR 2010	5,109	3.9	129,892	21,782	12.5	174,306
	APR-JUN 2010	7,344	5.7	128,651	29,944	16.8	178,574
27th	JUL-SEP 2010	1,203	1.0	126,424	4,636	2.6	178,869
PROGRAM	OCT-DEC 2010	2,800	2.3	121,369	9,292	5.2	177,335
YEAR							

* THE NEWLY ENROLLED NUMBER IS CALCULATED AS A TOTAL FOR THE QUARTER.
** ENROLLMENT AT END OF QUARTER REPRESENTS THE ENROLLMENT REPORTED ON THE LAST DAY OF THE QUARTER (I.E., 121,369 PACE CARDHOLDERS AND 177,335 PACENET CARDHOLDERS ON THE FILE ON DECEMBER 31, 2010).

SOURCE: PDA/MR-0-01A/CARDHOLDER FILE

TABLE 4.2A
PACE CARDHOLDER ENROLLMENT, PARTICIPATION, UTILIZATION, AND EXPENDITURES BY DEMOGRAPHIC CHARACTERISTICS
JANUARY - DECEMBER 2010

	TOTAL ENROLLED CARDHOLDERS	TOTAL PARTICIPATING CARDHOLDERS	TOTAL CLAIMS	PERCENT OF TOTAL CLAIMS	CLAIMS PER PARTICIPATING CARDHOLDER	STATE SHARE EXPENDITURES	STATE SHARE PER PARTICIPATING CARDHOLDER	PERCENT OF ALL STATE SHARE EXPENDITURES
TOTAL	144,243	120,394	4,554,533	100.0	37.8	$117,704,307	$977.66	100.0
SEX								
FEMALE	114,853	98,603	3,815,336	83.8	38.7	$98,444,019	$998.39	83.6
MALE	29,390	21,791	739,197	16.2	33.9	$19,260,289	$883.86	16.4
AGE								
65-69 YEARS	17,862	13,082	398,911	8.8	30.5	$11,085,519	$847.39	9.4
70-74 YEARS	24,387	19,947	740,707	16.3	37.1	$18,916,077	$948.32	16.1
75-79 YEARS	28,413	24,058	951,620	20.9	39.6	$24,238,059	$1,007.48	20.6
80-84 YEARS	32,061	27,730	1,117,115	24.5	40.3	$28,686,967	$1,034.51	24.4
85 YEARS OR OVER	41,520	35,577	1,346,180	29.6	37.8	$34,777,685	$977.53	29.5
RESIDENCE TYPE								
OWN	78,666	66,022	2,419,458	53.1	36.6	$65,235,801	$988.09	55.4
RENT	39,680	32,471	1,251,926	27.5	38.6	$29,203,628	$899.38	24.8
NURSING HOME/ PERSONAL CARE HOME	3,133	2,589	136,272	3.0	52.6	$4,017,316	$1,551.69	3.4
LIVE WITH RELATIVE	12,611	10,724	427,115	9.4	39.8	$11,697,801	$1,090.81	9.9
OTHER	8,515	7,268	273,957	6.0	37.7	$6,273,643	$863.19	5.3
MISSING	1,638	1,320	45,805	1.0	34.7	$1,276,118	$966.76	1.1
MARITAL STATUS								
SINGLE OR WIDOWED	110,796	93,515	3,583,491	78.7	38.3	$92,313,252	$987.15	78.4
MARRIED	13,517	10,827	379,198	8.3	35.0	$9,636,558	$890.05	8.2
DIVORCED	14,886	11,971	433,027	9.5	36.2	$11,221,163	$937.36	9.5
MARRIED, LIVING SEPARATELY	5,044	4,081	158,817	3.5	38.9	$4,533,334	$1,110.84	3.9

TABLE 4.2A
PACE CARDHOLDER ENROLLMENT, PARTICIPATION, UTILIZATION, AND EXPENDITURES BY DEMOGRAPHIC CHARACTERISTICS
JANUARY - DECEMBER 2010

	TOTAL ENROLLED CARDHOLDERS	TOTAL PARTICIPATING CARDHOLDERS	TOTAL CLAIMS	PERCENT OF TOTAL CLAIMS	CLAIMS PER PARTICIPATING CARDHOLDER	STATE SHARE EXPENDITURES	STATE SHARE PER PARTICIPATING CARDHOLDER	PERCENT OF ALL STATE SHARE EXPENDITURES
ETHNIC ORIGIN								
WHITE	121,083	103,396	4,034,316	88.6	39.0	$103,231,833	$998.41	87.7
AFRICAN-AMERICAN	12,591	9,426	288,601	6.3	30.6	$7,801,733	$827.68	6.6
AMERICAN INDIAN	167	113	4,066	0.1	36.0	$116,563	$1,031.53	0.1
HISPANIC	1,887	1,347	42,576	0.9	31.6	$960,117	$712.78	0.8
ASIAN	932	678	16,926	0.4	25.0	$670,828	$989.42	0.6
OTHER	857	618	16,833	0.4	27.2	$536,975	$868.89	0.5
MISSING	6,726	4,816	151,215	3.3	31.4	$4,386,258	$910.77	3.7
INCOME - SINGLE								
$0-$2,999	2,770	1,482	53,560	1.2	36.1	$1,610,687	$1,086.83	1.4
$3,000-$5,999	4,209	3,382	120,845	2.7	35.7	$2,917,903	$862.77	2.5
$6,000-$8,999	15,043	12,336	427,316	9.4	34.6	$11,898,494	$964.53	10.1
$9,000-$11,999	40,075	33,511	1,238,865	27.2	37.0	$30,595,210	$912.99	26.0
$12,000-$14,000	45,623	38,987	1,530,240	33.6	39.3	$38,525,054	$988.15	32.7
$14,001-$14,500	11,954	10,349	412,032	9.0	39.8	$11,292,467	$1,091.17	9.6
MORATORIUM	11,052	9,520	392,477	8.6	41.2	$11,227,935	$1,179.40	9.5
INCOME - MARRIED								
$0-$2,999	226	114	2,688	0.1	23.6	$97,447	$854.80	0.1
$3,000-$5,999	210	146	5,294	0.1	36.3	$193,496	$1,325.32	0.2
$6,000-$8,999	586	451	16,331	0.4	36.2	$525,833	$1,165.93	0.4
$9,000-$11,999	1,056	842	28,741	0.6	34.1	$941,623	$1,118.32	0.8
$12,000-$14,999	2,837	2,257	80,347	1.8	35.6	$2,236,496	$990.92	1.9
$15,000-$17,200	4,954	4,017	141,294	3.1	35.2	$3,291,617	$819.42	2.8
$17,201-$17,700	1,500	1,219	42,873	0.9	35.2	$1,094,547	$897.91	0.9
MORATORIUM	2,148	1,781	61,630	1.4	34.6	$1,255,498	$704.94	1.1

SOURCE: PDA/CLAIMS HISTORY, CARDHOLDER FILE
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE, EXCLUDE PACENET CLAIMS.

TABLE 4.2B
PACENET CARDHOLDER ENROLLMENT, PARTICIPATION, UTILIZATION, AND EXPENDITURES BY DEMOGRAPHIC CHARACTERISTICS
JANUARY - DECEMBER 2010

	TOTAL ENROLLED CARDHOLDERS	TOTAL PARTICIPATING CARDHOLDERS	TOTAL CLAIMS	% OF TOTAL CLAIMS	CLAIMS PER PARTI-CIPANT	TOTAL EXPENDITURES	TOTAL CARDHOLDER AND TPL EXPENDITURES	CARDHOLDER AND TPL SHARE (%) OF TOTAL EXPENDI-TURES	STATE SHARE EXPENDI-TURES	STATE SHARE (%) OF TOTAL EXPENDI-TURES	STATE SHARE PER PARTICI-PATING CARDHOLDER	% OF STATE SHARE EXPENDI-TURES
TOTAL	203,347	164,095	5,727,370	100.0	34.9	$424,623,829	$244,755,465	57.6	$179,868,364	42.4	$1,096.12	100.0
SEX												
FEMALE	135,260	113,250	4,113,265	71.8	36.3	$301,255,793	$173,588,614	57.6	$127,667,179	42.4	$1,127.30	71.0
MALE	68,087	50,845	1,614,105	28.2	31.7	$123,368,036	$71,166,851	57.7	$52,201,185	42.3	$1,026.67	29.0
AGE												
65-69 YEARS	32,488	24,127	719,796	12.5	29.8	$59,098,783	$34,666,728	58.7	$24,432,055	41.3	$1,012.64	13.6
70-74 YEARS	39,021	31,320	1,092,390	19.1	34.9	$86,058,132	$49,798,014	57.9	$36,260,118	42.1	$1,157.73	20.2
75-79 YEARS	44,018	35,865	1,281,595	22.4	35.7	$95,974,361	$54,831,716	57.1	$41,142,644	42.9	$1,147.15	22.9
80-84 YEARS	44,664	36,984	1,338,082	23.4	36.2	$96,560,804	$55,372,392	57.3	$41,188,411	42.7	$1,113.68	22.9
85 YEARS OR OVER	43,156	35,799	1,295,507	22.6	36.2	$86,931,750	$50,086,615	57.6	$36,845,135	42.4	$1,029.22	20.5
RESIDENCE TYPE												
OWN	141,653	113,227	3,784,184	66.1	33.4	$282,572,034	$162,915,222	57.7	$119,656,811	42.3	$1,056.79	66.5
RENT	38,805	31,499	1,156,964	20.2	36.7	$83,844,213	$48,959,323	58.4	$34,884,890	41.6	$1,107.49	19.4
NURSING HOME/ PERS. CARE HOME	4,198	3,581	192,987	3.4	53.9	$12,573,317	$7,108,723	56.5	$5,464,593	43.5	$1,526.00	3.0
LIVE WITH RELATIVE	10,169	8,758	340,797	6.0	38.9	$26,827,073	$14,802,303	55.2	$12,024,770	44.8	$1,373.00	6.7
OTHER	6,657	5,477	198,573	3.5	36.3	$14,653,743	$8,555,784	58.4	$6,097,959	41.6	$1,113.38	3.4
MISSING	1,865	1,553	53,865	0.9	34.7	$4,153,450	$2,414,109	58.1	$1,739,341	41.9	$1,119.99	1.0
MARITAL STATUS												
SINGLE OR WIDOWED	107,497	88,939	3,222,875	56.3	36.2	$234,008,890	$134,258,608	57.4	$99,750,282	42.6	$1,121.56	55.5
MARRIED	79,105	62,016	2,053,985	35.9	33.1	$155,076,054	$90,387,239	58.3	$64,688,815	41.7	$1,043.10	36.0
DIVORCED	13,482	10,530	353,721	6.2	33.6	$28,375,449	$16,135,873	56.9	$12,239,576	43.1	$1,162.35	6.8
MARRIED, LIVING SEPARATELY	3,263	2,610	96,789	1.7	37.1	$7,163,436	$3,973,745	55.5	$3,189,691	44.5	$1,222.10	1.8
ETHNIC ORIGIN												
WHITE	175,656	143,513	5,121,107	89.4	35.7	$378,430,178	$217,911,394	57.6	$160,518,784	42.4	$1,118.50	89.2
AFRICAN-AMERICAN	9,837	7,345	217,461	3.8	29.6	$16,635,924	$9,478,138	57.0	$7,157,786	43.0	$974.51	4.0
AMERICAN INDIAN	149	121	4,508	0.1	37.3	$364,848	$213,433	58.5	$151,415	41.5	$1,251.36	0.1
HISPANIC	1,364	1,070	33,884	0.6	31.7	$2,451,583	$1,454,690	59.3	$996,893	40.7	$931.68	0.6
ASIAN	640	464	11,476	0.2	24.7	$1,042,385	$536,460	51.5	$505,924	48.5	$1,090.35	0.3
OTHER	1,509	1,049	28,855	0.5	27.5	$2,197,152	$1,288,703	58.7	$908,448	41.3	$866.01	0.5
MISSING	14,192	10,533	310,079	5.4	29.4	$23,501,760	$13,872,647	59.0	$9,629,114	41.0	$914.19	5.4

TABLE 4.2B
PACENET CARDHOLDER ENROLLMENT, PARTICIPATION, UTILIZATION, AND EXPENDITURES BY DEMOGRAPHIC CHARACTERISTICS
JANUARY - DECEMBER 2010

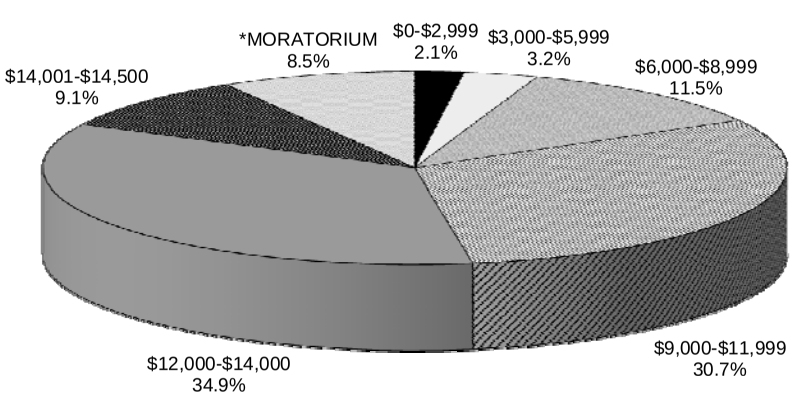
	TOTAL ENROLLED CARDHOLDERS	TOTAL PARTICIPATING CARDHOLDERS	TOTAL CLAIMS	% OF TOTAL CLAIMS	CLAIMS PER PARTI-CIPANT	TOTAL EXPENDITURES	TOTAL CARDHOLDER AND TPL EXPENDITURES	CARDHOLDER AND TPL SHARE (%) OF TOTAL EXPENDI-TURES	STATE SHARE EXPENDI-TURES	STATE SHARE (%) OF TOTAL EXPENDI-TURES	STATE SHARE PER PARTICI-PATING CARDHOLDER	% OF STATE SHARE EXPENDI-TURES
INCOME - SINGLE												
$14,501 - $17,000	43,580	36,277	1,311,723	22.9	36.2	$92,702,524	$55,203,196	59.5	$37,499,328	40.5	$970.28	20.8
$17,001 - $20,000	43,460	35,795	1,311,750	22.9	36.6	$96,847,015	$54,148,075	55.9	$42,698,940	44.1	$1,198.43	23.7
$20,001 - $23,500	33,034	26,693	936,686	16.4	35.1	$71,837,476	$40,546,354	56.4	$31,291,122	43.6	$1,185.11	17.4
MORATORIUM	4,168	3,314	113,226	2.0	34.2	$8,160,760	$4,470,601	54.8	$3,690,159	45.2	$1,237.30	2.1
INCOME - MARRIED												
$17,701 - $20,200	5,205	3,989	126,163	2.2	31.6	$8,847,230	$6,149,883	69.5	$2,697,347	30.5	$676.20	1.5
$20,201 - $23,000	13,598	10,738	365,063	6.4	34.0	$26,644,513	$17,315,151	65.0	$9,329,362	35.0	$868.82	5.2
$23,001 - $26,000	17,557	13,805	464,561	8.1	33.7	$34,837,965	$19,473,724	55.9	$15,364,241	44.1	$1,112.95	8.5
$26,001 - $29,000	19,548	15,350	498,086	8.7	32.4	$37,799,297	$21,315,366	56.4	$16,483,931	43.6	$1,073.87	9.2
$29,001 - $31,500	20,066	15,785	524,309	9.2	33.2	$41,063,471	$22,922,789	55.8	$18,140,682	44.2	$1,149.24	10.1
MORATORIUM	3,131	2,349	75,803	1.3	32.3	$5,883,579	$3,210,326	54.6	$2,673,252	45.4	$1,138.04	1.5

SOURCE: PDA/CLAIMS HISTORY, CARDHOLDER FILE

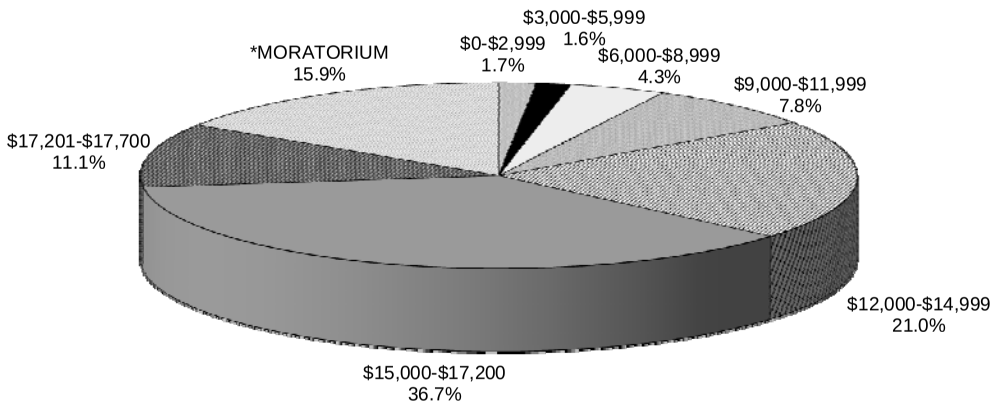
NOTE: DATA INCLUDE ORIGINAL, PAID PACENET CLAIMS BY DATE OF SERVICE. TOTAL CLAIMS INCLUDE DEDUCTIBLE CLAIMS AND COPAID CLAIMS.

FIGURE 4.1A
PERCENT OF ENROLLED PACE CARDHOLDERS
BY INCOME AND MARITAL STATUS
JANUARY - DECEMBER 2010
(TOTAL N = 144,243)

SINGLE
N=130,726



MARRIED
N=13,517

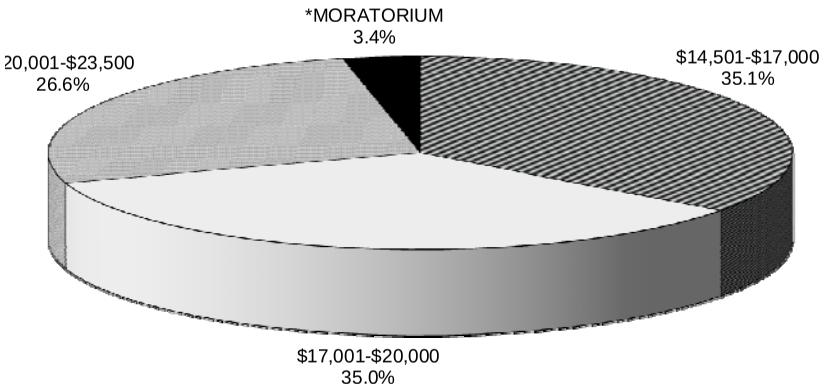


* Moratorium group includes cardholders who have remained in program even though their incomes exceed income eligibility limits due to nominal increases in their Social Security income.

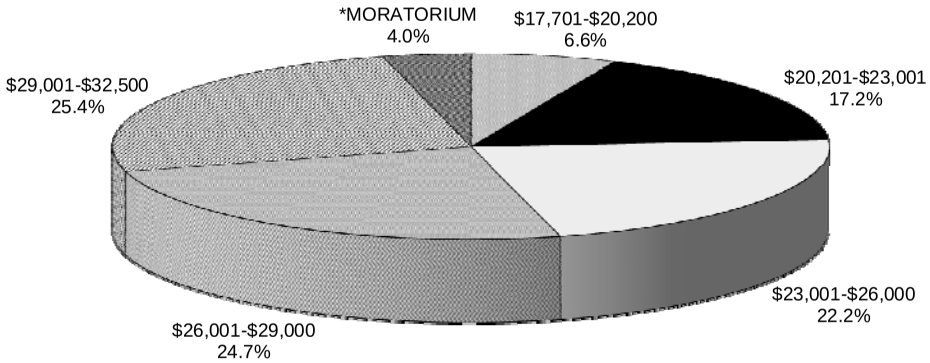
SOURCE: PDA CARDHOLDER FILE

FIGURE 4.1B
PERCENT OF ENROLLED PACENET CARDHOLDERS
BY INCOME AND MARITAL STATUS
JANUARY - DECEMBER 2010
(TOTAL N = 203,347)

SINGLE
N=124,242



MARRIED
N=79,105



* Moratorium group includes cardholders who have remained in program even though their incomes exceed income eligibility limits due to nominal increases in their Social Security income.

SOURCE: PDA CARDHOLDER FILE

TABLE 4.3
OTHER PRESCRIPTION INSURANCE COVERAGE OF PACE AND PACENET ENROLLED CARDHOLDERS
JANUARY - DECEMBER 2010

A. PACE	PACE ENROLLED CARDHOLDERS		PACE CLAIMS		STATE SHARE EXPENDITURES	
	NUMBER	% OF TOTAL	TOTAL CLAIMS	CLAIMS PER ENROLLED CARDHOLDER	TOTAL STATE SHARE EXPENDITURES	EXPENDITURES PER ENROLLED CARDHOLDER
OTHER PRESCRIPTION COVERAGE IDENTIFIED	137,300	95.2	4,483,324	32.7	$114,219,489	$831.90
MEDICARE PART D COVERAGE	126,261	87.5	4,070,825	32.2	$92,256,579	$730.68
NON MEDICARE PART D COVERAGE	11,039	7.7	412,499	37.4	$21,962,910	$1,989.57
NO OTHER KNOWN PRESCRIPTION COVERAGE	6,943	4.8	71,209	10.3	$3,484,818	$501.92
TOTAL PACE ENROLLED	144,243	100.0	4,554,533	31.6	$117,704,307	$816.01

B. PACENET	PACENET ENROLLED CARDHOLDERS		PACENET CLAIMS		STATE SHARE EXPENDITURES	
	NUMBER	% OF TOTAL	TOTAL CLAIMS	CLAIMS PER ENROLLED CARDHOLDER	TOTAL STATE SHARE EXPENDITURES	EXPENDITURES PER ENROLLED CARDHOLDER
OTHER PRESCRIPTION COVERAGE IDENTIFIED	187,770	92.3	5,609,011	29.9	$175,545,122	$934.89
MEDICARE PART D COVERAGE	165,136	81.2	5,067,407	30.7	$150,808,469	$913.24
NON MEDICARE PART D COVERAGE	22,634	11.1	541,604	23.9	$24,736,653	$1,092.90
NO OTHER KNOWN PRESCRIPTION COVERAGE	15,577	7.7	118,359	7.6	$4,323,242	$277.54
TOTAL PACENET ENROLLED	203,347	100.0	5,727,370	28.2	$179,868,364	$884.54

SOURCE: PDA/CARDHOLDER FILE, CLAIMS HISTORY

NOTES: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE. SOME CARDHOLDERS WERE ENROLLED IN BOTH PROGRAMS FOR SOME PORTION OF THE YEAR.
NOT ALL CARDHOLDERS WITH IDENTIFIED R_X INSURANCE HAD ACTIVE THIRD PARTY COVERAGE FOR DRUGS REIMBURSED BY PACE AT THE TIME OF DISPENSING.

TABLE 4.4
PART D CARDHOLDER ENROLLMENT, PARTICIPATION, AND EXPENDITURES
JANUARY - DECEMBER 2010

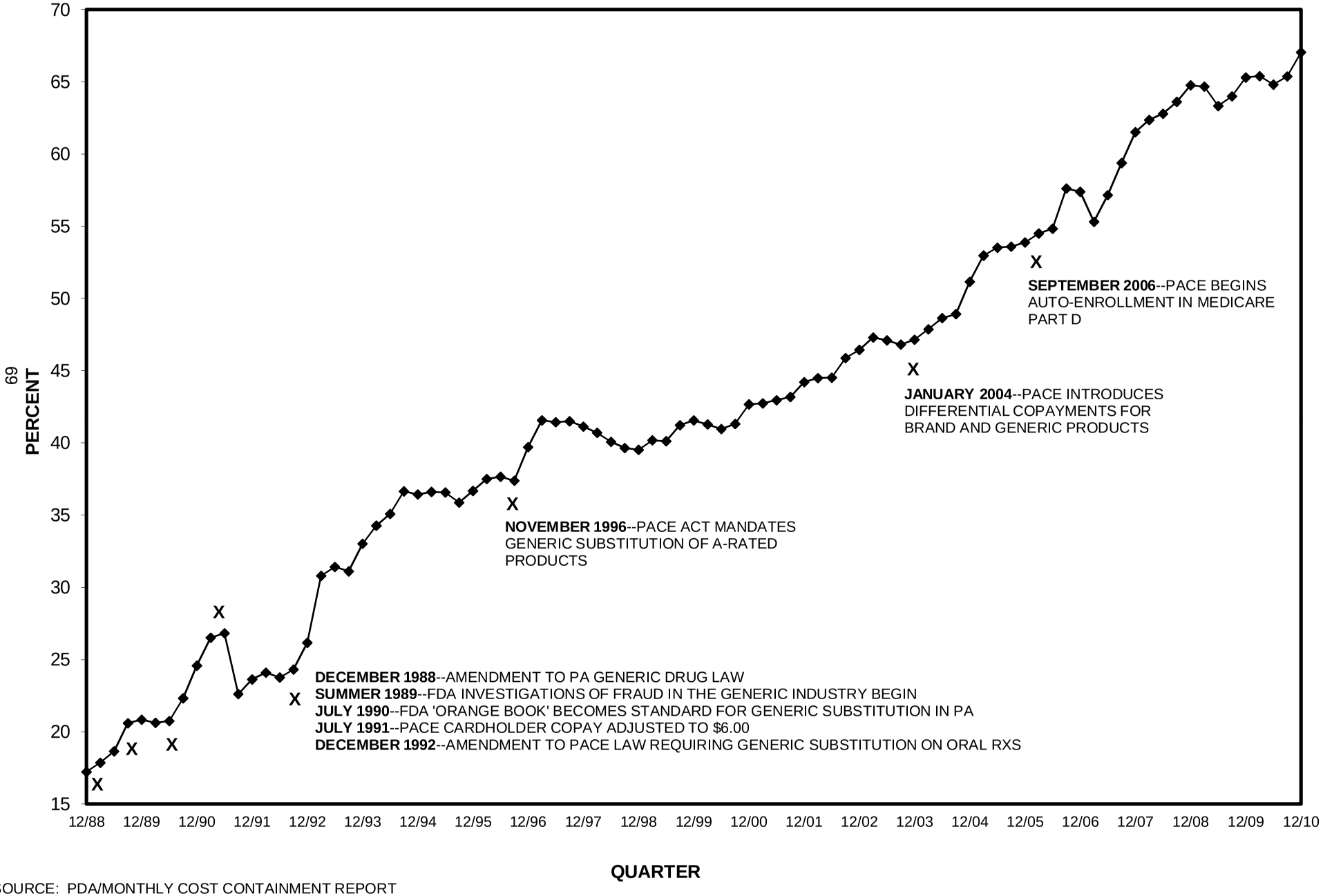
	PACE	PACENET	TOTAL
Enrolled Cardholders			
Part D, Auto-Enrolled	72,890	74,840	146,204
Part D, Not Auto-Enrolled	53,371	90,296	141,340
Not Enrolled in Part D	17,982	38,211	55,372
Total PACE/PACENET Enrolled	144,243	203,347	342,916
Participating Cardholders			
Part D, Auto-Enrolled	65,762	70,099	134,554
Part D, Not Auto-Enrolled	42,667	73,592	114,688
Not Enrolled in Part D	11,965	20,404	31,965
Total Participating Cardholders	120,394	164,095	281,207
Claims			
Part D, Auto-Enrolled	2,512,422	2,672,308	5,184,730
Part D, Not Auto-Enrolled	1,558,403	2,395,099	3,953,502
Not Enrolled in Part D	483,708	659,963	1,143,671
Total Claims	4,554,533	5,727,370	10,281,903
Claims Per Enrollee			
Part D, Auto-Enrolled	34.47	35.71	35.46
Part D, Not Auto-Enrolled	29.20	26.52	27.97
Not Enrolled in Part D	26.90	17.27	20.65
All PACE/PACENET Enrolled	31.58	28.17	29.98
State Share Expenditures			
Part D, Auto-Enrolled	$59,944,600	$83,230,310	$143,174,910
Part D, Not Auto-Enrolled	$32,311,979	$67,578,159	$99,890,138
Not Enrolled in Part D	$25,447,728	$29,059,895	$54,507,623
All PACE/PACENET Enrolled	$117,704,307	$179,868,364	$297,572,671
State Share Per Claim			
Part D, Auto-Enrolled	$23.86	$31.15	$27.61
Part D, Not Auto-Enrolled	$20.73	$28.22	$25.27
Not Enrolled in Part D	$52.61	$44.03	$47.66
All PACE/PACENET Enrolled	$25.84	$31.41	$28.94
Total Cardholder Expenditures			
Part D, Auto-Enrolled	$14,113,066	$33,309,170	$47,422,236
Part D, Not Auto-Enrolled	$8,797,897	$23,820,310	$32,618,208
Not Enrolled in Part D	$3,246,734	$9,199,014	$12,445,748
All PACE/PACENET Enrolled	$26,157,697	$66,328,495	$92,486,192
Cardholder Share Per Claim			
Part D, Auto-Enrolled	$5.62	$12.46	$9.15
Part D, Not Auto-Enrolled	$5.65	$9.95	$8.25
Not Enrolled in Part D	$6.71	$13.94	$10.88
All PACE/PACENET Enrolled	$5.74	$11.58	$9.00
TPL Share			
Part D, Auto-Enrolled	$98,608,886	$82,158,550	$180,767,436
Part D, Not Auto-Enrolled	$65,346,733	$91,941,157	$157,287,891
Not Enrolled in Part D	$1,441,455	$4,327,262	$5,768,718
All PACE/PACENET Enrolled	$165,397,074	$178,426,970	$343,824,045

TABLE 4.4
PART D CARDHOLDER ENROLLMENT, PARTICIPATION, AND EXPENDITURES
JANUARY - DECEMBER 2010

	PACE	PACENET	TOTAL
TPL Share Per Claim			
Part D, Auto-Enrolled	$39.25	$30.74	$34.87
Part D, Not Auto-Enrolled	$41.93	$38.39	$39.78
Not Enrolled in Part D	$2.98	$6.56	$5.04
All PACE/PACENET Enrolled	$36.31	$31.15	$33.44
Total Expenditures (State, Cardholder, TPL)			
Part D, Auto-Enrolled	$172,666,552	$198,698,031	$371,364,582
Part D, Not Auto-Enrolled	$106,456,610	$183,339,627	$289,796,237
Not Enrolled in Part D	$30,135,917	$42,586,172	$72,722,089
All PACE/PACENET Enrolled	$309,259,079	$424,623,829	$733,882,908
Part D LIS Status Among Auto-Enrolled			
Full LIS	30,301	4,581	34,676
Partial LIS	6,152	4,278	10,330
No LIS	36,437	65,981	101,198
Total Auto-Enrolled Cardholders	72,890	74,840	146,204
Part D LIS Status Among Other Part D Enrolled			
Full LIS	24,770	6,540	30,924
Partial LIS	4,625	5,292	9,726
No LIS	23,976	78,464	100,690
Total Other Part D Enrolled Cardholders	53,371	90,296	141,340

Notes: Auto-enrolled cardholders include individuals who were auto-enrolled by PACE/PACENET into Part D plans for 2010. The expenditure totals shown are based only on claims that were recorded in the PACE/PACENET claim adjudication system. There may be additional prescription expenditures that were not submitted to PACE/PACENET.

FIGURE 4.2
PACE GENERIC UTILIZATION RATES BY QUARTER
DECEMBER 1988 - DECEMBER 2010



SOURCE: PDA/MONTHLY COST CONTAINMENT REPORT

PENNSYLVANIA DEPARTMENT OF AGING

SECTION 5

COUNTY DATA

PENNSYLVANIA DEPARTMENT OF AGING

TABLE 5.1
NUMBER AND PERCENT OF PACE AND PACENET CARDHOLDERS
AND NUMBER OF PROVIDERS BY COUNTY
JANUARY - DECEMBER 2010

COUNTY	NUMBER OF PACE ENROLLED CARDHOLDERS	NUMBER OF PACENET ENROLLED CARDHOLDERS	TOTAL NUMBER ENROLLED*	% OF TOTAL	NUMBER OF PARTICIPATING CARDHOLDERS	NUMBER OF PROVIDERS	TYPE OF COUNTY	STATE SHARE	PACE CLAIMS	PACENET CLAIMS	PACE STATE SHARE	PACENET STATE SHARE
PENNSYLVANIA	144,243	203,347	342,916	100.0	281,207	2,924	ALL COUNTIES	$297,572,671	4,554,533	5,727,370	$117,704,307	$179,868,364
ADAMS	987	1,616	2,568	0.7	2,220	16	RURAL	$2,208,865	32,708	49,673	$740,952	$1,467,913
ALLEGHENY	13,886	19,093	32,563	9.5	26,679	295	URBAN	$27,363,677	424,996	509,086	$11,072,565	$16,291,112
ARMSTRONG	972	1,450	2,398	0.7	1,945	16	RURAL	$1,908,119	27,129	37,055	$674,927	$1,233,192
BEAVER	2,255	3,810	5,995	1.7	4,920	41	URBAN	$5,197,052	74,848	111,630	$1,750,100	$3,446,952
BEDFORD	1,068	1,503	2,540	0.7	2,038	15	RURAL	$2,386,209	34,944	42,962	$991,507	$1,394,702
BERKS	3,507	6,263	9,637	2.8	8,013	67	SUBURBAN	$7,661,075	112,357	174,861	$2,485,227	$5,175,849
BLAIR	2,177	3,375	5,482	1.6	4,535	40	SUBURBAN	$5,246,251	79,555	104,464	$1,995,541	$3,250,711
BRADFORD	1,111	1,483	2,544	0.7	2,064	15	RURAL	$1,774,698	28,630	38,197	$686,874	$1,087,823
BUCKS	3,779	5,972	9,604	2.8	7,863	134	URBAN	$11,398,116	127,751	174,283	$4,741,571	$6,656,545
BUTLER	1,767	2,877	4,579	1.3	3,783	44	SEMIRURAL	$4,035,788	60,878	81,309	$1,523,252	$2,512,536
CAMBRIA	2,729	3,938	6,576	1.9	5,345	39	SUBURBAN	$5,562,257	89,910	102,704	$2,212,605	$3,349,653
CAMERON	75	164	237	0.1	193	3	SEMIRURAL	$159,230	1,634	3,926	$34,708	$124,522
CARBON	1,196	1,724	2,881	0.8	2,400	15	SUBURBAN	$2,290,212	39,721	44,921	$887,894	$1,402,319
CENTRE	903	1,552	2,409	0.7	1,979	31	SUBURBAN	$1,645,023	29,647	45,472	$554,335	$1,090,688
CHESTER	2,385	3,432	5,754	1.7	4,765	92	SUBURBAN	$5,824,381	77,790	95,072	$2,414,192	$3,410,189
CLARION	581	1,050	1,610	0.5	1,316	14	RURAL	$1,322,172	17,185	29,521	$450,451	$871,721
CLEARFIELD	1,450	2,272	3,655	1.1	3,024	18	RURAL	$3,003,100	51,452	68,322	$1,097,614	$1,905,486
CLINTON	643	1,048	1,667	0.5	1,380	8	SEMIRURAL	$1,216,068	24,555	33,125	$418,703	$797,365
COLUMBIA	1,255	1,813	3,023	0.9	2,506	14	SEMIRURAL	$2,172,034	44,592	53,189	$825,396	$1,346,639
CRAWFORD	1,262	2,007	3,218	0.9	2,524	20	RURAL	$2,165,470	36,626	48,533	$844,648	$1,320,822
CUMBERLAND	1,858	3,096	4,868	1.4	4,095	70	SUBURBAN	$4,284,911	60,639	89,490	$1,489,060	$2,795,851
DAUPHIN	1,960	2,931	4,813	1.4	3,909	56	URBAN	$3,627,911	59,299	80,900	$1,337,043	$2,290,868
DELAWARE	4,165	5,584	9,626	2.8	7,799	139	URBAN	$10,084,994	126,171	156,610	$4,283,723	$5,801,271
ELK	460	1,019	1,457	0.4	1,257	9	SEMIRURAL	$1,357,343	14,373	32,734	$348,018	$1,009,325
ERIE	2,895	4,933	7,736	2.3	6,156	60	URBAN	$6,196,821	90,391	133,068	$2,115,977	$4,080,845
FAYETTE	2,577	3,455	5,953	1.7	4,870	42	SEMIRURAL	$5,131,048	81,985	94,997	$2,188,702	$2,942,346
FOREST	93	163	255	0.1	204	2	RURAL	$164,820	2,794	4,705	$43,711	$121,109
FRANKLIN	1,382	2,238	3,577	1.0	2,970	24	SEMIRURAL	$3,056,582	50,557	69,949	$1,079,919	$1,976,662
FULTON	214	339	546	0.2	454	3	RURAL	$414,689	6,457	10,933	$134,841	$279,849
GREENE	439	593	1,017	0.3	812	9	RURAL	$745,470	14,534	16,506	$297,735	$447,735

TABLE 5.1
NUMBER AND PERCENT OF PACE AND PACENET CARDHOLDERS
AND NUMBER OF PROVIDERS BY COUNTY
JANUARY - DECEMBER 2010

COUNTY	NUMBER OF PACE ENROLLED CARDHOLDERS	NUMBER OF PACENET ENROLLED CARDHOLDERS	TOTAL NUMBER ENROLLED*	% OF TOTAL	NUMBER OF PARTICIPATING CARDHOLDERS	NUMBER OF PROVIDERS	TYPE OF COUNTY	STATE SHARE	PACE CLAIMS	PACENET CLAIMS	PACE STATE SHARE	PACENET STATE SHARE
HUNTINGDON	711	1,110	1,797	0.5	1,458	9	RURAL	$1,455,480	22,543	32,483	$502,933	$952,547
INDIANA	1,107	1,629	2,695	0.8	2,195	19	RURAL	$2,318,270	39,542	47,167	$946,304	$1,371,966
JEFFERSON	845	1,372	2,187	0.6	1,867	13	SEMIRURAL	$1,991,299	30,445	42,492	$694,471	$1,296,828
JUNIATA	359	602	941	0.3	825	5	RURAL	$933,403	13,913	23,096	$326,168	$607,235
LACKAWANNA	4,493	5,208	9,571	2.8	8,289	74	URBAN	$9,227,078	159,315	164,881	$4,215,424	$5,011,654
LANCASTER	3,774	7,036	10,660	3.1	8,756	100	SUBURBAN	$8,567,822	121,686	205,925	$2,681,608	$5,886,214
LAWRENCE	1,627	2,540	4,104	1.2	3,422	24	SEMIRURAL	$3,417,837	51,620	70,443	$1,110,533	$2,307,304
LEBANON	1,384	2,245	3,574	1.0	2,896	23	SEMIRURAL	$2,714,414	43,538	63,371	$953,742	$1,760,672
LEHIGH	2,880	4,587	7,349	2.1	6,099	61	URBAN	$6,120,678	93,254	126,811	$2,388,663	$3,732,015
LUZERNE	7,660	8,454	15,907	4.6	13,511	95	SUBURBAN	$14,462,985	264,728	257,552	$6,537,033	$7,925,952
LYCOMING	1,719	2,670	4,316	1.3	3,531	27	SUBURBAN	$3,263,700	56,797	72,456	$1,190,780	$2,072,919
MCKEAN	608	1,015	1,607	0.5	1,337	13	SEMIRURAL	$1,440,375	22,034	32,204	$438,552	$1,001,823
MERCER	1,558	3,073	4,571	1.3	3,683	32	SUBURBAN	$4,078,736	47,998	84,357	$1,221,132	$2,857,605
MIFFLIN	929	1,564	2,463	0.7	2,121	11	RURAL	$2,182,430	38,924	56,790	$734,237	$1,448,193
MONROE	1,384	1,950	3,291	1.0	2,645	34	RURAL	$2,617,206	40,589	49,081	$985,758	$1,631,448
MONTGOMERY	4,922	7,291	12,049	3.5	9,947	190	URBAN	$13,182,374	160,684	206,549	$5,208,312	$7,974,062
MONTOUR	231	343	570	0.2	470	7	SEMIRURAL	$424,235	7,761	10,276	$153,647	$270,588
NORTHAMPTON	3,354	5,595	8,839	2.6	7,454	69	SUBURBAN	$7,931,715	109,525	167,466	$2,745,434	$5,186,280
NORTHUMBERLAND	2,357	2,799	5,093	1.5	4,272	23	SEMIRURAL	$4,186,542	89,930	84,960	$1,846,825	$2,339,717
PERRY	532	831	1,343	0.4	1,129	8	RURAL	$1,237,713	16,808	22,368	$493,291	$744,422
PHILADELPHIA	19,172	16,210	34,971	10.2	26,922	378	URBAN	$31,407,194	490,269	422,671	$16,002,337	$15,404,857
PIKE	479	737	1,197	0.3	957	12	RURAL	$865,609	11,646	16,469	$307,550	$558,059
POTTER	309	456	744	0.2	582	4	RURAL	$484,012	9,653	13,196	$162,437	$321,575
SCHUYLKILL	3,864	4,380	8,144	2.4	6,863	32	SEMIRURAL	$6,289,333	122,291	122,252	$2,773,258	$3,516,076
SNYDER	468	794	1,237	0.4	1,068	13	RURAL	$1,077,039	16,920	27,492	$345,752	$731,287
SOMERSET	1,604	2,265	3,819	1.1	3,172	16	RURAL	$3,512,963	53,790	62,365	$1,482,017	$2,030,946
SULLIVAN	139	175	312	0.1	247	2	RURAL	$194,572	4,202	4,091	$84,969	$109,603
SUSQUEHANNA	632	847	1,464	0.4	1,148	8	RURAL	$1,115,224	18,617	21,535	$444,953	$670,271
TIOGA	703	981	1,666	0.5	1,314	9	RURAL	$1,221,377	21,784	26,352	$442,795	$778,582
UNION	488	798	1,259	0.4	1,080	8	SEMIRURAL	$966,794	17,469	23,508	$394,732	$572,062

TABLE 5.1
NUMBER AND PERCENT OF PACE AND PACENET CARDHOLDERS
AND NUMBER OF PROVIDERS BY COUNTY
JANUARY - DECEMBER 2010

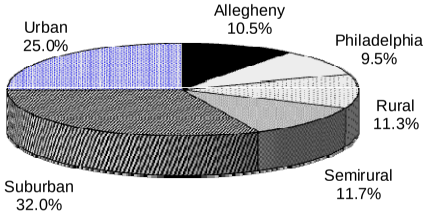
COUNTY	NUMBER OF PACE ENROLLED CARDHOLDERS	NUMBER OF PACENET ENROLLED CARDHOLDERS	TOTAL NUMBER ENROLLED*	% OF TOTAL	NUMBER OF PARTICIPATING CARDHOLDERS	NUMBER OF PROVIDERS	TYPE OF COUNTY	STATE SHARE	PACE CLAIMS	PACENET CLAIMS	PACE STATE SHARE	PACENET STATE SHARE
VENANGO	693	1,265	1,936	0.6	1,572	14	SEMIRURAL	$1,525,101	21,151	33,177	$506,421	$1,018,680
WARREN	414	897	1,296	0.4	993	11	SEMIRURAL	$915,583	9,596	20,595	$244,729	$670,854
WASHINGTON	2,582	3,965	6,478	1.9	5,368	45	SUBURBAN	$5,243,952	80,004	110,536	$1,886,832	$3,357,121
WAYNE	784	1,006	1,763	0.5	1,454	12	RURAL	$1,496,301	23,831	25,786	$668,826	$827,476
WESTMORELAND	5,195	8,261	13,257	3.9	10,981	85	SUBURBAN	$10,454,082	163,317	222,558	$3,760,930	$6,693,152
WYOMING	472	570	1,023	0.3	835	10	RURAL	$771,943	16,665	16,898	$319,998	$451,944
YORK	3,780	7,033	10,635	3.1	8,726	77	SUBURBAN	$8,672,914	117,586	198,964	$2,779,137	$5,893,777

* TOTAL NUMBER ENROLLED IS AN UNDUPLICATED COUNT OF CARDHOLDERS, SOME OF WHOM MAY HAVE BEEN ENROLLED IN BOTH PROGRAMS DURING THE YEAR.

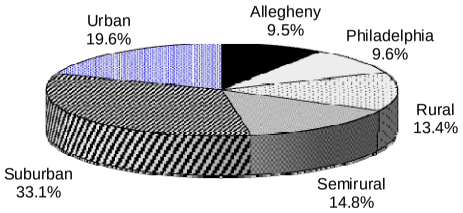
SOURCE: PDA/CARDHOLDER FILE; CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE.

FIGURE 5.1
PACE AND PACENET CARDHOLDER, CLAIM, AND PROVIDER INFORMATION BY COUNTY TYPE
JANUARY - DECEMBER 2010

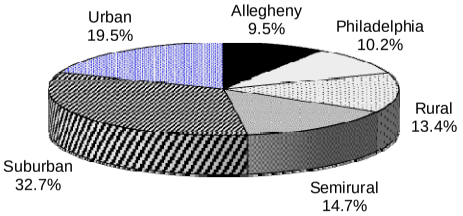
PENNSYLVANIA SENIOR CITIZEN POPULATION
N = 1,959,307



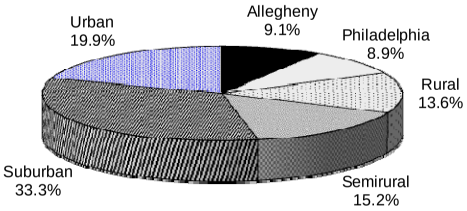
PARTICIPATING CARDHOLDERS
N = 281,207



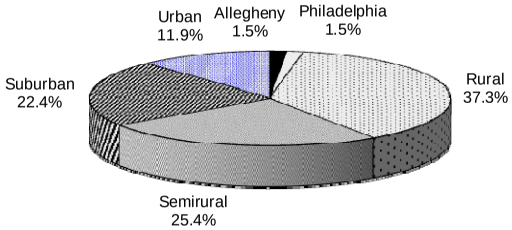
ENROLLED CARDHOLDERS
N = 342,916



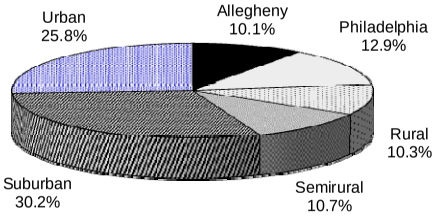
TOTAL CLAIMS
N = 10,281,903



PENNSYLVANIA COUNTIES
N = 67

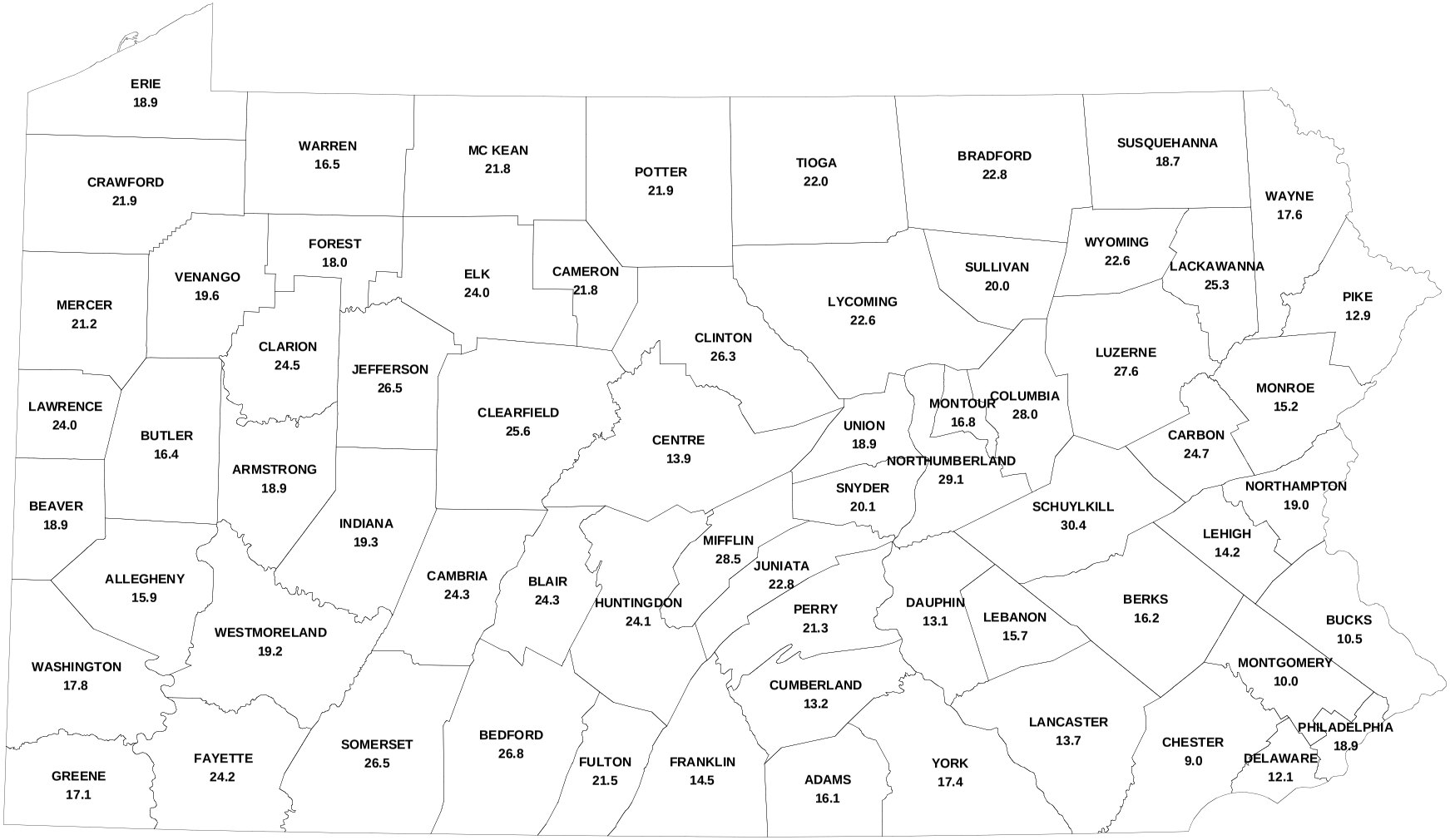


PACE PROVIDERS
N = 2,924



SOURCE: PDA/CARDHOLDER FILE, CLAIMS HISTORY, AND 2010 CENSUS COUNTS
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE.

FIGURE 5.2
PERCENT OF ELDERLY ENROLLED IN PACE AND PACENET BY COUNTY
(STATEWIDE PERCENT ENROLLED = 17.5%)
JANUARY - DECEMBER 2010



COUNTIES WITH HIGHEST PERCENT ENROLLED: SCHUYLKILL (30.4%), NORTHUMBERLAND (29.1%), AND MIFFLIN (28.5%)

COUNTIES WITH LOWEST PERCENT ENROLLED: CHESTER (9.0%), MONTGOMERY (10.0%), AND BUCKS (10.5%)

SOURCES: CARDHOLDER FILE, CLAIMS HISTORY, AND 2010 CENSUS COUNTS

PENNSYLVANIA DEPARTMENT OF AGING

SECTION 6

PROVIDER DATA

PENNSYLVANIA DEPARTMENT OF AGING

TABLE 6.1
PACE CLAIMS AND EXPENDITURES BY PROVIDER TYPE
JANUARY - DECEMBER 2010

PROVIDER TYPE	PROVIDERS JAN - JUNE NO.	PROVIDERS JAN - JUNE %	PROVIDERS JULY - DEC NO.	PROVIDERS JULY - DEC %	CLAIMS JAN - JUNE NO.	CLAIMS JAN - JUNE %	CLAIMS JULY - DEC NO.	CLAIMS JULY - DEC %	EXPENDITURES JAN - JUNE AMOUNT	EXPENDITURES JAN - JUNE %	EXPENDITURES JULY - DEC AMOUNT	EXPENDITURES JULY - DEC %	PERCENT OF CLAIMS REDUCED TO AWP-12%+$4.00 JAN-JUNE	PERCENT OF CLAIMS REDUCED TO AWP-12%+$4.00 JULY - DEC
INDEPENDENT PHARMACIES	844	29.6	832	29.1	726,185	30.0	694,485	31.0	$17,631,199	31.1	$19,840,438	31.4	24.0	23.4
DISPENSING PHYSICIANS	10	0.4	17	0.6	49	0.0	89	0.0	$4,109	0.0	$19,852	0.0	0.0	7.9
INSTITUTIONAL PHARMACIES	26	0.9	27	0.9	12,108	0.5	11,977	0.5	$266,652	0.5	$289,963	0.5	30.8	28.5
CHAIN PHARMACIES	1,806	63.2	1,816	63.4	1,462,251	60.4	1,317,821	58.7	$33,304,918	58.8	$36,958,179	58.4	19.2	19.3
NURSING HOME PHARMACIES	150	5.3	150	5.2	202,661	8.4	202,382	9.0	$4,760,716	8.4	$5,506,127	8.7	24.0	27.2
MAIL ORDER PHARMACIES	20	0.7	21	0.7	16,424	0.7	16,472	0.7	$672,035	1.2	$624,651	1.0	10.3	9.7
TOTAL	2,856	100.0	2,863	100.0	2,419,678	100.0	2,243,226	100.0	$56,639,630	100.0	$63,239,210	100.0	21.0	21.3

SOURCE: PDA/PS-0-100, CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT, EXCLUDE PACENET CLAIMS.

TABLE 6.2
PACE CLAIMS VOLUME BY PRODUCT AND PROVIDER TYPE
JANUARY - DECEMBER 2010

	BRAND SINGLE-SOURCE				BRAND MULTI-SOURCE				GENERIC				TOTAL			
	JAN - JUNE		JULY - DEC		JAN - JUNE		JULY - DEC		JAN - JUNE		JULY - DEC		JAN - JUNE		JULY - DEC	
PROVIDER TYPE	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%
INDEPENDENT PHARMACIES	236,111	32.5	215,707	31.1	30,313	4.2	26,799	3.9	459,761	63.3	451,979	65.1	726,185	100.0	694,485	100.0
DISPENSING PHYSICIANS	34	69.4	59	66.3	4	8.2	1	1.1	11	22.5	29	32.6	49	100.0	89	100.0
INSTITUTIONAL PHARMACIES	3,116	25.7	2,816	23.5	809	6.7	608	5.1	8,183	67.6	8,553	71.4	12,108	100.0	11,977	100.0
CHAIN PHARMACIES	442,715	30.3	404,473	30.7	53,797	3.7	46,656	3.5	965,739	66.0	866,692	65.8	1,462,251	100.0	1,317,821	100.0
NURSING HOME PHARMACIES	63,244	31.2	53,597	26.5	6,508	3.2	9,466	4.7	132,909	65.6	139,319	68.8	202,661	100.0	202,382	100.0
MAIL ORDER PHARMACIES	5,170	31.5	4,876	29.6	923	5.6	714	4.3	10,331	62.9	10,882	66.1	16,424	100.0	16,472	100.0
TOTAL	750,390	31.0	681,528	30.4	92,354	3.8	84,244	3.8	1,576,934	65.2	1,477,454	65.9	2,419,678	100.0	2,243,226	100.0

SOURCE: PDA/PS-0-100, CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT, EXCLUDE PACENET CLAIMS.

TABLE 6.3
PACE EXPENDITURES BY PRODUCT AND PROVIDER TYPE
JANUARY - DECEMBER 2010

PROVIDER	BRAND SINGLE-SOURCE				BRAND MULTI-SOURCE				GENERIC				TOTAL			
	JAN - JUNE		JULY - DEC		JAN - JUNE		JULY - DEC		JAN - JUNE		JULY - DEC		JAN - JUNE		JULY - DEC	
TYPE	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%
INDEPENDENT PHARMACIES	$12,757,772	72.4	$14,094,267	71.0	$1,449,490	8.2	$1,890,131	9.5	$3,423,937	19.4	$3,856,039	19.4	$17,631,199	100.0	$19,840,438	100.0
DISPENSING PHYSICIANS	$3,962	96.4	$19,399	97.7	$130	3.2	$33	0.2	$17	0.4	$420	2.1	$4,109	100.0	$19,852	100.0
INSTITUTIONAL PHARMACIES	$182,250	68.3	$196,250	67.7	$27,100	10.2	$40,280	13.9	$57,301	21.5	$53,432	18.4	$266,652	100.0	$289,963	100.0
CHAIN PHARMACIES	$24,728,123	74.2	$27,037,200	73.2	$2,543,633	7.6	$3,215,020	8.7	$6,033,162	18.1	$6,705,960	18.1	$33,304,918	100.0	$36,958,179	100.0
NURSING HOME PHARMACIES	$3,646,423	76.6	$3,661,395	66.5	$304,398	6.4	$833,213	15.1	$809,894	17.0	$1,011,519	18.4	$4,760,716	100.0	$5,506,127	100.0
MAIL ORDER PHARMACIES	$601,581	89.5	$518,424	83.0	$30,258	4.5	$39,148	6.3	$40,196	6.0	$67,079	10.7	$672,035	100.0	$624,651	100.0
TOTAL	$41,920,112	74.0	$45,526,935	72.0	$4,355,010	7.7	$6,017,825	9.5	$10,364,508	18.3	$11,694,450	18.5	$56,639,630	100.0	$63,239,210	100.0

SOURCE: PDA/PS-0-100, CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT, EXCLUDE PACENET CLAIMS.

TABLE 6.4
AVERAGE STATE SHARE PER PACE CLAIM BY PRODUCT AND PROVIDER TYPE
JANUARY - DECEMBER 2010

PROVIDER TYPE	BRAND SINGLE-SOURCE		BRAND MULTI-SOURCE		GENERIC		AVERAGE FOR ALL TYPES	
	JAN - JUNE	JULY - DEC	JAN - JUNE	JULY - DEC	JAN - JUNE	JULY - DEC	JAN - JUNE	JULY - DEC
INDEPENDENT PHARMACIES	$54.03	$65.34	$47.82	$70.53	$7.45	$8.53	$24.28	$28.57
DISPENSING PHYSICIANS	$116.54	$328.80	$32.50	$33.00	$1.53	$14.47	$83.86	$223.06
INSTITUTIONAL PHARMACIES	$58.49	$69.69	$33.50	$66.25	$7.00	$6.25	$22.02	$24.21
CHAIN PHARMACIES	$55.86	$66.85	$47.28	$68.91	$6.25	$7.74	$22.78	$28.04
NURSING HOME PHARMACIES	$57.66	$68.31	$46.77	$88.02	$6.09	$7.26	$23.49	$27.21
MAIL ORDER PHARMACIES	$116.36	$106.32	$32.78	$54.83	$3.89	$6.16	$40.92	$37.92
ALL PROVIDER TYPES	$55.86	$66.80	$47.16	$71.43	$6.57	$7.92	$23.41	$28.19

SOURCE: PDA/PS-0-100, CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT, EXCLUDE PACENET CLAIMS.

TABLE 6.5
PACENET CLAIMS AND EXPENDITURES BY PROVIDER TYPE
JANUARY - DECEMBER 2010

PROVIDER TYPE	PROVIDERS		CLAIMS				EXPENDITURES				
	ENROLLED	PARTICI-PATING	DEDUCTIBLE CLAIMS[1]	COPAID CLAIMS	TOTAL CLAIMS	% OF CLAIMS	CARDHOLDER EXPENDITURES	OTHER PAYER EXPENDITURES	STATE SHARE EXPENDITURES	TOTAL EXPENDITURES	% OF TOTAL EXPENDITURES
INDEPENDENT PHARMACIES	1,071	865	369,298	1,316,379	1,685,677	28.9	$19,609,058	$49,659,563	$53,048,797	$122,317,418	28.4
DISPENSING PHYSICIANS	84	22	62	242	304	0.0	$4,907	$310,912	$131,345	$447,165	0.1
INSTITUTIONAL PHARMACIES	32	29	3,749	15,362	19,111	0.3	$202,580	$736,680	$737,933	$1,677,193	0.4
CHAIN PHARMACIES	2,312	1,829	793,123	2,744,514	3,537,637	60.6	$40,959,279	$108,088,919	$110,125,190	$259,173,388	60.2
NURSING HOME PHARMACIES	191	152	94,808	413,415	508,223	8.7	$5,174,724	$13,649,970	$14,286,479	$33,111,173	7.7
MAIL ORDER PHARMACIES	34	26	11,208	77,397	88,605	1.5	$1,470,400	$8,663,408	$4,017,687	$14,151,496	3.3
TOTAL (ALL PROVIDERS)	3,724	2,923	1,272,248	4,567,309	5,839,557	100.0	$67,420,949	$181,109,453	$182,347,431	$430,877,833	100.0

[1]IN 2010, THE MONTHLY PACENET DEDUCTIBLE WAS CHANGED TO $32.09 TO COINCIDE WITH THE REGIONAL MEDICARE PART D PREMIUM BENCHMARK. PACENET CARDHOLDERS WHO ARE NOT ENROLLED IN PART D ARE REQUIRED TO PAY THE BENCHMARK AMOUNT PRIOR TO ANY PACENET CLAIM COVERAGE.

SOURCE: PDA/CLAIMS HISTORY

NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT.

TABLE 6.6
PACENET CLAIMS VOLUME BY PHASE OF COVERAGE[1], PRODUCT TYPE, AND PROVIDER TYPE
JANUARY - DECEMBER 2010

DEDUCTIBLE PHASE CLAIMS

	BRAND SINGLE-SOURCE		BRAND MULTI-SOURCE		GENERIC		TOTAL (ALL PRODUCTS)	
PROVIDER TYPE	NO.	%	NO.	%	NO.	%	NO.	%
INDEPENDENT PHARMACIES	130,309	35.3	16,035	4.3	222,954	60.4	369,298	100.0
DISPENSING PHYSICIANS	43	69.4	2	3.2	17	27.4	62	100.0
INSTITUTIONAL PHARMACIES	878	23.4	229	6.1	2,642	70.5	3,749	100.0
CHAIN PHARMACIES	254,609	32.1	29,716	3.8	508,798	64.2	793,123	100.0
NURSING HOME PHARMACIES	31,285	33.0	4,392	4.6	59,131	62.4	94,808	100.0
MAIL ORDER PHARMACIES	3,918	35.0	454	4.1	6,836	61.0	11,208	100.0
TOTAL (ALL PROVIDERS)	421,042	33.1	50,828	4.0	800,378	62.9	1,272,248	100.0

COPAYMENT PHASE CLAIMS

	BRAND SINGLE-SOURCE		BRAND MULTI-SOURCE		GENERIC		TOTAL (ALL PRODUCTS)	
PROVIDER TYPE	NO.	%	NO.	%	NO.	%	NO.	%
INDEPENDENT PHARMACIES	421,142	32.0	52,967	4.0	842,270	64.0	1,316,379	100.0
DISPENSING PHYSICIANS	147	60.7	11	4.6	84	34.7	242	100.0
INSTITUTIONAL PHARMACIES	4,165	27.1	932	6.1	10,265	66.8	15,362	100.0
CHAIN PHARMACIES	852,630	31.1	99,343	3.6	1,792,541	65.3	2,744,514	100.0
NURSING HOME PHARMACIES	115,164	27.9	16,861	4.1	281,390	68.1	413,415	100.0
MAIL ORDER PHARMACIES	20,573	26.6	3,062	4.0	53,762	69.5	77,397	100.0
TOTAL (ALL PROVIDERS)	1,413,821	31.0	173,176	3.8	2,980,312	65.3	4,567,309	100.0

[1]IN 2010, THE MONTHLY PACENET DEDUCTIBLE WAS CHANGED TO $32.09 TO COINCIDE WITH THE REGIONAL MEDICARE PART D PREMIUM BENCHMARK. PACENET CARDHOLDERS WHO ARE NOT ENROLLED IN PART D ARE REQUIRED TO PAY THE BENCHMARK AMOUNT PRIOR TO ANY PACENET CLAIM COVERAGE. THE DEDUCTIBLE AND COPAYMENT PHASES DIFFER IN THE TYPES OF CLAIMS SUBMITTED. LOW-PRICED PRESCRIPTIONS FOR WHICH THE TOTAL PRICE IS LESS THAN THE $8 OR $15 COPAY ARE NOT NECESSARILY SUBMITTED DURING THE COPAYMENT PHASE, BUT MAY BE SUBMITTED DURING THE DEDUCTIBLE PHASE TO SATISFY THE DEDUCTIBLE. GENERIC UTILIZATION RATES MAY THEREFORE BE HIGHER IN THE DEDUCTIBLE PHASE DUE TO THE OVER-REPRESENTATION OF LOW-PRICED GENERIC CLAIMS.

SOURCE: PDA/CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT.

TABLE 6.7
PACENET EXPENDITURES BY PHASE OF COVERAGE, PRODUCT TYPE, AND PROVIDER TYPE
JANUARY - DECEMBER 2010

A. DEDUCTIBLE PHASE CLAIMS[1]

PROVIDER TYPE	BRAND SINGLE-SOURCE AMOUNT	%	BRAND MULTI-SOURCE AMOUNT	%	GENERIC AMOUNT	%	ALL PRODUCTS AMOUNT	%
INDEPENDENT PHARMACIES								
CARDHOLDER EXPENDITURES	$4,214,325	58.8	$450,912	6.3	$2,505,466	34.9	$7,170,703	100.0
OTHER PAYER EXPENDITURES	$8,948,908	81.3	$839,324	7.6	$1,223,177	11.1	$11,011,409	100.0
STATE SHARE EXPENDITURES	$6,945,933	76.4	$838,046	9.2	$1,304,558	14.4	$9,088,536	100.0
TOTAL EXPENDITURES	$20,109,166	73.7	$2,128,282	7.8	$5,033,200	18.5	$27,270,648	100.0
DISPENSING PHYSICIANS								
CARDHOLDER EXPENDITURES	$1,729	85.1	$65	3.2	$237	11.7	$2,031	100.0
OTHER PAYER EXPENDITURES	$55,395	95.6	$2,214	3.8	$334	0.6	$57,944	100.0
STATE SHARE EXPENDITURES	$47,619	69.2	$239	0.4	$20,941	30.4	$68,799	100.0
TOTAL EXPENDITURES	$104,744	81.3	$2,518	2.0	$21,512	16.7	$128,774	100.0
INSTITUTIONAL PHARMACIES								
CARDHOLDER EXPENDITURES	$30,994	43.8	$6,670	9.4	$33,068	46.8	$70,733	100.0
OTHER PAYER EXPENDITURES	$45,387	75.4	$7,198	12.0	$7,654	12.7	$60,239	100.0
STATE SHARE EXPENDITURES	$68,121	67.2	$15,276	15.1	$18,034	17.8	$101,430	100.0
TOTAL EXPENDITURES	$144,502	62.2	$29,144	12.5	$58,756	25.3	$232,402	100.0
CHAIN PHARMACIES								
CARDHOLDER EXPENDITURES	$8,762,407	58.9	$896,508	6.0	$5,213,916	35.1	$14,872,830	100.0
OTHER PAYER EXPENDITURES	$17,086,331	78.9	$1,436,896	6.6	$3,131,485	14.5	$21,654,711	100.0
STATE SHARE EXPENDITURES	$15,288,937	78.2	$1,730,664	8.9	$2,521,376	12.9	$19,540,978	100.0
TOTAL EXPENDITURES	$41,137,674	73.4	$4,064,068	7.3	$10,866,778	19.4	$56,068,520	100.0
NURSING HOME PHARMACIES								
CARDHOLDER EXPENDITURES	$894,366	56.2	$115,316	7.2	$582,437	36.6	$1,592,119	100.0
OTHER PAYER EXPENDITURES	$2,326,151	78.0	$287,519	9.6	$370,461	12.4	$2,984,130	100.0
STATE SHARE EXPENDITURES	$1,469,109	73.2	$249,573	12.4	$287,297	14.3	$2,005,980	100.0
TOTAL EXPENDITURES	$4,689,626	71.3	$652,408	9.9	$1,240,195	18.8	$6,582,229	100.0
MAIL ORDER PHARMACIES								
CARDHOLDER EXPENDITURES	$159,963	64.3	$14,281	5.7	$74,696	30.0	$248,940	100.0
OTHER PAYER EXPENDITURES	$1,223,101	88.7	$38,282	2.8	$117,155	8.5	$1,378,538	100.0
STATE SHARE EXPENDITURES	$618,694	84.9	$78,504	10.8	$31,846	4.4	$729,044	100.0
TOTAL EXPENDITURES	$2,001,757	85.0	$131,067	5.6	$223,697	9.5	$2,356,522	100.0
TOTAL (ALL PROVIDERS)								
CARDHOLDER EXPENDITURES	$14,063,784	58.7	$1,483,752	6.2	$8,409,821	35.1	$23,957,356	100.0
OTHER PAYER EXPENDITURES	$29,685,272	79.9	$2,611,433	7.0	$4,850,266	13.1	$37,146,972	100.0
STATE SHARE EXPENDITURES	$24,438,413	77.5	$2,912,302	9.2	$4,184,052	13.3	$31,534,767	100.0
TOTAL EXPENDITURES	$68,187,469	73.6	$7,007,487	7.6	$17,444,139	18.8	$92,639,095	100.0

[1]IN 2010, THE MONTHLY PACENET DEDUCTIBLE WAS CHANGED TO $32.09 TO COINCIDE WITH THE REGIONAL MEDICARE PART D BENCHMARK PREMIUM. STATE SHARE EXPENDITURES FOR DEDUCTIBLE CLAIMS ARE ONLY INCURRED FOR TRANSITION CLAIMS WHICH COMPLETE THE $32.09 MONTHLY DEDUCTIBLE ACCUMULATION. FOR THESE CLAIMS, THE CARDHOLDER PAYS THE OUTSTANDING DEDUCTIBLE AMOUNT AND A COPAYMENT, WHILE PACENET COVERS THE REMAINING COST, IF ANY, OF THE PRESCRIPTION.

SOURCE: PDA/CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT.

TABLE 6.7
PACENET EXPENDITURES BY PHASE OF COVERAGE, PRODUCT TYPE, AND PROVIDER TYPE
JANUARY - DECEMBER 2010

B. COPAYMENT PHASE CLAIMS

PROVIDER TYPE	BRAND SINGLE-SOURCE AMOUNT	%	BRAND MULTI-SOURCE AMOUNT	%	GENERIC AMOUNT	%	ALL PRODUCTS AMOUNT	%
INDEPENDENT PHARMACIES								
CARDHOLDER EXPENDITURES	$6,278,836	50.5	$742,286	6.0	$5,417,232	43.6	$12,438,355	100.0
OTHER PAYER EXPENDITURES	$28,201,105	73.0	$2,774,079	7.2	$7,672,970	19.9	$38,648,155	100.0
STATE SHARE EXPENDITURES	$33,170,463	75.5	$3,768,224	8.6	$7,021,574	16.0	$43,960,261	100.0
TOTAL EXPENDITURES	$67,650,404	71.2	$7,284,590	7.7	$20,111,776	21.2	$95,046,770	100.0
DISPENSING PHYSICIANS								
CARDHOLDER EXPENDITURES	$2,214	77.0	$156	5.4	$506	17.6	$2,876	100.0
OTHER PAYER EXPENDITURES	$188,942	74.7	$4,794	1.9	$59,233	23.4	$252,969	100.0
STATE SHARE EXPENDITURES[1]	$47,636	76.2	$2,350	3.8	$12,561	20.1	$62,546	100.0
TOTAL EXPENDITURES	$238,791	75.0	$7,300	2.3	$72,300	22.7	$318,391	100.0
INSTITUTIONAL PHARMACIES								
CARDHOLDER EXPENDITURES	$60,602	46.0	$12,560	9.5	$58,685	44.5	$131,847	100.0
OTHER PAYER EXPENDITURES	$505,488	74.7	$55,970	8.3	$114,983	17.0	$676,441	100.0
STATE SHARE EXPENDITURES	$487,270	76.6	$65,574	10.3	$83,658	13.1	$636,503	100.0
TOTAL EXPENDITURES	$1,053,360	72.9	$134,105	9.3	$257,326	17.8	$1,444,791	100.0
CHAIN PHARMACIES								
CARDHOLDER EXPENDITURES	$13,338,669	51.1	$1,459,204	5.6	$11,288,575	43.3	$26,086,449	100.0
OTHER PAYER EXPENDITURES	$62,001,860	71.7	$5,310,496	6.1	$19,121,852	22.1	$86,434,207	100.0
STATE SHARE EXPENDITURES	$70,262,303	77.6	$7,386,357	8.2	$12,935,551	14.3	$90,584,212	100.0
TOTAL EXPENDITURES	$145,602,832	71.7	$14,156,057	7.0	$43,345,978	21.3	$203,104,868	100.0
NURSING HOME PHARMACIES								
CARDHOLDER EXPENDITURES	$1,630,682	45.5	$227,769	6.4	$1,724,155	48.1	$3,582,606	100.0
OTHER PAYER EXPENDITURES	$7,380,510	69.2	$893,273	8.4	$2,392,057	22.4	$10,665,840	100.0
STATE SHARE EXPENDITURES	$8,860,369	72.2	$1,449,602	11.8	$1,970,528	16.1	$12,280,499	100.0
TOTAL EXPENDITURES	$17,871,561	67.4	$2,570,643	9.7	$6,086,739	22.9	$26,528,944	100.0
MAIL ORDER PHARMACIES								
CARDHOLDER EXPENDITURES	$618,207	50.6	$65,068	5.3	$538,186	44.1	$1,221,460	100.0
OTHER PAYER EXPENDITURES	$5,459,876	75.0	$331,589	4.6	$1,493,405	20.5	$7,284,870	100.0
STATE SHARE EXPENDITURES	$2,684,601	81.6	$360,608	11.0	$243,435	7.4	$3,288,644	100.0
TOTAL EXPENDITURES	$8,762,683	74.3	$757,265	6.4	$2,275,026	19.3	$11,794,974	100.0
TOTAL (ALL PROVIDERS)								
CARDHOLDER EXPENDITURES	$21,929,211	50.5	$2,507,043	5.8	$19,027,338	43.8	$43,463,592	100.0
OTHER PAYER EXPENDITURES	$103,737,780	72.1	$9,370,200	6.5	$30,854,501	21.4	$143,962,481	100.0
STATE SHARE EXPENDITURES	$115,512,642	76.6	$13,032,716	8.6	$22,267,306	14.8	$150,812,664	100.0
TOTAL EXPENDITURES	$241,179,633	71.3	$24,909,960	7.4	$72,149,146	21.3	$338,238,738	100.0

[1]IN 2010, THE MONTHLY PACENET DEDUCTIBLE WAS CHANGED TO $32.09 TO COINCIDE WITH THE REGIONAL MEDICARE PART D BENCHMARK PREMIUM. STATE SHARE EXPENDITURES FOR DEDUCTIBLE CLAIMS ARE ONLY INCURRED FOR TRANSITION CLAIMS WHICH COMPLETE THE $32.09 MONTHLY DEDUCTIBLE ACCUMULATION. FOR THESE CLAIMS, THE CARDHOLDER PAYS THE OUTSTANDING DEDUCTIBLE AMOUNT AND A COPAYMENT, WHILE PACENET COVERS THE REMAINING COST, IF ANY, OF THE PRESCRIPTION.

SOURCE: PDA/CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT.

TABLE 6.8
AVERAGE CARDHOLDER AND STATE SHARE COST PER PACENET CLAIM
BY PHASE OF COVERAGE, PRODUCT TYPE, AND PROVIDER TYPE
JANUARY - DECEMBER 2010

	DEDUCTIBLE PHASE[1]				COPAYMENT PHASE			
PROVIDER TYPE	BRAND SINGLE-SOURCE	BRAND MULTI-SOURCE	GENERIC	TOTAL	BRAND SINGLE-SOURCE	BRAND MULTI-SOURCE	GENERIC	TOTAL
INDEPENDENT PHARMACIES								
AVERAGE CARDHOLDER SHARE[2]	$32.34	$28.12	$11.24	$19.42	$14.91	$14.01	$6.43	$9.45
AVERAGE OTHER PAYER SHARE	$68.67	$52.34	$5.49	$29.82	$66.96	$52.37	$9.11	$29.36
AVERAGE STATE SHARE	$53.30	$52.26	$5.85	$24.61	$78.76	$71.14	$8.34	$33.39
AVERAGE TOTAL RX COST	$154.32	$132.73	$22.58	$73.84	$160.64	$137.53	$23.88	$72.20
DISPENSING PHYSICIANS								
AVERAGE CARDHOLDER SHARE[2]	$40.21	$32.46	$13.95	$32.76	$15.06	$14.21	$6.02	$11.88
AVERAGE OTHER PAYER SHARE	$1,288.26	$1,107.02	$19.67	$934.58	$1,285.32	$435.78	$705.16	$1,045.33
AVERAGE STATE SHARE	$1,107.42	$119.48	$1,231.80	$1,109.66	$324.05	$213.62	$149.53	$258.46
AVERAGE TOTAL RX COST	$2,435.90	$1,258.95	$1,265.42	$2,076.99	$1,624.43	$663.61	$860.71	$1,315.67
INSTITUTIONAL PHARMACIES								
AVERAGE CARDHOLDER SHARE[2]	$35.30	$29.13	$12.52	$18.87	$14.55	$13.48	$5.72	$8.58
AVERAGE OTHER PAYER SHARE	$51.69	$31.43	$2.90	$16.07	$121.37	$60.05	$11.20	$44.03
AVERAGE STATE SHARE	$77.59	$66.71	$6.83	$27.06	$116.99	$70.36	$8.15	$41.43
AVERAGE TOTAL RX COST	$164.58	$127.27	$22.24	$61.99	$252.91	$143.89	$25.07	$94.05
CHAIN PHARMACIES								
AVERAGE CARDHOLDER SHARE[2]	$34.42	$30.17	$10.25	$18.75	$15.64	$14.69	$6.30	$9.50
AVERAGE OTHER PAYER SHARE	$67.11	$48.35	$6.15	$27.30	$72.72	$53.46	$10.67	$31.49
AVERAGE STATE SHARE	$60.05	$58.24	$4.96	$24.64	$82.41	$74.35	$7.22	$33.01
AVERAGE TOTAL RX COST	$161.57	$136.76	$21.36	$70.69	$170.77	$142.50	$24.18	$74.00
NURSING HOME PHARMACIES								
AVERAGE CARDHOLDER SHARE[2]	$28.59	$26.26	$9.85	$16.79	$14.16	$13.51	$6.13	$8.67
AVERAGE OTHER PAYER SHARE	$74.35	$65.46	$6.27	$31.48	$64.09	$52.98	$8.50	$25.80
AVERAGE STATE SHARE	$46.96	$56.82	$4.86	$21.16	$76.94	$85.97	$7.00	$29.71
AVERAGE TOTAL RX COST	$149.90	$148.54	$20.97	$69.43	$155.18	$152.46	$21.63	$64.17
MAIL ORDER PHARMACIES								
AVERAGE CARDHOLDER SHARE[2]	$40.83	$31.46	$10.93	$22.21	$30.05	$21.25	$10.01	$15.78
AVERAGE OTHER PAYER SHARE	$312.17	$84.32	$17.14	$123.00	$265.39	$108.29	$27.78	$94.12
AVERAGE STATE SHARE	$157.91	$172.92	$4.66	$65.05	$130.49	$117.77	$4.53	$42.49
AVERAGE TOTAL RX COST	$510.91	$288.69	$32.72	$210.25	$425.93	$247.31	$42.32	$152.40
TOTAL (ALL PROVIDERS)								
AVERAGE CARDHOLDER SHARE[2]	$33.40	$29.19	$10.51	$18.83	$15.51	$14.48	$6.38	$9.52
AVERAGE OTHER PAYER SHARE	$70.50	$51.38	$6.06	$29.20	$73.37	$54.11	$10.35	$31.52
AVERAGE STATE SHARE	$58.04	$57.30	$5.23	$24.79	$81.70	$75.26	$7.47	$33.02
AVERAGE TOTAL RX COST	$161.95	$137.87	$21.79	$72.82	$170.59	$143.84	$24.21	$74.06

[1]IN 2010, THE MONTHLY PACENET DEDUCTIBLE WAS CHANGED TO $32.09 TO COINCIDE WITH THE REGIONAL MEDICARE PART D BENCHMARK PREMIUM. STATE SHARE EXPENDITURES FOR DEDUCTIBLE CLAIMS ARE ONLY INCURRED FOR TRANSITION CLAIMS WHICH COMPLETE THE $32.09 MONTHLY DEDUCTIBLE ACCUMULATION. FOR THESE CLAIMS, THE CARDHOLDER PAYS THE OUTSTANDING DEDUCTIBLE AMOUNT AND A COPAYMENT, WHILE PACENET COVERS THE REMAINING COST, IF ANY, OF THE PRESCRIPTION.

[2]THE CARDHOLDER SHARE INCLUDES THE DEDUCTIBLE PAYMENTS, COPAYMENTS, AND GENERIC DIFFERENTIAL PAYMENTS IF BRAND IS CHOSEN OVER GENERIC. THE CARDHOLDER SHARE DURING THE COPAYMENT PHASE MAY THEREFORE EXCEED THE $8 OR $15 COPAYMENT.

SOURCE: PDA/CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT.

PENNSYLVANIA DEPARTMENT OF AGING

SECTION 7

THERAPEUTIC CLASS DATA AND DRUG UTILIZATION REVIEW DATA

PENNSYLVANIA DEPARTMENT OF AGING

TABLE 7.1A
NUMBER AND PERCENT OF PACE CLAIMS, STATE SHARE EXPENDITURES, AND CARDHOLDERS WITH CLAIMS
BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2010

THERAPEUTIC CLASS[1]	TOTAL CLAIMS	% OF TOTAL	TOTAL EXPENDITURE	% OF TOTAL	CARD-HOLDERS WITH ANY CLAIMS	% OF PARTICIPATING CARDHOLDERS	ANNUAL COST (PERSONS WITH CLAIMS IN CLASS)	ANNUAL COST (ALL ENROLLED)[2]
ANTI-INFECTIVE AGENTS	117,324	2.6	$2,141,635.94	1.8	47,971	39.8	$44.64	$14.85
QUINOLONES	25,703	0.6	$539,516.24	0.5	17,452	14.5	$30.91	$3.74
CEPHALOSPORINS	13,389	0.3	$58,718.16	0.0	9,525	7.9	$6.16	$0.41
ANTINEOPLASTIC AGENTS	23,726	0.5	$2,918,655.66	2.5	4,382	3.6	$666.06	$20.23
AUTONOMIC DRUGS	171,504	3.8	$9,814,832.10	8.3	30,135	25.0	$325.70	$68.04
ANTICHOLINERGICS	43,980	1.0	$2,352,690.63	2.0	9,021	7.5	$260.80	$16.31
ADRENERGIC AGENTS	57,052	1.3	$1,635,799.75	1.4	15,039	12.5	$108.77	$11.34
BLOOD FORMATION & COAGULATION AGENTS	206,625	4.5	$9,346,621.79	7.9	29,649	24.6	$315.24	$64.80
CARDIOVASCULAR DRUGS	1,548,284	34.0	$28,240,291.74	24.0	99,759	82.9	$283.09	$195.78
CARDIAC DRUGS	990,579	21.7	$14,069,216.56	12.0	89,206	74.1	$157.72	$97.54
ANGIOTENSION RECEPTOR BLOCKERS	203,343	4.5	$7,902,062.96	6.7	25,537	21.2	$309.44	$54.78
ACE INHIBITORS	187,686	4.1	$402,311.53	0.3	32,009	26.6	$12.57	$2.79
CARDIAC GLYCOSIDES	37,421	0.8	$16,817.86	0.0	6,682	5.6	$2.52	$0.12
ANTIARRHYTHMIC AGENTS	13,510	0.3	$366,524.23	0.3	2,649	2.2	$138.36	$2.54
BETA BLOCKERS	298,235	6.5	$1,702,438.20	1.4	48,857	40.6	$34.85	$11.80
CALCIUM CHANNEL BLOCKERS	237,317	5.2	$3,107,906.00	2.6	36,994	30.7	$84.01	$21.55
LIPID-LOWERING AGENTS	452,493	9.9	$12,430,139.08	10.6	59,596	49.5	$208.57	$86.17
HYPOTENSIVE AGENTS	39,175	0.9	$456,923.88	0.4	6,589	5.5	$69.35	$3.17
VASODILATING AGENTS	66,037	1.4	$1,284,012.22	1.1	13,024	10.8	$98.59	$8.90
ANALGESICS/ANTIPYRETICS	206,504	4.5	$4,225,926.27	3.6	41,634	34.6	$101.50	$29.30
NSAIDS	66,559	1.5	$1,841,086.94	1.6	16,784	13.9	$109.69	$12.76
COX-2 INHIBITORS	28,723	0.6	$1,457,019.55	1.2	5,142	4.3	$283.36	$10.10
OPIATE AGONISTS	114,933	2.5	$2,128,265.77	1.8	27,770	23.1	$76.64	$14.75
PSYCHOTHERAPEUTIC AGENTS	207,578	4.6	$6,025,015.21	5.1	28,430	23.6	$211.92	$41.77
ANTIDEPRESSANTS	175,026	3.8	$3,250,355.96	2.8	26,496	22.0	$122.67	$22.53
SSRI ANTIDEPRESSANTS	76,120	1.7	$167,653.12	0.1	14,113	11.7	$11.88	$1.16
ANTIPSYCHOTICS	32,552	0.7	$2,774,659.25	2.4	4,911	4.1	$564.99	$19.24
ANXIOLYTICS/SEDATIVES/HYPNOTICS	166,353	3.7	$1,338,935.38	1.1	26,916	22.4	$49.74	$9.28
BENZODIAZEPINES	127,275	2.8	$647,250.36	0.5	21,322	17.7	$30.36	$4.49
MISCELLANEOUS ANX/SED/HYPNOTICS	36,410	0.8	$680,761.65	0.6	7,740	6.4	$87.95	$4.72

TABLE 7.1A
NUMBER AND PERCENT OF PACE CLAIMS, STATE SHARE EXPENDITURES, AND CARDHOLDERS WITH CLAIMS
BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2010

THERAPEUTIC CLASS[1]	TOTAL CLAIMS	% OF TOTAL	TOTAL EXPENDITURE	% OF TOTAL	CARD-HOLDERS WITH ANY CLAIMS	% OF PARTICIPATING CARDHOLDERS	ANNUAL COST (PERSONS WITH CLAIMS IN CLASS)	ANNUAL COST (ALL ENROLLED)[2]
REPLACEMENT PREPARATIONS	87,137	1.9	$388,856.38	0.3	17,609	14.6	$22.08	$2.70
DIURETICS	229,751	5.0	$240,008.73	0.2	41,860	34.8	$5.73	$1.66
LOOP DIURETICS	129,213	2.8	$106,812.69	0.1	26,336	21.9	$4.06	$0.74
POTASSIUM-SPARING DIURETICS	35,870	0.8	$74,871.39	0.1	6,963	5.8	$10.75	$0.52
THIAZIDE DIURETICS	63,636	1.4	$35,362.04	0.0	13,300	11.0	$2.66	$0.25
ANTITUSSIVES, EXPECTORANTS AND MUCOLYTICS	37,474	0.8	$1,206,827.10	1.0	11,785	9.8	$102.40	$8.37
EYE, EAR, NOSE AND THROAT PREPARATIONS	149,060	3.3	$5,044,267.91	4.3	29,584	24.6	$170.51	$34.97
GASTROINTESTINAL AGENTS	303,406	6.7	$13,600,381.81	11.6	47,132	39.1	$288.56	$94.29
H2-RECEPTOR ANTAGONISTS	27,528	0.6	$76,282.60	0.1	6,201	5.2	$12.30	$0.53
PROTON PUMP INHIBITORS	234,233	5.1	$12,072,100.90	10.3	36,557	30.4	$330.23	$83.69
OTHER MISCELL. ANTI-ULCER AGENTS	11,149	0.2	$814,455.05	0.7	2,476	2.1	$328.94	$5.65
HORMONES AND SYNTHETIC SUBSTANCES	524,558	11.5	$14,268,661.97	12.1	60,084	49.9	$237.48	$98.92
ADRENALS AND COMB.	85,757	1.9	$3,889,004.78	3.3	21,440	17.8	$181.39	$26.96
ESTROGENS AND COMB.	10,977	0.2	$287,414.70	0.2	2,670	2.2	$107.65	$1.99
ANTIDIABETIC AGENTS	269,077	5.9	$9,682,255.13	8.2	27,393	22.8	$353.46	$67.12
THYROID AND ANTITHYROID AGENTS	157,787	3.5	$248,097.11	0.2	24,235	20.1	$10.24	$1.72
SMOOTH MUSCLE RELAXANTS	61,577	1.4	$2,849,920.27	2.4	10,052	8.3	$283.52	$19.76
THEOPHYLLINE AND RELATED DRUGS	4,983	0.1	$36,625.91	0.0	834	0.7	$43.92	$0.25
DRUGS FOR OSTEOPOROSIS	116,177	2.6	$4,417,768.67	3.8	18,069	15.0	$244.49	$30.63
ALL OTHER DRUGS	397,495	8.7	$11,635,700.30	9.9	60,443	50.2	$192.51	$80.67
ALL CLASSES COMBINED	4,554,533	100.0	$117,704,307.23	100.0	120,394	100.0	$977.66	$816.01

[1] The average annual number of unique therapeutic classes used by cardholders with one or more claims in 2010 was 5.6.
[2] The annual cost per enrollee is based on total cardholders enrolled in PACE for any portion of calendar year 2010 (N=144,243).

SOURCE: PDA/CLAIMS HISTORY AND DRUG FILES
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE, EXCLUDE PACENET CLAIMS.

TABLE 7.1B
NUMBER AND PERCENT OF PACENET CLAIMS, STATE SHARE EXPENDITURES, AND CARDHOLDERS WITH CLAIMS
BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2010

THERAPEUTIC CLASS[1]	TOTAL CLAIMS	% OF TOTAL	STATE SHARE EXPENDITURE	% OF TOTAL	CARD-HOLDERS WITH ANY CLAIMS	% OF PARTICIPATING CARDHOLDERS	ANNUAL COST (PERSONS WITH CLAIMS IN CLASS)	ANNUAL COST (ALL ENROLLED)[2]
ANTI-INFECTIVE AGENTS	166,641	2.9	$4,012,564.76	2.2	67,683	41.2	$59.28	$19.73
QUINOLONES	36,320	0.6	$961,666.82	0.5	24,453	14.9	$39.33	$4.73
CEPHALOSPORINS	18,820	0.3	$77,783.05	0.0	13,727	8.4	$5.67	$0.38
ANTINEOPLASTIC AGENTS	34,404	0.6	$5,587,591.54	3.1	6,390	3.9	$874.43	$27.48
AUTONOMIC DRUGS	227,638	4.0	$15,987,756.35	8.9	39,855	24.3	$401.15	$78.62
ANTICHOLINERGICS	62,842	1.1	$4,717,817.97	2.6	12,720	7.8	$370.90	$23.20
ADRENERGIC AGENTS	72,475	1.3	$2,480,902.03	1.4	19,610	12.0	$126.51	$12.20
BLOOD FORMATION & COAGULATION AGENTS	287,011	5.0	$16,526,859.89	9.2	42,085	25.6	$392.70	$81.27
CARDIOVASCULAR DRUGS	1,908,095	33.3	$38,539,709.66	21.4	133,552	81.4	$288.57	$189.53
CARDIAC DRUGS	1,180,757	20.6	$17,654,679.99	9.8	116,789	71.2	$151.17	$86.82
ANGIOTENSION RECEPTOR BLOCKERS	245,351	4.3	$10,376,534.97	5.8	31,919	19.5	$325.09	$51.03
ACE INHIBITORS	222,100	3.9	$305,669.38	0.2	42,222	25.7	$7.24	$1.50
CARDIAC GLYCOSIDES	41,538	0.7	$3,597.52	0.0	8,203	5.0	$0.44	$0.02
ANTIARRHYTHMIC AGENTS	20,760	0.4	$769,448.12	0.4	4,208	2.6	$182.85	$3.78
BETA BLOCKERS	357,080	6.2	$1,889,400.65	1.1	64,476	39.3	$29.30	$9.29
CALCIUM CHANNEL BLOCKERS	277,703	4.8	$3,533,072.75	2.0	46,564	28.4	$75.88	$17.37
LIPID-LOWERING AGENTS	593,666	10.4	$18,436,729.43	10.3	82,812	50.5	$222.63	$90.67
HYPOTENSIVE AGENTS	53,060	0.9	$569,970.86	0.3	9,778	6.0	$58.29	$2.80
VASODILATING AGENTS	80,612	1.4	$1,878,329.38	1.0	17,451	10.6	$107.63	$9.24
ANALGESICS/ANTIPYRETICS	257,215	4.5	$6,101,022.69	3.4	54,592	33.3	$111.76	$30.00
NSAIDS	75,079	1.3	$2,350,305.26	1.3	20,716	12.6	$113.45	$11.56
COX-2 INHIBITORS	31,861	0.6	$1,948,163.60	1.1	6,022	3.7	$323.51	$9.58
OPIATE AGONISTS	150,242	2.6	$3,448,612.72	1.9	37,048	22.6	$93.08	$16.96
PSYCHOTHERAPEUTIC AGENTS	263,476	4.6	$9,270,930.70	5.2	37,312	22.7	$248.47	$45.59
ANTIDEPRESSANTS	224,510	3.9	$5,044,900.58	2.8	35,103	21.4	$143.72	$24.81
SSRI ANTIDEPRESSANTS	93,679	1.6	$130,565.48	0.1	18,763	11.4	$6.96	$0.64
ANTIPSYCHOTICS	38,966	0.7	$4,226,030.12	2.3	5,874	3.6	$719.45	$20.78
ANXIOLYTICS/SEDATIVES/HYPNOTICS	196,001	3.4	$1,277,023.51	0.7	34,092	20.8	$37.46	$6.28
BENZODIAZEPINES	148,620	2.6	$450,391.23	0.3	26,870	16.4	$16.76	$2.21
MISCELLANEOUS ANX/SED/HYPNOTICS	44,525	0.8	$818,221.01	0.5	9,911	6.0	$82.56	$4.02

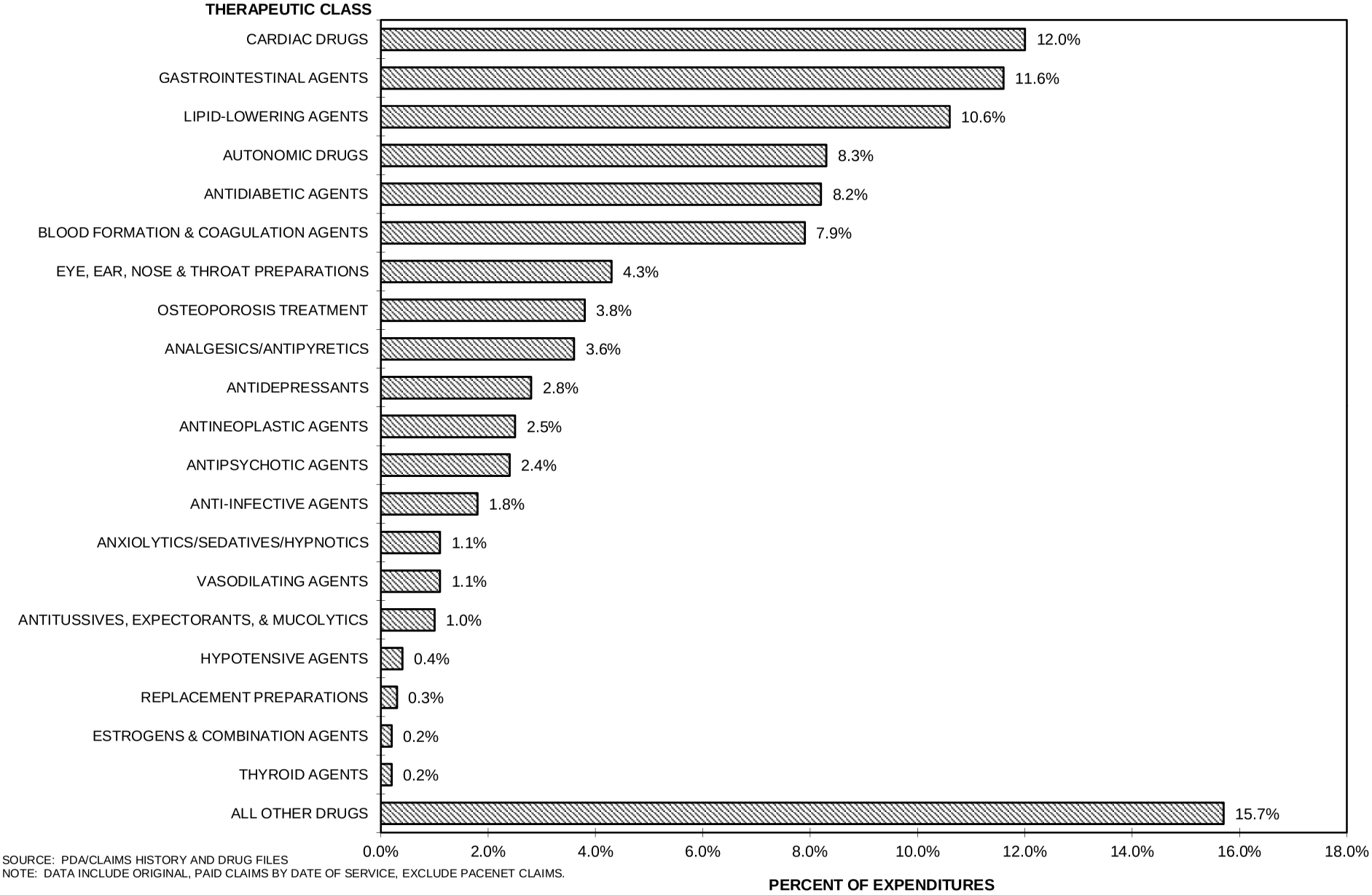
TABLE 7.1B
NUMBER AND PERCENT OF PACENET CLAIMS, STATE SHARE EXPENDITURES, AND CARDHOLDERS WITH CLAIMS
BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2010

THERAPEUTIC CLASS[1]	TOTAL CLAIMS	% OF TOTAL	STATE SHARE EXPENDITURE	% OF TOTAL	CARD-HOLDERS WITH ANY CLAIMS	% OF PARTICIPATING CARDHOLDERS	ANNUAL COST (PERSONS WITH CLAIMS IN CLASS)	ANNUAL COST (ALL ENROLLED)[2]
REPLACEMENT PREPARATIONS	98,846	1.7	$430,333.42	0.2	21,509	13.1	$20.01	$2.12
DIURETICS	266,822	4.7	$232,266.59	0.1	52,804	32.2	$4.40	$1.14
LOOP DIURETICS	148,438	2.6	$113,634.18	0.1	32,780	20.0	$3.47	$0.56
POTASSIUM-SPARING DIURETICS	42,849	0.7	$62,735.64	0.0	9,127	5.6	$6.87	$0.31
THIAZIDE DIURETICS	74,142	1.3	$40,909.93	0.0	17,119	10.4	$2.39	$0.20
ANTITUSSIVES, EXPECTORANTS AND MUCOLYTICS	46,863	0.8	$1,773,258.84	1.0	15,470	9.4	$114.63	$8.72
EYE, EAR, NOSE AND THROAT PREPARATIONS	182,324	3.2	$6,332,564.37	3.5	39,309	24.0	$161.10	$31.14
GASTROINTESTINAL AGENTS	353,743	6.2	$16,819,331.17	9.4	59,370	36.2	$283.30	$82.71
H2-RECEPTOR ANTAGONISTS	29,481	0.5	$58,360.83	0.0	7,469	4.6	$7.81	$0.29
PROTON PUMP INHIBITORS	268,917	4.7	$14,128,418.08	7.9	44,788	27.3	$315.45	$69.48
OTHER MISCELL. ANTI-ULCER AGENTS	16,876	0.3	$1,719,592.82	1.0	3,651	2.2	$470.99	$8.46
HORMONES AND SYNTHETIC SUBSTANCES	683,590	11.9	$28,075,174.64	15.6	81,717	49.8	$343.57	$138.07
ADRENALS AND COMB.	122,074	2.1	$7,417,084.69	4.1	30,467	18.6	$243.45	$36.48
ESTROGENS AND COMB.	15,124	0.3	$373,298.09	0.2	3,868	2.4	$96.51	$1.84
ANTIDIABETIC AGENTS	376,054	6.6	$19,863,776.32	11.0	38,932	23.7	$510.22	$97.68
THYROID AND ANTITHYROID AGENTS	168,397	2.9	$99,797.39	0.1	29,181	17.8	$3.42	$0.49
SMOOTH MUSCLE RELAXANTS	73,434	1.3	$3,787,644.73	2.1	12,576	7.7	$301.18	$18.63
THEOPHYLLINE AND RELATED DRUGS	6,750	0.1	$49,751.82	0.0	1,203	0.7	$41.36	$0.24
DRUGS FOR OSTEOPOROSIS	125,936	2.2	$5,243,960.35	2.9	20,947	12.8	$250.34	$25.79
ALL OTHER DRUGS	555,331	9.7	$19,870,370.85	11.0	83,340	50.8	$238.43	$97.72
ALL CLASSES COMBINED	5,727,370	100.0	$179,868,364.06	100.0	164,095	100.0	$1,096.12	$884.54

[1] The average annual number of unique therapeutic classes used by cardholders with one or more claims in 2010 was 5.4.
[2] The annual cost per enrollee is based on total cardholders enrolled in PACENET for any portion of calendar year 2010 (N=203,347).

SOURCE: PDA/CLAIMS HISTORY AND DRUG FILES
NOTE: DATA INCLUDE ORIGINAL, PAID PACENET CLAIMS BY DATE OF SERVICE. TOTAL CLAIMS INCLUDE DEDUCTIBLE CLAIMS AND COPAID CLAIMS.

FIGURE 7.1
PERCENT OF PACE STATE SHARE EXPENDITURES BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2010
(TOTAL EXPENDITURES = $117,704,307)



SOURCE: PDA/CLAIMS HISTORY AND DRUG FILES
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE, EXCLUDE PACENET CLAIMS.

FIGURE 7.2
TIMELINE OF PROSPECTIVE DRUG UTILIZATION REVIEW (PRODUR) IMPLEMENTATION

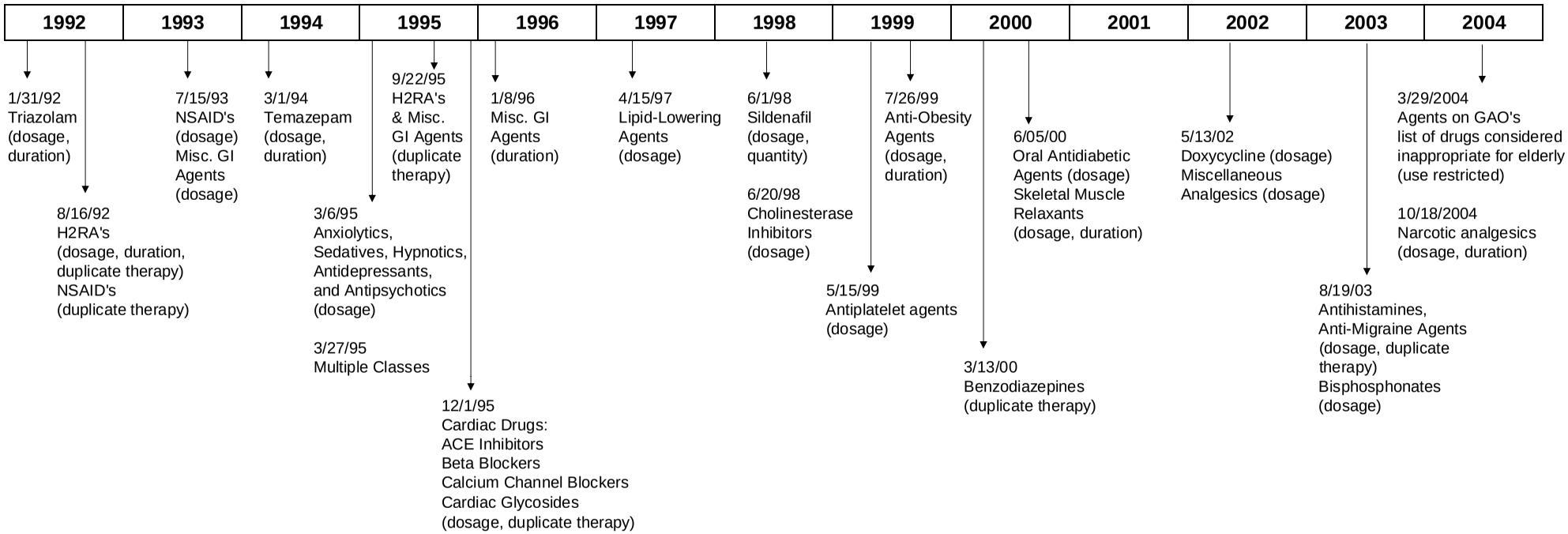
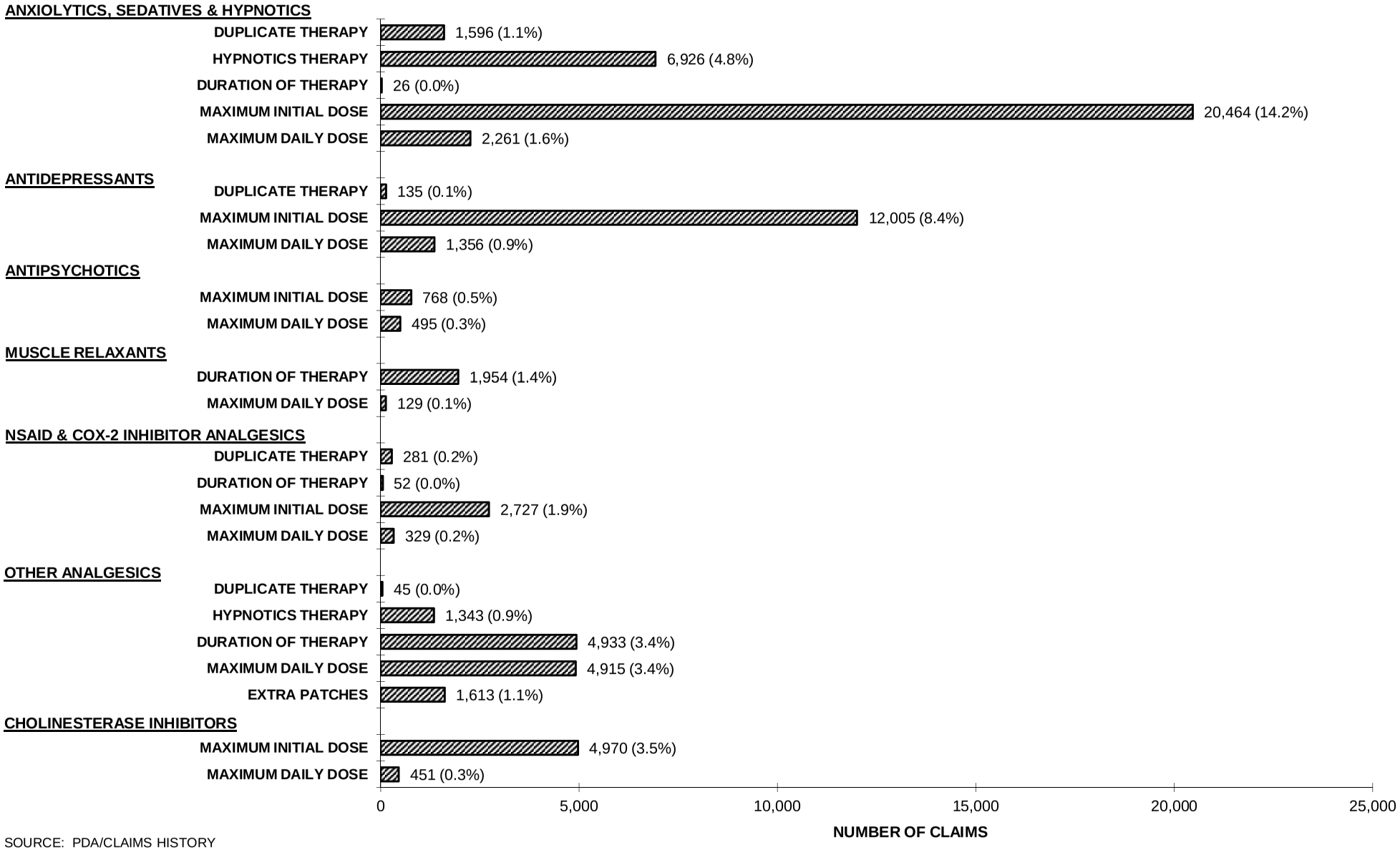
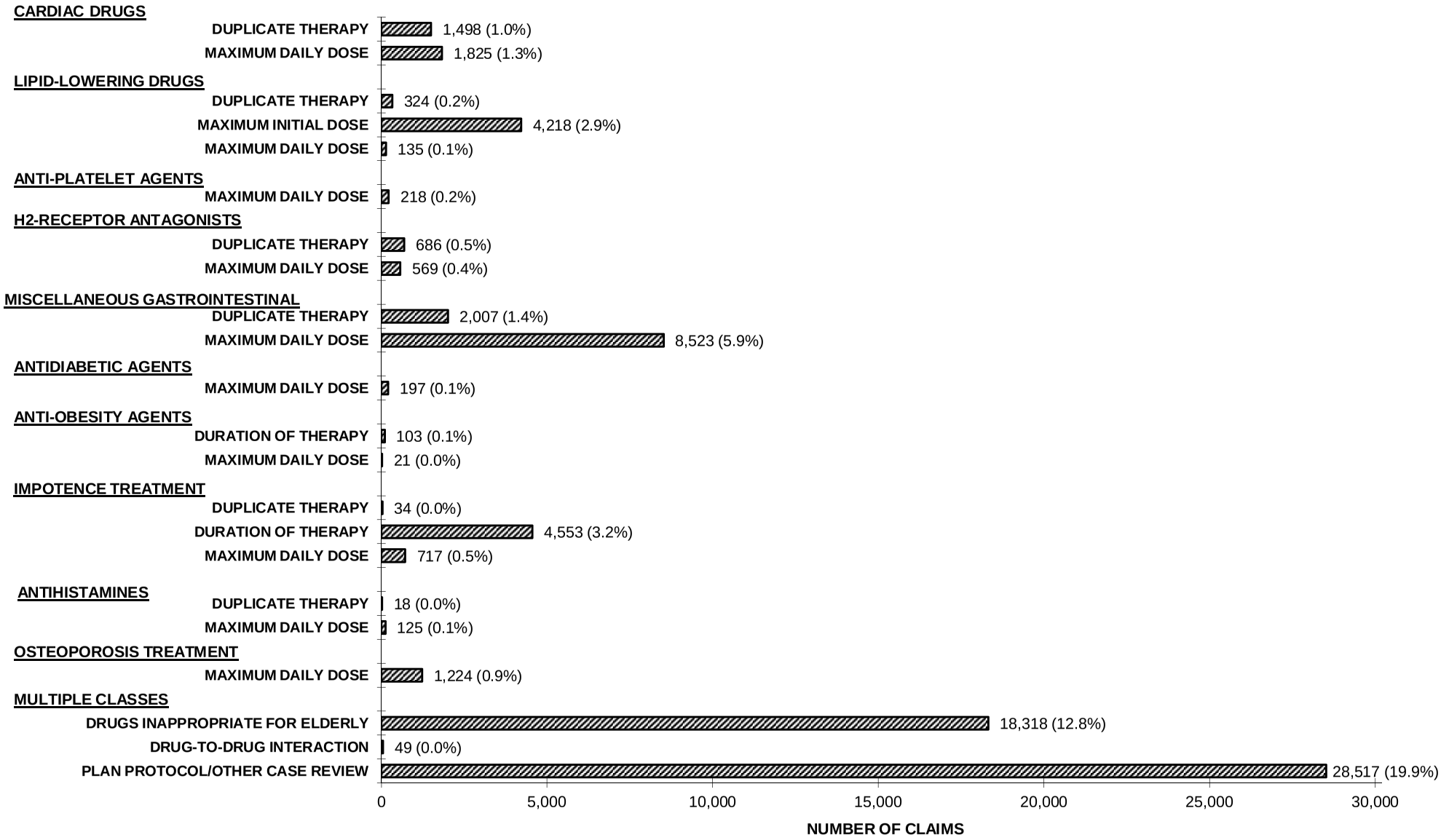


FIGURE 7.3
NUMBER AND PERCENT OF PACE AND PACENET CLAIMS WITH A PROSPECTIVE REVIEW MESSAGE BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2010
N = 143,653



SOURCE: PDA/CLAIMS HISTORY
NOTE: BASED ON A TOTAL OF 10,281,903 APPROVED AND 143,653 DENIED CLAIMS. DATA INCLUDE CLAIMS BY DATE OF SERVICE WITH MULTIPLE SUBMISSIONS OF SAME CLAIM ON SAME DAY DELETED.

FIGURE 7.3 (CONTINUED)
NUMBER AND PERCENT OF PACE AND PACENET CLAIMS WITH A PROSPECTIVE REVIEW MESSAGE BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2010
N = 143,653



SOURCE: PDA/CLAIMS HISTORY
NOTE: BASED ON A TOTAL OF 10,281,903 APPROVED AND 143,653 DENIED CLAIMS. DATA INCLUDE CLAIMS BY DATE OF SERVICE WITH MULTIPLE SUBMISSIONS OF SAME CLAIM ON SAME DAY DELETED.

PENNSYLVANIA DEPARTMENT OF AGING

SECTION 8

PENNSYLVANIA PATIENT ASSISTANCE PROGRAM CLEARINGHOUSE

PENNSYLVANIA DEPARTMENT OF AGING

PENNSYLVANIA PATIENT ASSISTANCE PROGRAM CLEARINGHOUSE (PA PAP)

In January 2001, the PACE Program began a referral program to assist Pennsylvanians ages 60 through 64, that facilitated contact between the Area Agency on Aging offices and the patient assistance programs offered by pharmaceutical manufacturers. That Program has evolved in recent years, and, as a result, the Program now accepts applications from individual patients, physician offices, social workers and other agencies throughout the Commonwealth. In late 2004, the name of the Program changed to reflect the Program's current objectives; it became the Pennsylvania Patient Assistance Program Clearinghouse (PA PAP). The Pharmaceutical Research and Manufacturers of America (PhRMA) represents the country's leading research-based pharmaceutical and biotechnology companies. Some of these manufacturers offer limited prescription drug assistance to persons who are not eligible for other forms of pharmaceutical coverage and who cannot afford the cost of one or more of their medications. The PA PAP coordinator provides the expertise necessary to determine the likelihood of eligibility for persons seeking assistance from manufacturers' medication programs, gathers the patient information required to complete the pharmacy assistance applications, offers guidance and assistance to the patient throughout the application and—if successful—reorder processes.

In 2006, the Clearinghouse extended assistance to all adult Pennsylvania residents who appear to meet the selected guidelines, without regard to age. Pharmaceutical manufacturers which offer pharmacy assistance programs set their income and eligibility guidelines as individual companies; they limit the products and the length of time for assistance. Typically, the gross household income should be at or below 200% of federal poverty level guidelines, but many manufacturers will consider circumstances of hardship that fall outside their usual guidelines. Household income is one factor of many criteria used by the manufacturers to determine eligibility for medication. Manufacturers require a wide range of information on company-specific forms that further complicates the application and review process. A substantial amount of coordination needs to occur between the PA PAP coordinator, the patient and the patient's physician. Since the inception of Medicare part D, some manufacturers have instituted programs to assist cardholders while they are in the part D donut hole. The requirements for the Medicare part D donut hole programs differ from the base programs offered by the manufacturers.

As a result of different settlements from the Pennsylvania Attorney General's office, the Pennsylvania Patient Assistance Program Clearinghouse has been able to offer assistance for specific medications to patients who are not eligible for the manufacturer's assistance programs. Eligible patients can receive a 30-day supply of medication for which they are charged varying copayments based on the program they are enrolled in. At the end of 2010, the Clearinghouse successfully enrolled 926 additional patients into these programs.

Despite the inherent difficulties of application, the lengthy wait for approval from the manufacturer, and the strictly limited amount of medication granted with each approval, the collaborative efforts of the local and central coordinators responded to inquiries from 19,807 patients after nine years of operation. At the end of 2010, 63% (9,145 persons) were receiving medication assistance through the PA PAP Clearinghouse, compared to 47% at the beginning of the year. The Program successfully referred persons to the PACE Program (875), PACENET Program (1928), VA benefits (14), or other insurance (27). Among the remaining inactive patients, 9 were over the income limits set by the manufacturers and were not eligible for PACE or PACENET benefits. Among the 9,145 persons receiving assistance through the PA PAP Clearinghouse, a total of 53,649 medications were obtained.

Current initiatives include continuing to process manufacturers' pharmacy assistance applications for cardholders enrolled in the adultBasic Program of the Pennsylvania Department of Insurance and Medicare part D patients currently in the donut hole and to initiate new Programs that are the result of Attorney General lawsuit settlements.

APPENDIX A

THE PACE/PACENET MEDICAL EXCEPTION PROCESS

BACKGROUND:
Act 134-96, the State Lottery Law, requires publication and dissemination of the medical exception process used by the Department of Aging for the Pharmaceutical Assistance Contract for the Elderly (PACE) and for the Pharmaceutical Assistance Contract for the Elderly Needs Enhancement Tier (PACENET). Specifically, the legislation addresses the medical exception process with regard to generic substitution when an A-rated therapeutically equivalent medication is available. The law further requires that the Department of Aging distribute the medical exception process to providers and recipients in the Program.

THE MEDICAL EXCEPTION PROCESS:
Through the online claims processing system, the PACE/PACENET Program provides prospective therapeutic review of prescriptions before the pharmacist dispenses the medication to the cardholder. The review checks for potential drug interactions, duplicative therapies, over-utilization, under-utilization and other misutilization. The Department of Aging, of course, recognizes the possibility of exceptional circumstances in connection with the application of therapeutic criteria and reimbursement edits. A medical exception will be considered by the Program when the cardholder's physician indicates the diagnosis, medical rationale, anticipated therapeutic outcomes, the expected length of exception therapy, and the last trial at alternative therapy.

Act 134-96 requires a pharmacist to dispense the A-rated, therapeutically equivalent, generic drug to the cardholder if they have a prescription for a multi-source brand product. If a cardholder seeks an exception to this mandate, a pharmacist may request a short term medical exception at the time of dispensing by calling 1-800-835-4080. The PACE Program may grant a 30-day medical exception if requested. Immediately following approval of the exception, the Program sends a follow-up letter to the cardholder's prescribing physician. This letter serves as notice that the Program granted a temporary medical exception to the mandatory substitution requirement. The letter seeks the therapeutic rationale for continuing the medical exception. The Program allows 30 days for the return of the written medical exception request from the prescriber. If the Program does not receive written documentation, the short term medical exception will expire. If the prescriber does respond to the letter and provides appropriate information, the Program may grant a longer medical exception period. The cardholder may continue to obtain the brand medication without paying the extra cost of a generic differential.

The Program may refer a request to a physician consultant or to a therapeutics committee for special review and consideration. The cardholder will receive a short term medical exception until completion of the review process.

If the Program denies a request for a medical exception to the mandatory generic requirement, the cardholder may opt to continue using the brand multi-source product and, then, pay the generic differential. If this occurs, the pharmacist must collect the copay for the brand name product plus 70 percent of the average wholesale price of the brand name product from the cardholder.

Please direct questions regarding the implementation of the medical exception process to 1-800-835-4080 or in writing to:

Mr. Thomas M. Snedden
Director, Bureau of Pharmaceutical Assistance
Pennsylvania Department of Aging
555 Walnut Street, 5th Floor
Harrisburg, PA 17101-1919

Source: Pennsylvania Bulletin, Vol. 26, No. 52, December 28, 1996; address change December 8, 1997.

APPENDIX B
AMERICAN HOSPITAL FORMULARY SERVICE (AHFS) CLASSIFICATIONS FOR THERAPEUTIC CLASSES USED IN REPORT

The American Hospital Formulary Service (AHFS) provides a universal standard of drug classification. Listed below are the AHFS classifications corresponding to the drug classes reported in the tables and figures of this report.

Name of Therapeutic Class	AHFS Classification
Anti-infective agents	08
Quinolones	08:22
Cephalosporins	08:12.06
Antineoplastic agents	10
Autonomic drugs	12
Anticholinergics	12:08
Adrenergic agents	12:12
Blood formation and coagulation agents	20
Cardiovascular drugs	24
Cardiac drugs	24:04
ACE inhibitors	24:04.04 (Red Book)*
Cardiac glycosides	24:04.08 (Red Book)*
Antiarrhythmic agents	24:04.10 (Red Book)*
Beta blockers	24:04.16 (Red Book)*
Calcium channel blockers	24:04.20 (Red Book)*
Lipid-lowering agents	24:06
Antihypertensive agents	24:08
Vasodilating agents	24:12
Analgesics/antipyretics	28:08
NSAID's/COX-2 Inhibitors	28:08.04
Opiate agonists	28:08.08
Psychotropic drugs	28:12,16,20,24,28
Anxiolytics, sedatives, hypnotics	28:24
Antidepressants	28:16.04
Antipsychotic agents	28:16.08
Replacement solutions	40:12
Diuretics	40:28
Loop diuretics	40:28.02 (Red Book)*
Thiazide diuretics	40:28.12 (Red Book)*
Potassium-sparing diuretics	40:28.10 (Red Book)*
Antitussive, expectorant and mucolytic agents	48
Eye, ear, nose and throat preparations	52
Gastrointestinal agents	56
Miscellaneous gastrointestinal drugs	56:40
H_2-receptor antagonists (H_2RA's)	56:24 (Red Book)*
Hormones and synthetic substances	68
Adrenals and comb.	68:04
Estrogens	68:16
Antidiabetic agents (including insulin)	68:20
Thyroid and antithyroid agents	68:36
Drugs for Osteoporosis	multiple classes (68:16.12, 68:24, 92:01)
Theophylline and related smooth muscle relaxants	86:16

*The Red Book therapeutic classification system expands upon AHFS for these categories.
SOURCE: AHFS Drug Information 2010 and Red Book Database Services

APPENDIX C

PACE

PROSPECTIVE DRUG

UTILIZATION REVIEW

CRITERIA

Updated 11/24/2010

Angiotensin Converting Enzyme Inhibitors - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Initial Dose		Maximum Daily Dose		Duplicate Therapy	
	MG Per Day	Date Begun	MG Per Day	Date Begun	Class	Date Begun
Benazepril (Lotensin)	No Criteria	---	Less than or equal to 80 mg/day	05/15/99	Concurrent with other ACE Inhibitors	05/15/99
Captopril (Capoten)	No Criteria	---	Less than or equal to 450 mg/day	05/15/99	Concurrent with other ACE Inhibitors	05/15/99
Enalapril (Vasotec)	No Criteria	---	Less than or equal to 40 mg/day	10/18/95	Concurrent with other ACE Inhibitors	10/22/96
Fosinopril (Monopril)	No Criteria	---	Less than or equal to 80 mg/day	10/18/95	Concurrent with other ACE Inhibitors	10/22/96
Lisinopril (Prinivil)	No Criteria	---	Less than or equal to 40 mg/day	10/18/95	Concurrent with other ACE Inhibitors	10/22/96
Quinapril (Accupril)	No Criteria	---	Less than or equal to 80 mg/day	10/18/95	Concurrent with other ACE Inhibitors	10/22/96
Ramipril (Altace)	No Criteria	---	Less than or equal to 20 mg/day	10/18/95	Concurrent with other ACE Inhibitors	10/22/96
Moexipril (Univasc)	No Criteria	---	Less than or equal to 30 mg/day	01/12/98	Concurrent with other ACE Inhibitors	01/12/98
Perindopril (Aceon)	No Criteria	---	Less than or equal to 16 mg/day	05/13/02	Concurrent with other ACE Inhibitors	05/13/02

Angiotensin II Receptor Antagonists - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Initial Dose		Maximum Daily Dose		Duplicate Therapy	
	MG Per Day	Date Begun	MG Per Day	Date Begun	Class	Date Begun
Valsartan (Diovan)	No Criteria	---	Less than or equal to 320 mg/day	08/18/97	No Criteria	---
Losartan (Cozaar)	No Criteria	---	Less than or equal to 100 mg/day	04/22/98	No Criteria	---
Candesartan (Atacand)	No Criteria	---	Less than or equal to 32 mg/day	05/19/99	No Criteria	---
Irbesartan (Avapro)	No Criteria	---	Less than or equal to 300 mg/day	05/19/99	No Criteria	---
Eprosartan (Teveten)	No Criteria	---	Less than or equal to 800 mg/day	10/08/01	No Criteria	---
Telmisartan (Micardis)	No Criteria	---	Less than or equal to 80 mg/day	10/08/01	No Criteria	---
Olmesartan (Benicar)	No Criteria	---	Less than or equal to 40 mg/day	08/19/03	No Criteria	---

Beta Blockers - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Initial Dose		Maximum Daily Dose		Duplicate Therapy	
	MG Per Day	Date Begun	MG Per Day	Date Begun	Class	Date Begun
Acebutolol (Sectral)	No Criteria	---	Less than or equal to 1200 mg/day	05/15/99	Concurrent with other Beta Blockers	12/09/95
Atenolol (Tenormin)	No Criteria	---	Less than or equal to 200 mg/day	10/18/95	Concurrent with other Beta Blockers	10/18/95
Betaxolol (Kerlone)	No Criteria	---	Less than or equal to 20 mg/day	10/18/95	Concurrent with other Beta Blockers	10/18/95
Carteolol (Cartrol)	No Criteria	---	Less than or equal to 10 mg/day	10/18/95	Concurrent with other Beta Blockers	10/18/95
Labetalol (Normodyne)	No Criteria	---	Less than or equal to 2400 mg/day	10/18/95	Concurrent with other Beta Blockers	10/18/95
Metoprolol (Lopressor)	No Criteria	---	Less than or equal to 450 mg/day	10/18/95	Concurrent with other Beta Blockers	10/18/95
Metoprolol (Toprol XL)	No Criteria	---	Less than or equal to 400 mg/day	10/18/95	Concurrent with other Beta Blockers	10/18/95
Nadolol (Corgard)	No Criteria	---	Less than or equal to 320 mg/day	10/18/95	Concurrent with other Beta Blockers	10/18/95
Penbutolol (Levatol)	No Criteria	---	Less than or equal to 80 mg/day	10/18/95	Concurrent with other Beta Blockers	10/18/95
Pindolol (Visken)	No Criteria	---	Less than or equal to 60 mg/day	10/18/95	Concurrent with other Beta Blockers	10/18/95
Propranolol (Inderal)	No Criteria	---	Less than or equal to 640 mg/day	10/18/95	Concurrent with other Beta Blockers	10/18/95
Propranolol LA (Inderal LA)	No Criteria	---	Less than or equal to 640 mg/day	10/18/95	Concurrent with other Beta Blockers	10/18/95
Propranolol extended release (Innopran XL)	No Criteria	---	Less than or equal to 120 mg/day	03/29/04	Concurrent with other other Beta Blockers	03/29/04
Sotalol (Betapace)	No Criteria	---	Less than or equal to 320 mg/day	10/18/95	Concurrent with other Beta Blockers	10/18/95
Timolol (Blocadren)	No Criteria	---	Less than or equal to 60 mg/day	10/18/95	Concurrent with other Beta Blockers	10/18/95
Bisoprolol (Zebeta)	No Criteria	---	Less than or equal to 20 mg/day	10/18/95	Concurrent with other Beta Blockers	10/18/95
Carvedilol (Coreg)	No Criteria	---	Less than or equal to 100 mg/day	08/18/97	Concurrent with other Beta Blockers	08/18/97

Cardiac Glycosides - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Initial Dose	Maximum Daily Dose		Duplicate Therapy	
	MG Per Day	MG Per Day	Date Begun	Class	Date Begun
Digoxin (Lanoxin)	No Criteria	Less than or equal to .375 mg/day	10/18/95	No Criteria	---

Calcium Channel Blockers - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Initial Dose		Maximum Daily Dose		Duplicate Therapy	
	MG Per Day	Date Begun	MG Per Day	Date Begun	Class	Date Begun
Amlodipine (Norvasc)	No Criteria	---	Less than or equal to 10 mg/day	12/09/95	Concurrent with Other Calcium Channel Blockers	12/09/95
Bepridil (Vascor)	No Criteria	---	Less than or equal to 400 mg/day	10/18/95	Concurrent with Other Calcium Channel Blockers	10/18/95
Diltiazem (Cardizem)	No Criteria	---	Less than or equal to 360 mg/day	10/18/95	Concurrent with Other Calcium Channel Blockers	10/18/95
Diltiazem CD (Cardizem CD)	No Criteria	---	Less than or equal to 540 mg/day	05/15/99	Concurrent with Other Calcium Channel Blockers	10/15/95
Felodipine (Plendil)	No Criteria	---	Less than or equal to 20 mg/day	10/18/95	Concurrent with Other Calcium Channel Blockers	10/18/95
Isradipine (DynaCirc)	No Criteria	---	Less than or equal to 20 mg/day	10/18/95	Concurrent with Other Calcium Channel Blockers	10/18/95
Nicardipine (Cardene)	No Criteria	---	Less than or equal to 120 mg/day	10/18/95	Concurrent with Other Calcium Channel Blockers	10/18/95
Nifedipine (Procardia)	No Criteria	---	Less than or equal to 120 mg/day	10/18/95	Concurrent with Other Calcium Channel Blockers	10/18/95
Verapamil (Calan, Isoptin)	No Criteria	---	Less than or equal to 480 mg/day	10/18/95	Concurrent with Other Calcium Channel Blockers	10/18/95
Nisoldipine (Sular)	No Criteria	---	Less than or equal to 60 mg/day	08/18/97	Concurrent with Other Calcium Channel Blockers	08/18/97
Amlodipine & Atorvastatin (Caduet)	No Criteria	---	Less than or equal to 80 mg/day (based on Atorvastatin)	02/14/05	Concurrent with Other Calcium Channel Blockers	02/14/05

Lipid Lowering Agents - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Max. Initial Dose		Maximum Daily Dose		Duplicate Therapy		Duration of Therapy	
	MG per Day	Date Begun	MG Per Day	Date Begun	Class	Date Begun	Period	Date Begun
Fluvastatin (Lescol)	No Criteria	---	Less than or equal to 80 mg/day	04/15/97	Concurrent HMG-Co A Reductase Inhibitors	04/15/97	No Criteria	---
Simvastatin (Zocor)	No Criteria	---	Less than or equal to 80 mg/day	05/15/99	Concurrent HMG-Co A Reductase Inhibitors	04/15/97	No Criteria	---
Lovastatin (Mevacor)	No Criteria	---	Less than or equal to 80 mg/day	04/15/97	Concurrent HMG-Co A Reductase Inhibitors	04/15/97	No Criteria	---
Pravastatin (Pravachol)	No Criteria	---	Less than or equal to 80 mg/day	04/15/97	Concurrent HMG-Co A Reductase Inhibitors	04/15/97	No Criteria	---
Atorvastatin (Lipitor)	No Criteria	---	Less than or equal to 80 mg/day	12/04/97	Concurrent HMG-Co A Reductase Inhibitors	12/03/97	No Criteria	---
Ezetimibe (Zetia)	No Criteria	---	Less than or equal to 10 mg/day	03/29/04	No Criteria	---	No Criteria	---
Rosuvastatin (Crestor)	Less than or equal to 5 mg	02/14/05	Less than or equal to 40 mg/day	02/14/05	Concurrent HMG-Co A Reductase Inhibitors	02/14/05	No Criteria	---

Antiplatelet Agents - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Max. Initial Dose		Maximum Daily Dose		Duplicate Therapy		Duration of Therapy	
	MG per Day	Date Begun	MG Per Day	Date Begun	Class	Date Begun	Period	Date Begun
Cilostazol (Pletal)	No Criteria	---	Less than or equal to 200 mg/day	04/10/00	No Criteria	---	No Criteria	---
Ticlopidine (Ticlid)	No Criteria	---	Less than or equal to 500 mg/day	05/15/99	No Criteria	---	No Criteria	---
Clopidogrel bisulfate (Plavix)	No Criteria	---	Less than or equal to 75 mg/day	10/18/01	No Criteria	---	No Criteria	---
Aspirin/ dipyridamole (Aggrenox)	No Criteria	---	Less than or equal to 50 mg/400 mg/day	10/18/01	No Criteria	---	No Criteria	---

Oral Antihyperglycemic Agents - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Max. Initial Dose		Maximum Daily Dose		Plan Protocol		Duplicate Therapy	
	MG per Day	Date Begun	MG Per Day	Date Begun	Class	Date Begun	Period	Date Begun
Rosiglitazone (Avandia)	No Criteria	---	Less than or equal to 8 mg/day	04/10/00	New therapy denied for reimbursement	01/06/09	No Criteria	---
Metformin (Glucophage)	No Criteria	---	Less than or equal to 2550 mg/day	04/10/00	No Criteria	---	No Criteria	---
Acarbose (Precose)	No Criteria	---	Less than or equal to 300 mg/day	04/10/00	No Criteria	---	No Criteria	---
Repaglinide (Prandin)	No Criteria	---	Less than or equal to 16 mg/day	04/10/00	No Criteria	---	No Criteria	---
Miglitol (Glyset)	No Criteria	---	Less than or equal to 300 mg/day	04/10/00	No Criteria	---	No Criteria	---
Pioglitazone (Actos)	No Criteria	---	Less than or equal to 45 mg/day	10/08/01	Prior therapy with either metformin, a sulfonylurea or insulin in the previous 60 days.	---	No Criteria	---
Nateglinide (Starlix)	No Criteria	---	Less than or equal to 360 mg/day	10/08/01	No Criteria	---	No Criteria	---
Glyburide/ metformin (Glucovance)	No Criteria	---	Less than or equal to 20 mg/2000 mg/day	10/08/01	No Criteria	---	No Criteria	---
Pioglitazone/ glimepride (Duetact)	No Criteria	---	Less than or equal to 30 mg/day	06/02/09	No Criteria	---	No Criteria	---

Non-Steroidal Anti-Inflammatory Agents (NSAIDS) - Criteria Elements and Implementation Dates

Drug Name	Maximum Daily Dose		Maximum Duration		Duplicate Therapy	
Generic (Brand)	MG Per Day	Date Begun	Period	Date Begun	Class	Date Begun
Aspirin (Legend) (Easprin, Zorprin)	Less than or equal to 6000 mg/day	08/06/94	No Criteria	---	Concurrent NSAIDS	08/16/92
Choline Magnesium Sulfate (Trilisate)	Less than or equal to 3000 mg/day	10/28/94	No Criteria	---	Concurrent NSAIDS	10/28/94
Diclofenac (Voltaren) (Normal Release)	Less than or equal to 225 mg/day	03/25/95	No Criteria	---	Concurrent NSAIDS	08/16/92
Diclofenac (Cataflam) (Quick Release)	Less than or equal to 200 mg/day	10/28/94	No Criteria	---	Concurrent NSAIDS	10/28/94
Diflunisal (Dolobid)	Less than or equal to 1500 mg/day	07/05/93	No Criteria	---	Concurrent NSAIDS	08/16/92
Etodolac (Lodine)	Less than or equal to 1200 mg/day	07/05/93	No Criteria	---	Concurrent NSAIDS	08/16/92
Fenoprofen (Nalfon)	Less than or equal to 3200 mg/day	07/05/93	No Criteria	---	Concurrent NSAIDS	08/16/92
Flurbiprofen (Ansaid)	Less than or equal to 300 mg/day	07/05/93	No Criteria	---	Concurrent NSAIDS	08/16/92
Ibuprofen (Motrin)	Less than or equal to 3200 mg/day	07/05/93	No Criteria	---	Concurrent NSAIDS	08/16/92
Indomethacin (Indocin)	Less than or equal to 200 mg/day	07/05/93	No Criteria	---	Concurrent NSAIDS	08/16/92
Indomethacin SR (Indocin SR)	Less than or equal to 200 mg/day	07/05/93	No Criteria	---	Concurrent NSAIDS	08/16/92
Ketoprofen (Orudis, Oruvail)	Less than or equal to 300 mg/day	07/05/93	No Criteria	---	Concurrent NSAIDS	08/16/92
Ketorolac (Toradol) I.M. Therapy	Less than or equal to 60 mg/day	07/05/93	5 days/ 30 days	05/15/95	Concurrent NSAIDS	08/16/92
Oral Therapy	Less than or equal to 40 mg/day	07/05/93	5 days/ 30 days	05/15/95	Concurrent NSAIDS	08/16/92
Meclofenamate (Meclomen)	Less than or equal to 400 mg/day	07/05/93	No Criteria	---	Concurrent NSAIDS	08/16/92
Mefenamic Acid (Ponstel)	Less than or equal to 1250 mg/day	07/05/93	No Criteria	---	Concurrent NSAIDS	08/16/92
Nabumetone (Relafen)	Less than or equal to 2000 mg/day	07/05/93	No Criteria	---	Concurrent NSAIDS	08/16/92
Naproxen (Naprosyn)	Less than or equal to 1500 mg/day	07/05/93	No Criteria	---	Concurrent NSAIDS	08/16/92
Naproxen Sodium (Anaprox)	Less than or equal to 1650 mg/day	07/05/93	No Criteria	---	Concurrent NSAIDS	08/16/92
Oxaprozin (Daypro)	Less than or equal to 1800 mg/day	07/05/93	No Criteria	---	Concurrent NSAIDS	08/16/92
Piroxicam (Feldene)	Less than or equal to 40 mg/day	07/05/93	No Criteria	---	Concurrent NSAIDS	08/16/92
Salsalate (Disalcid)	Less than or equal to 3000 mg/day	10/28/94	No Criteria	---	Concurrent NSAIDS	10/28/94
Sulindac (Clinoril)	Less than or equal to 400 mg/day	07/05/93	No Criteria	---	Concurrent NSAIDS	08/16/92
Tolmetin (Tolectin)	Less than or equal to 2000 mg/day	07/05/93	No Criteria	---	Concurrent NSAIDS	08/16/92
Meloxicam (Mobic)	Less than or equal to 15 mg/day	05/15/02	No Criteria	---	Concurrent NSAIDS	05/13/02
Diclofenac Epolamine (Flector Patch)		05/15/02	No Criteria	---	Concurrent NSAIDS	03/10/09

COX-2 Inhibitors - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Daily Dose		Maximum Duration		Duplicate Therapy	
	MG Per Day	Date Begun	Period	Date Begun	Class	Date Begun
Celecoxib (Celebrex)	Less than or equal to 400 mg/day	04/10/00	No Criteria	---	Concurrent NSAIDS	04/10/00
Valdecoxib (Bextra)	Less than or equal to 10mg/day	08/19/03	No Criteria	---	Concurrent NSAIDS	08/19/03

Centrally Acting Analgesics - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Daily Dose		Maximum Duration		Duplicate Therapy	
	MG Per Day	Date Begun	Period	Date Begun	Class	Date Begun
Tramadol (Ultram)	300 mg daily if over 75 years of age 400 mg daily if under 75 years of age	12/04/97	No Criteria	---	No Criteria	---

Combination Analgesics - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Daily Dose		Maximum Duration		Duplicate Therapy	
	MG Per Day	Date Begun	Period	Date Begun	Class	Date Begun
Hydrocodone and Ibuprofen (Vicoprofen)	Less than or equal to 37.5 mg/day	04/22/98	10 days/ 30 days	04/22/98	No Criteria	---

Opiate Agonists - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Daily Dose		Duration of Therapy		Duplicate Therapy	
	MG Per Day	Date Begun	Period	Date Begun	Class	Date Begun
Tramadol/acetominophen (Ultracet)	Less than or equal to 300 mg/day	08/23/03	5 days out of every 30	08/20/03	No Criteria	---

Agents to Treat Benign Prostatic Hyperplasia - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Daily Dose		Maximum Initial Dose		Gender Edit	
	MG Per Day	Date Begun	MG Per Day	Date Begun	Male/ Female	Date Begun
Tamsulosin HCI (Flomax)	No Criteria	-	No Criteria	-	Male Only	01/04/07
Dutasteride (Avodart)	No Criteria	-	No Criteria	-	Male Only	02/22/07
Finasteride (Proscar)	No Criteria	-	No Criteria	-	Male Only	02/22/07
Alfuzosin (Uroxatral)	No Criteria	-	No Criteria	-	Male Only	02/22/07

Inhaled Corticosteroids - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Daily Dose		Maximum Initial Dose		Gender Edit	
	MG Per Day	Date Begun	MG Per Day	Date Begun	Male/ Female	Date Begun
Budesonide (Pulmicort-Respules)	Less than or equal to 1 mg/day	06/03/09	No Criteria	-	No Criteria	-

Other Analgesics - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Daily Dose		Plan Protocol		Initial Quantity		Maximum Duration		Maximum Quantity	
	MG Per Day	Date Begun	Drug	Date Begun	Quantity	Date Begun	Period	Date Begun	Quantity	Date Begun
Propoxyphene HCl (Darvon)	Less than or equal to 390 mg/day	05/13/02	No Criteria	---	No Criteria	---	No Criteria	---	No Criteria	---
Propoxyphene napsylate (Darvocet)	Less than or equal to 600 mg/day	05/13/02	No Criteria	---	No Criteria	---	No Criteria	---	No Criteria	---
Acetaminophen/Codeine Combinations	Less than or equal to 4000 mg/day	05/13/02	No Criteria	---	No Criteria	---	180 days out of 210	10/18/04	No Criteria	---
Morphine Sulfate (Kadian, Various)	No Criteria	No Criteria	Must show prior conversion with opiate before reimbursement of 200 mg extended release tab.	10/18/04	No Criteria	No Criteria	No Criteria	10/18/04	No Criteria	---
Fentanyl Citrate (Actiq)	No Criteria	No Criteria	No Criteria	10/18/04	6 units	10/18/04	No Criteria	---	48 units in a 30 day period	10/18/04
Fentanyl Transdermal (Duragesic)	No Criteria	No Criteria	Patches greater than 50 mcg must show prior conversion with opiate.	10/27/04	No Criteria	No Criteria	180 days out of 210	10/18/04	10 patches in a 30 day period. Dose increase will permit an additional 10 patches.	10/18/04
Oxycontin	Less than or equal to 320 mg	03/29/04	No Criteria	No Criteria	No Criteria	No Criteria	180 days out of 210	10/18/04	No Criteria	No Criteria

Calcium Phosphate Binder - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Daily Dose		Plan Protocol		Initial Quantity		Maximum Duration		Maximum Quantity	
	MG Per Day	Date Begun	Drug	Date Begun	Quantity	Date Begun	Period	Date Begun	Quantity	Date Begun
Sevelamer Carbonate (Renvela)	Less than or equal to 7200 mg/day	04/21/08	No Criteria	No Criteria	No Criteria	No Criteria	---	---	No Criteria	No Criteria

Histamine H_2 Receptor Antagonists - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Daily Dose		Duration of Therapy		Duplicate Therapy	
	MG Per Day	Date Begun	Period	Date Begun	Class	Date Begun
Cimetidine (Tagamet) Maintenance Therapy	Less than or equal to 1600 mg/day	08/16/92	Unlimited	10/08/04	Proton Pump Inhibitors and Concurrent H2.	08/16/92
Famotidine (Pepcid) Maintenance Therapy	Less than or equal to 40 mg/day	08/16/92	Unlimited	10/08/04	Proton Pump Inhibitors and Concurrent H2.	08/16/92
Nizatidine (Axid) Maintenance Therapy	Less than or equal to 300 mg/day	08/16/92	Unlimited	10/08/04	Proton Pump Inhibitors and Concurrent H2.	08/16/92
Ranitidine (Zantac) Maintenance Therapy	Less than or equal to 300 mg/day	08/16/92	Unlimited	10/08/04	Proton Pump Inhibitors and Concurrent H2.	08/16/92

Miscellaneous Gastrointestinal Agents - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Daily Dose		Duration of Therapy		Duplicate Therapy	
	MG Per Day	Date Begun	Period	Date Begun	Class	Date Begun
Metoclopramide (Reglan)	Less than or equal to 60 mg/day	10/28/94	No Criteria	---	No Criteria	---
Misoprostol (Cytotec)	Less than or equal to 800 mcg/day	07/05/93	No Criteria	---	No Criteria	---
Omeprazole (Prilosec)	Less than or equal to 40 mg/day	07/05/93	No Criteria	---	Proton Pump Inhibitors/ H2 Receptor Antagonists	08/28/95
Sucralfate (Carafate)	Less than or equal to 4000 mg/day	07/05/93	No Criteria	---	No Criteria	---
Lansoprazole (Prevacid)	Less than or equal to 30 mg/day	08/28/95	No Criteria	---	Proton Pump Inhibitors/ H2 Receptor Antagonists	08/28/95
Pantoprazole (Protonix)	Less than or equal to 40 mg/day	10/08/01	No Criteria	---	Proton Pump Inhibitors/ H2 Receptor Antagonists	10/08/01
Esomeprazole (Nexium)	Less than or equal to 40 mg/day	10/08/01	No Criteria	---	Proton Pump Inhibitors/ H2 Receptor Antagonists	10/08/01
Rabeprazole (Aciphex)	Less than or equal to 20 mg/day	10/08/01	No Criteria	---	Proton Pump Inhibitors/ H2 Receptor Antagonists	10/08/01
Naproxen and Lansoprazole (Prevacid NapraPAC)	1000 mg (based on Naproxen)	02/14/05	No Criteria	---	No Criteria	---

Agent to Treat Irritable Bowel - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Daily Dose		Maximum Initial Dose		Gender Edit	
	MG Per Day	Date Begun	mg/day	Date Begun	Male/Female	Date Begun
Alosetron (Lotronex)	No Criteria	No Criteria	No Criteria	No Criteria	Female only	10/08/04

Antipsychotics - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Initial Dose		Maximum Daily Dose		Duplicate Therapy	
	MG Per Day	Date Begun	MG Per Day	Date Begun	Class	Date Begun
Chlorpromazine (Thorazine)	Less than or equal to 50 mg/day	01/16/95	Less than or equal to 200 mg/day	01/16/95	No Criteria	---
Clozapine (Clozaril)	Less than or equal to 25 mg/day	01/16/95	Less than or equal to 100 mg/day	08/18/97	No Criteria	---
Fluphenazine (Prolixin)	Less than or equal to 1 mg/day	01/16/95	Less than or equal to 10 mg/day	01/16/95	No Criteria	---
Haloperidol (Haldol)	Less than or equal to 1 mg/day	01/16/95	Less than or equal to 10 mg/day	01/16/95	No Criteria	---
Loxapine (Loxitane)	Less than or equal to 20 mg/day	01/16/95	Less than or equal to 100 mg/day	01/16/95	No Criteria	---
Mesoridazine (Serentil)	Less than or equal to 30 mg/day	01/16/95	Less than or equal to 125 mg/day	01/16/95	No Criteria	---
Perphenazine (Trilafon)	Less than or equal to 8 mg/day	01/16/95	Less than or equal to 24 mg/day	01/16/95	No Criteria	---
Risperidone (Risperdal & Risperdal-M)	Less than or equal to 0.5 mg/day	01/16/95	Less than or equal to 6 mg/day	01/16/95	No Criteria	---
Thioridazine (Mellaril)	Less than or equal to 50 mg/day	01/16/95	Less than or equal to 200 mg/day	01/16/95	No Criteria	---
Thiothixene (Navane)	Less than or equal to 4 mg/day	01/16/95	Less than or equal to 20 mg/day	01/16/95	No Criteria	---
Trifluoperazine (Stelazine)	Less than or equal to 2 mg/day	01/16/95	Less than or equal to 10 mg/day	01/16/95	No Criteria	---
Quetiapine (Seroquel)	Less than or equal to 50 mg/day	04/22/98	Less than or equal to 400 mg/day	04/22/98	No Criteria	---
Olanzapine (Zyprexa)	Less than or equal to 2.5 mg/day	08/18/97	Less than or equal to 10 mg/day	08/18/97	No Criteria	---
Ziprasidone (Geodon)	No Criteria	---	160 mg per day Oral 40 mg/day IM	08/16/03	No Criteria	---
Aripiprazole (Abilify)	No Criteria	---	Less than or equal to 15 mg/day	08/16/03	No Criteria	---
Paliperidone (Invega)	No Criteria	---	Less than or equal to 12 mg/day	06/02/09	No Criteria	---

Antidepressants - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Initial Dose		Maximum Daily Dose		Duplicate Therapy	
	MG Per Day	Date Begun	MG Per Day	Date Begun	Class	Date Begun
Amitriptyline (Elavil)	Less than or equal to 75 mg/day	01/16/95	Less than or equal to 250 mg/day	01/16/95	No Criteria	---
Amoxapine (Asendin)	Less than or equal to 75 mg/day	01/16/95	Less than or equal to 300 mg/day	01/16/95	No Criteria	---
Bupropion (Wellbutrin)	Less than or equal to 200 mg/day	01/16/95	Less than or equal to 450 mg/day	01/16/95	No Criteria	---
Citalopram (Celexa)	Less than or equal to 20 mg/day	05/15/99	Less than or equal to 40 mg/day	05/15/99	No Criteria	---
Clomipramine (Anafranil)	Less than or equal to 50 mg/day	01/16/95	Less than or equal to 250 mg/day	01/16/95	No Criteria	---
Desipramine (Norpramin)	Less than or equal to 75 mg/day	01/16/95	Less than or equal to 250 mg/day	01/16/95	No Criteria	---
Doxepin (Sinequan)	Less than or equal to 75 mg/day	01/16/95	Less than or equal to 250 mg/day	01/16/95	No Criteria	---
Fluoxetine (Prozac)	Less than or equal to 20 mg/day	01/16/95	Less than or equal to 60 mg/day	01/16/95	No Criteria	---
Imipramine (Tofranil)	Less than or equal to 75 mg/day	01/16/95	Less than or equal to 250 mg/day	01/16/95	No Criteria	---
Isocarboxazid (Marplan)	Less than or equal to 30 mg/day	01/16/95	Less than or equal to 50 mg/day	01/16/95	No Criteria	---
Maprotiline (Ludiomil)	Less than or equal to 50 mg/day	01/16/95	Less than or equal to 200 mg/day	01/16/95	No Criteria	---
Mirtazapine (Remeron)	Less than or equal to 15 mg/day	8/18/97	Less than or equal to 45 mg/day	08/18/97	No Criteria	---
Nefazodone (Serzone)	No Criteria	---	Less than or equal to 600 mg/day	08/28/95	No Criteria	---
Nortriptyline (Pamelor)	Less than or equal to 50 mg/day	01/16/95	Less than or equal to 150 mg/day	01/16/95	No Criteria	---
Paroxetine (Paxil)	Less than or equal to 20 mg/day	01/16/95	Less than or equal to 40 mg/day	01/16/95	No Criteria	---
Phenelzine (Nardil)	Less than or equal to 45 mg/day	01/16/95	Less than or equal to 90 mg/day	01/16/95	No Criteria	---
Protriptyline (Vivactil)	Less than or equal to 15 mg/day	01/16/95	Less than or equal to 40 mg/day	01/16/95	No Criteria	---
Sertraline (Zoloft)	Less than or equal to 50 mg/day	01/16/95	Less than or equal to 200 mg/day	01/16/95	No Criteria	---
Tranylcypromine (Parnate)	Less than or equal to 30 mg/day	01/16/95	Less than or equal to 60 mg/day	01/16/95	No Criteria	---
Trazodone (Desyrel)	Less than or equal to 150 mg/day	01/16/95	Less than or equal to 400 mg/day	01/16/95	No Criteria	---
Trimipramine (Surmontil)	Less than or equal to 75 mg/day	01/16/95	Less than or equal to 250 mg/day	01/16/95	No Criteria	---
Venlafaxine (Effexor)	Less than or equal to 75 mg/day	01/16/95	Less than or equal to 225 mg/day	01/16/95	No Criteria	---
Paroxetine (Paxil CR)	Less than or equal to 12.5 mg/day	08/16/03	Less than or equal to 50 mg/day	08/16/03	No Criteria	---
Escitalopram (Lexapro)	Less than or equal to 10 mg/day	08/16/03	Less than or equal to 20 mg/day	08/16/03	No Criteria	---
Bupropion (Wellbutrin XR)	Less than or equal to 300 mg/day	02/06/97	Less than or equal to 400 mg/day	02/06/97	No Criteria	---
Fluoxetine (Prozac weekly)	Prior to Prozac weekly being approved, 90 days of therapy with Prozac daily is required					
Duloxetine (Cymbalta)	No Criteria	---	Less than or equal to 60 mg/day	02/11/08	No Criteria	---

Benzodiazepines/Miscellaneous Sedative/Hypnotics - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Initial Dose		Maximum Daily Dose		Duration of Therapy		Duplicate Therapy	
	MG Per Day	Date Begun	MG Per Day	Date Begun	Period	Date Begun	Class	Date Begun
Estazolam (Prosom)	Less than or equal to 1 mg/day	01/16/95	Less than or equal to 2 mg/day	01/16/95	No Criteria	---	Concurrent Benzodiazepines and Misc Sed/Hypnotics	03/13/00
Flurazepam (Dalmane)	Less than or equal to 15 mg/day	01/16/95	Less than or equal to 30 mg/day	01/16/95	No Criteria	---	Concurrent Benzodiazepines and Misc Sed/Hypnotics	03/13/00
Quazepam (Doral)	Less than or equal to 15 mg/day	01/16/95	Less than or equal to 15 mg/day	01/16/95	No Criteria	---	Concurrent Benzodiazepines and Misc Sed/Hypnotics	03/13/00
Temazepam (Restoril)	Less than or equal to 7.5 mg/day	03/01/94	Less than or equal to 15 mg/day	03/01/94	240 mg/ 6 mos	03/01/94	Concurrent Benzodiazepines and Misc Sed/Hypnotics	03/13/00
Triazolam (Halcion)	Less than or equal to .125 mg/day	01/31/92	Less than or equal to .25 mg/day	01/31/92	4 mg/6 mos	01/31/92	Concurrent Benzodiazepines and Misc Sed/Hypnotics	03/13/00
Zolpidem (Ambien)	Less than or equal to 5 mg/day	01/16/95	Less than or equal to 10 mg/day	01/16/95	No Criteria	---	Concurrent Benzodiazepines and Misc Sed/Hypnotics	10/25/05
Zaleplon (Sonata)	No Criteria	---	Less than or equal to 10 mg/day	02/19/07	No Criteria	---	Concurrent Benzodiazepines and Misc Sed/Hypnotics	10/25/05
Zolpidem (Ambien CR)	No Criteria	---	Less than or equal to 6.25 mg/day	11/01/05	No Criteria	---	Concurrent Benzodiazepines and Misc Sed/Hypnotics	10/25/05
Ramelteon (Rozerem)	No Criteria	---	Less than or equal to 8 mg/day	02/19/07	No Criteria	---	Concurrent Benzodiazepines and Misc Sed/Hypnotics	10/25/05
Eszopiclone (Lunesta)	No Criteria	---	Less than or equal to 2 mg/day	02/19/07	No Criteria	---	Concurrent Benzodiazepines and Misc Sed/Hypnotics	10/25/05

Obsessive-Compulsive Disorder Agent - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Initial Dose		Maximum Daily Dose		Duration of Therapy		Duplicate Therapy	
	MG Per Day	Date Begun	MG Per Day	Date Begun	Period	Date Begun	Class	Date Begun
Fluvoxamine (Luvox)	Less than or equal to 50 mg/day	08/28/95	Less than or equal to 300 mg/day	08/28/95	No Criteria	---	No Criteria	---

Benzodiazepines - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Initial Dose		Maximum Daily Dose		Duration of Therapy		Duplicate Therapy	
	MG Per Day	Date Begun	MG Per Day	Date Begun	Period	Date Begun	Class	Date Begun
Alprazolam (Xanax)	Less than or equal to .75 mg/day	01/16/95	Less than or equal to 3 mg/day	01/16/95	No Criteria	---	Concurrent	03/13/00
Alprazolam (Xanax XR)	Less than or equal to 0.5 mg/day	03/29/04	Less than or equal to 6 mg/day	03/29/04	Only for Panic Disorder			
Chlordiazepoxide (Librium)	Less than or equal to 20 mg/day	01/16/95	Less than or equal to 100 mg/day	01/16/95	No Criteria	---	Concurrent	03/13/00
Clonazepam (Klonopin)	Less than or equal to 1 mg/day	01/16/95	Less than or equal to 4 mg/day	01/16/95	No Criteria	---	Concurrent	03/13/00
Clorazepate (Tranxene)	Less than or equal to 15 mg/day	01/16/95	Less than or equal to 60 mg/day	01/16/95	No Criteria	---	Concurrent	03/13/00
Diazepam (Valium)	Less than or equal to 5 mg/day	01/16/95	Less than or equal to 40 mg/day	01/16/95	No Criteria	---	Concurrent	03/13/00
Halazepam (Paxipam)	Less than or equal to 40 mg/day	01/16/95	Less than or equal to 40 mg/day	01/16/95	No Criteria	---	Concurrent	03/13/00
Lorazepam (Ativan)	Less than or equal to 2 mg/day	01/16/95	Less than or equal to 6 mg/day	01/16/95	No Criteria	---	Concurrent	03/13/00
Oxazepam (Serax)	Less than or equal to 30 mg/day	01/16/95	Less than or equal to 60 mg/day	01/16/95	No Criteria	---	Concurrent	03/13/00

Miscellaneous Sedative/Hypnotics - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Initial Dose		Maximum Daily Dose		Duration of Therapy		Duplicate Therapy	
	MG Per Day	Date Begun	MG Per Day	Date Begun	Period	Date Begun	Class	Date Begun
Amobarbital (Amytal)	No Criteria	---	Less than or equal to 200 mg/day	01/19/98	14 days out of every 180	04/20/98	No Criteria	---
Butabarbital (Butisol)	No Criteria	---	Less than or equal to 90 mg/day	11/26/97	14 days out of every 180	04/20/98	No Criteria	---
Chloral Hydrate	No Criteria	---	Less than or equal to 1 gm/day	11/26/97	14 days out of every 180	04/20/98	No Criteria	---
Ethchlorvynol (Placidyl)	No Criteria	---	Less than or equal to 500 mg/day	11/26/97	14 days out of every 180	06/01/98	No Criteria	---
Secobarbital (Seconal)	No Criteria	---	Less than or equal to 100 mg/day	11/26/97	14 days out of every 180	06/01/98	No Criteria	---
Amobarbital/Secobarbital (Tuinal)	No Criteria	---	Less than or equal to 50 mg/day	11/26/97	14 days out of every 180	04/20/98	No Criteria	---

Anti-Obesity Agents - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Initial Dose		Maximum Daily Dose		Duration of Therapy		Duplicate Therapy	
	MG Per Day	Date Begun	MG Per Day	Date Begun	Period	Date Begun	Class	Date Begun
Sibutramine (Meridia)	No Criteria	---	Less than or equal to 30 mg/day	07/26/99	60 days out of every 90	08/09/99	No Criteria	---
Phentermine HCL (Adipex-P)	No Criteria	---	Less than or equal to 37.5 mg/day	07/26/99	60 days out of every 120	08/09/99	No Criteria	---
Phendimetrazine	No Criteria	---	Less than or equal to 105 mg/day	07/26/99	60 days out of every 120	08/09/99	No Criteria	---
Diethylpropion (Tenuate)	No Criteria	---	Less than or equal to 100 mg/day	07/26/99	60 days out of every 120	08/09/99	No Criteria	---
Orlistat (Xenical)	No Criteria	---	Less than or equal to 360 mg/day	07/26/99	60 days out of every 90	08/09/99	No Criteria	---

Bisphosphonates - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Initial Dose		Maximum Daily Dose		Duration of Therapy		Duplicate Therapy	
	MG Per Day	Date Begun	MG Per Day	Date Begun	Period	Date Begun	Class	Date Begun
Alendronate (Fosamax)	No Criteria	---	Less than or equal to 10 mg/day	08/19/03	No Criteria	---	No Criteria	---
Risedronate (Actonel)	No Criteria	---	Less than or equal to 5 mg/day	03/29/04	No Criteria	---	No Criteria	---

Skeletal Muscle Relaxants - Criteria and Implementation Dates

Drug Name Generic (Brand)	Maximum Initial Dose		Maximum Daily Dose		Duplicate Therapy		Duration of Therapy	
	MG Per Day	Date Begun	MG Per Day	Date Begun	Class	Date Begun	Period	Date Begun
Carisoprodol (Soma)	No Criteria	---	Less than or equal to 1400 mg/day	06/05/00	No Criteria	---	21 days out of 30	06/12/00
Cholorzoxazone (Parafon Forte)	No Criteria	---	Less than or equal to 3000 mg/day	06/05/00	No Criteria	---	21 days out of 30	06/12/00
Cyclobenzaprine (Flexeril)	No Criteria	---	Less than or equal to 30 mg/day	04/18/06	No Criteria	---	21 days out of 30	06/12/00
Dantrolene (Dantrium)	No Criteria	---	Less than or equal to 400 mg/day	06/05/00	No Criteria	---	21 days out of 30	06/12/00
Metaxalone (Skelaxin)	No Criteria	---	Less than or equal to 3200 mg/day	06/05/00	No Criteria	---	21 days out of 30	06/12/00
Methocarbamol (Robaxin)	No Criteria	---	Less than or equal to 4500 mg/day	06/05/00	No Criteria	---	21 days out of 30	06/12/00
Orphenadrine Citrate (Norflex)	No Criteria	---	Less than or equal to 200 mg/day	06/05/00	No Criteria	---	21 days out of 30	06/12/00
Tizaridine (Zanaflex)	No Criteria	---	Less than or equal to 36 mg/day	06/05/00	No Criteria	---	21 days out of 30	06/12/00
Baclofen (Lioresal)	No Criteria	---	Less than or equal to 80 mg/day	06/05/00	No Criteria	---	21 days out of 30	06/12/00

Cholinesterase Inhibitors - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Initial Dose		Maximum Daily Dose		Duplicate Therapy		Maximum Duration	
	MG Per Day	Date Begun	MG Per Day	Date Begun	Class	Date Begun	Period	Date Begun
Donepezil (Aricept)	Less than or equal to 5 mg per day	05/15/99	Less than or equal to 10 mg per day	05/15/99	No Criteria	---	No Criteria	---
Tacrine (Cognex)	Less than or equal to 40 mg per day	05/15/99	Less than or equal to 160 mg per day	05/15/99	No Criteria	---	No Criteria	---
Rivastigmine (Exelon)	Less than or equal to 3 mg per day	05/17/02	Less than or equal to 12 mg per day	05/13/02	No Criteria	---	No Criteria	---
Galantamine (Reminyl)	Less than or equal to 8 mg per day	05/17/02	Less than or equal to 24 mg per day	05/13/02	No Criteria	---	No Criteria	---
Memantine (Namenda)	Less than or equal to 5 mg	02/14/05	Less than or equal to 20 mg per day	02/14/05	No Criteria	---	No Criteria	---

Erectile Dysfunction Agents - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Duplicate Therapy		Maximum Daily Dose		Gender Edit		Maximum Duration	
	Class	Date Begun	MG Per Day	Date Begun	Male/ Female	Date Begun	Period	Date Begun
Sildenafil Citrate (Viagra)	Concurrent with other erectile dysfunction agents	05/07/04	Less than or equal to 50 mg/day	06/01/98	Male	10/18/04	8 days out of every 30	01/04/99
Vardenafil (Levitra)	Concurrent with other erectile dysfunction agents	05/07/04	No Criteria	---	Male	10/18/04	8 days out of every 30	10/31/03
Tadalafil (Cialis)	Concurrent with other erectile dysfunction agents	04/29/08	Less than or equal to 20 mg/day	03/15/04	Male	10/18/04	8 days out of every 30	05/05/04
Alprostadil (Caverject)	Concurrent with other erectile dysfunction agents	05/07/04	No Criteria	---	Male	02/11/08	8 days out of every 30	02/11/08

Antibiotics - Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Maximum Initial Dose		Maximum Daily Dose		Duplicate Therapy		Maximum Duration	
	MG Per Day	Date Begun	MG Per Day	Date Begun	Class	Date Begun	Period	Date Begun
Doxycycline (Periostat)	No Criteria	---	Less than or equal to 40 mg/day	05/13/02	No Criteria	---	9 months out of every 12	05/13/02
Rifaximin (Xifaxan)	No Criteria	---	No Criteria	---	No Criteria	---	3 days out of every 180	06/03/09

Antihistamines - Criteria and Implementation Dates

Drug Name Generic (Brand)	Maximum Initial Dose		Maximum Daily Dose		Duplicate Therapy		Duration of Therapy	
	MG Per Day	Date Begun	MG Per Day	Date Begun	Class	Date Begun	Period	Date Begun
Cetirizine (Zyrtec, Zyrtec-D)	No Criteria	---	Less than or equal to 10 mg/day	08/16/03	Concurrent with other antihistamines	08/16/03	No Criteria	---
Desloratadine (Clarinex, Clarinex-D)	No Criteria	---	Less than or equal to 5 mg/day	08/16/03	Concurrent with other antihistamines	08/16/03	No Criteria	---
Fexofenadine (Allegra, Allegra-D)	No Criteria	---	Less than or equal to 120 mg/day	08/16/03	Concurrent with other antihistamines	08/16/03	No Criteria	---
Fexofenadine (Allegra, 180 mg strength tablet)	No Criteria	---	Less than or equal to 180 mg/day	08/16/03	Concurrent with other antihistamines	08/16/03	No Criteria	---

Antimigraine Agents - Criteria and Implementation Dates

Drug Name Generic (Brand)	Maximum Initial Dose		Maximum Daily Dose		Duplicate Therapy		Duration of Therapy	
	MG Per Day	Date Begun	MG Per Day	Date Begun	Class	Date Begun	Period	Date Begun
Zolmitriptan (Zomig, ZMT)	No Criteria	---	Less than or equal to 10 mg/day	08/16/03	Concurrent with other anti-migraines	08/16/03	3 days out of every 30	08/16/03
Almatriptan (Axert)	No Criteria	---	Less than or equal to 25 mg/day	08/16/03	Concurrent with other anti-migraines	08/16/03	4 days out of every 30	08/16/03
Methysergide mealeate (Sansert)	No Criteria	---	Less than or equal to 8 mg/daily	08/16/03	Concurrent with other anti-migraines	08/16/03	150 days out of every 180	08/16/03
Naratriptan (Amerge)	Not Recommended for the Elderly							
Frovatriptan (Frova)	No Criteria	---	Less than or equal to 7.5 mg/day	08/16/03	Concurrent with other anti-migraines	08/16/03	4 days out of every 30	08/16/03
DH Enesylate (Migranal)	No Criteria	---	Less than or equal to 2 bottles daily	08/16/03	Concurrent with other anti-migraines	08/16/03	4 days out of every 30	08/16/03
Rizatriptan (Maxalt, Maxalt MLT)	No Criteria	---	Less than or equal to 30 mg/day	08/16/03	Concurrent with other anti-migraines	08/16/03	4 days out of every 30	08/16/03
Eletriptan (Relpax)	No Criteria	---	Less than or equal to 40 mg/day	03/29/04	Concurrent with other anti-migraines	03/29/04	3 days out of every 30	03/29/04

Smoking Cessation Agent - Criteria and Implementation Dates

Drug Name Generic (Brand)	Maximum Initial Dose		Maximum Daily Dose		Duration of Therapy	
	MG Per Day	Date Begun	MG Per Day	Date Begun	Period	Date Begun
Varenicline (Chantix)	No Criteria	---	No Criteria	---	12 weeks followed by another 12 weeks if smoking cessation has been documented	02/14/07

Thioglitazones – Criteria Elements and Implementation Dates

Drug Name Generic (Brand)	Step Therapy	Date Begun
Rosiglitazone and combinations (Avandia, Avandamet, Avandaryl)	Medical exception required	1/6/2009
Pioglitazone (Actos)	Previous therapy required with a sulfonylurea, metformin or insulin.	1/6/2009

MATRIX OF DRUG-DRUG INTERACTIONS

Incoming Claim	*Check for Drugs Already in History*																	
	Propulsid	**Monistat IV**	**Sporanox**	**Nizoral**	**TAO**	**Macrolides other than TAO**	**Non-Sedating Antihistamines**	**Serzone**	**Effexor**	**Luvox**	**MAO Inhibitors**	**Nitro-glycerin**	**Viagra**	**Anti-arrythmics Class 1A, III**	**Tricyclic Anti-depressants**	**Anti-psychotics**	**Vascor, Hismanal, Zagam**	**Cymbalta**
Propulsid		co-admin	co-admin	co-admin	co-admin									co-admin	co-admin	co-admin	co-admin	
Monistat IV	co-admin																	
Sporanox	co-admin						co-admin											
Nizoral	co-admin						co-admin											
TAO	co-admin						co-admin											
Macrolides other than TAO							co-admin											
Non-Sedating Antihistamines			co-admin	co-admin	co-admin	co-admin		co-admin		co-admin								
Serzone							co-admin				co-admin, 14 days							
Effexor											co-admin, 14 days							
Luvox							co-admin				co-admin, 14 days							
MAO Inhibitors								co-admin, 7 days	co-admin, 7 days	co-admin, 14 days								co-admin, 14 days
Nitroglycerin													co-admin					
Viagra												co-admin						
Antiarrhythmics Class 1A, III	co-admin																	
Tricyclic Antidepressants	co-admin																	
Antipsychotics	co-admin																	
Vascor, Hismanal, Zagam	co-admin																	
Cymbalta											co-admin, 14 days							