

PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY

ANNUAL REPORT TO THE PENNSYLVANIA GENERAL ASSEMBLY

JANUARY 1 - DECEMBER 31, 2019

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FREQUENTLY REQUESTED PROGRAM STATISTICS

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

2019 PACE AND PACENET SUMMARY			
	PACE	PACENET	REFER TO:
DEMOGRAPHIC DATA			
Total enrolled for 2019	84,485	176,265	Tables 4.2, A and B
% Participating	68.6%	74.4%	Tables 4.2, A and B
Avg. age for enrolled	79.8	78.7	Tables 4.2, A and B
Female, avg. age	80.7	79.2	
Male, avg. age	77.1	77.6	
% Female	74.7%	66.5%	Tables 4.2, A and B
% Own residence	49.7%	63.2%	Tables 4.2, A and B
% Rent	30.1%	23.6%	Tables 4.2, A and B
% Married	7.9%	33.1%	Tables 4.2, A and B
Avg. Income	\$11,770	\$21,570	Tables 4.2, A and B
% Cardholders in urban counties	41.4%	36.9%	Table 5.1
% Cardholders in rural counties	14.0%	15.0%	Table 5.1
BENEFIT DATA			
Avg. total expenditures per enrolled cardholder	\$2,010	\$2,817	Table 4.4
Avg. total expenditures per participant	\$2,928	\$3,785	Table 4.4
Avg. total expenditures per claim	\$108.18	\$138.26	Table 4.4
Avg. state share per enrolled cardholder	\$446	\$515	Table 4.4
Avg. state share per participant	\$650	\$692	Table 4.4
Avg. state share per claim	\$24.02	\$25.28	Table 4.4
Avg. cardholder share per enrolled cardholder	\$102	\$207	Table 4.4
Avg. cardholder share per participant	\$149	\$278	Table 4.4
Avg. cardholder share per claim	\$5.51	\$10.14	Table 4.4
Avg. TPL share per enrolled cardholder	\$1,461	\$2,095	Table 4.4
Avg. TPL share per participant	\$2,129	\$2,815	Table 4.4
Avg. TPL share per claim	\$78.65	\$102.84	Table 4.4
2019 percent change in state share per claim	2.1% increase	1.6% increase	Table 4.4, 2018 and 2019
Avg. claims per participant	27.1	27.4	Tables 4.2, A and B
Avg. number of therapeutic classes per participant	4.6	4.8	Tables 7.1, A and B
UTILIZATION DATA (by date of payment)			
Total claims	1,581,287	3,600,942	Tables 6.1 and 6.4
Avg. claims per enrolled cardholder	18.7	20.4	Tables 6.1 and 6.4
Generic utilization rate	85.4%	83.7%	Tables 6.1 and 6.4
PAYMENT DATA			
Total Program payout	\$37.70 M	\$90.78 M	Table 2.3
Avg. weekly Program payout	\$0.72 M	\$1.75 M	Table 2.3
Avg. annual Program payout per pharmacy	\$12,437	\$29,950	Tables 2.3 and 5.1
% Program payout to chain pharmacies	55.8%	58.7%	Tables 6.2 and 6.3

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 allowed for adjustments to the copayments to reflect increasing drug prices over time. However, the copayments have remained unchanged.

The Program has undergone recent eligibility changes with Act 87 of 2018 raising the PACENET income limits by \$4,000, reaching \$27,500 for single persons and \$35,500 for married couples. About 23,000 persons enrolled within the expanded PACENET income since implementation on October 23, 2018.

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 lower 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 provides benefits when Medicare Part D does not, for example, during the deductible and the coverage gap, for drugs excluded under MMA, for drugs not in a plan's formulary, and for copayment differentials between the Part D plan coverage and the PACE and PACENET copayments. The Program 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; \$34.07 in 2011, \$34.32 in 2012; \$36.57 in 2013; \$35.50 in 2014; \$33.91 in 2015; \$35.30 in 2016; \$39.45 in 2017; \$37.18 in 2018; \$37.03 in 2019; and \$35.63 in 2020). to the Program. The benchmark annual premium payment remains lower than the prior \$40 per month deductible. In 2019, through Act 87 in 2018, the Program began to pay the Part D late enrollment penalty for cardholders when the penalty causes the premium payment to exceed the regional benchmark premium.

Act 111 of 2006 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. Act 21 of 2011 extended the moratorium until December 31, 2013, allowing 31,000 persons to remain enrolled. Act 12 of 2014 established the moratorium expiration date for December 31, 2015, preserving the enrollment for 28,000 older adults. This Act also instituted the exclusion of Medicare Part B premium costs from the definition of total income used for income eligibility determination. As of May 2014, 46,000 cardholders retained their enrollment in the Program due to these two provisions of Act 12. Act 91 in 2015 extended the PACE and PACENET moratoriums until December 2017. In July of 2015, 10,000 cardholders retained enrollment due to the Part B premium exclusion provision and 11,400 persons remained enrolled due to the Social Security cost-of-living exclusion. The cardholder enrollment renewal process conducted in November 2016 determined that 12,200 persons maintained enrollment because of the moratoriums and 18,300 members benefited due to the Medicare Part B premium exclusion from total income. The November 2017 enrollment renewal found that 14,000 members retained enrollment through the moratorium allowance. The 2018 enrollment renewal had 9,700 PACE enrollees remaining in the Program due to the moratorium. Act 62 of 2017 extended the moratoriums until December of 2019. In November 2019, Act 95 reset the moratorium expiration date to December 31, 2021.

The Program's pharmacy reimbursement formula fundamentally changed in 2016 with the passage of Act 169 in November 2016. If a National Average Drug Acquisition Cost (NADAC) per unit is available for a prescribed medication, the Program payment will be the lower of the

NADAC per unit with the addition of a professional dispensing fee of \$13 per prescription and the subtraction of the cardholder's copayment, or the pharmacy's usual and customary charge for the drug with the subtraction of the copayment. If the NADAC is unavailable, the payment will be the lower of the wholesale acquisition cost plus 3.2% with the addition of the dispensing fee minus the cardholder's copayment, or the pharmacy's usual and customary charge less the copayment. This change applies to claims when the Program is the primary payer. On November 20, 2017, the dispensing fee was reduced to \$10.49.

PACE covers all medications requiring a prescription in the Commonwealth, as well as insulin, insulin syringes, and insulin needles, and vaccines administered by Program providers. PACE does not cover experimental medications, medications for hair-loss or wrinkles, or over-the-counter (OTC) medications 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 B contains a description of the PACE/PACENET medical exception process.

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 (nearly 3,000 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. Most 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.

Act 87 of 2018 requires coordinating prescription filling and refilling to improve medication adherence, known as medication synchronization. The Act compels the Program to develop a medication therapy management program in consultation with the pharmacy community and reviewed by the reconstituted Advisory Board for the Program.

Manufacturers for innovator products pay the Program a rebate similar to the federal "best price" Medicaid rebate. Generic manufacturers paid 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 operational 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 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 two Special Pharmaceutical Benefits Programs (Department of Health for SP1 and Department of Human Services for SP2) are processed through the PACE/PACENET system. The program also adjudicated claims for two programs in the Department of Insurance, the Workers' Compensation Security Fund and the Pennsylvania Automobile Catastrophic Loss Benefits Continuation Fund (ended in March 2019). The PACE Program serves as the fiscal agent for the General Assistance Program (Department of Human Services), the Special Pharmaceutical Assistance Program, and the Chronic Renal Disease Program for the collection of rebates from pharmaceutical manufacturers. The Program processes eligibility applications for the Chronic Renal Disease Program and for the SP1 Program.

The PACE Program conducts benefit outreach and assistance for persons identified by the Board of Probation and Parole. Prescription claim processing and program management support is provided to the Department of Corrections.

Program enrollment support given to the Department of Military Affairs includes PACE/PACENET application processing, Part D Plan coordination, and prescription claim processing for veterans residing in state-supported veteran homes.

The Clearinghouse is available to assist all adult Pennsylvanians with the cost of prescription drugs. The Clearinghouse provides services to those who are uninsured or under-insured by helping them to apply for prescription assistance through various programs. Details about the Clearinghouse are found in Section 8 of this report.

Appendix D provides program support details for the numerous state funded pharmacy programs that utilize the PACE Program Platform.

SECTION 1

PROGRAM RESEARCH HIGHLIGHTS



INTERVENTIONS, GENERAL PROGRAM ASSESSMENTS, AND MEDICATION ADHERENCE STUDIES

PACE/PACENET COLLABORATIVE RESEARCH AND EVALUATION PROJECTS, 2008 – 2020, APRIL 2020 UPDATE

INTERVENTIONS

TOPIC	TITLE / RESEARCH GROUP	DESCRIPTION
<p>ASSESSMENT FOR DEPRESSION, ANXIETY, AND SLEEP DISORDERS</p>	<p>TELEPHONE-BASED BEHAVIORAL HEALTH ASSESSMENT FOR SENIORS ON NEW PSYCHOTROPIC MEDICATION</p> <p>Behavioral Health Laboratory, Medical School, University of Pennsylvania</p>	<p>A PACE statewide collaborative care program by the Behavioral Health Laboratory (begun in 2008) supports concerns related to psychotropic medication prescribing in the elderly and raises additional questions about off-label or inappropriate prescribing. To date, 6,300 enrollees and 1,400 caregivers engaged in telephone delivered assessment, monitoring and referral to community resources based on need. Overall, 39% of PACE enrollee participants have significant depressive symptoms, 23% have clinically significant anxiety symptoms and 56.4% report chronic physical pain. Among caregivers, 60% report significant caregiver burden.</p> <p>This project leverages pharmaceutical record case-finding, telephone-based assessment, and the use of an informatics tool to extend the reach of collaborative care services and ensure access to all geographic areas, including rural areas with very limited access to community resources and specialty mental health providers.</p> <p>Depending upon the PACE/PACENET cardholder’s medications, symptoms, and reported needs, they may enroll in one of three interventions:</p> <ul style="list-style-type: none"> • The <u>S</u>upporting <u>S</u>eniors receiving <u>T</u>reatment <u>A</u>nd <u>I</u>ntervention (SUSTAIN) Program—for cardholders starting the use of antidepressants, anxiolytics, and antipsychotics. • The <u>C</u>aregiver <u>R</u>esources, <u>E</u>ducation, and <u>S</u>upport (CREST) Program—for caregivers of cardholders with Alzheimer’s Disease and Related Dementias who are on a cognitive enhancing pharmaceutical agent. • <u>H</u>igh <u>D</u>ose <u>O</u>pioid (HDO) Program—for cardholders prescribed opioid medications at high doses (total morphine equivalent per day of 120 mg/day or greater). <p><i>SUSTAIN Enrollees with depression</i> at baseline show significant short-term and long-term improvements in depressive symptoms. Enrollees with baseline depression and enrollees with baseline anxiety show sustained improvements in overall mental wellbeing over time.</p> <p><i>Caregivers enrolled in CREST</i> report significant changes in variables that have been shown to predict caregiver wellbeing and care recipient nursing home placement. Assessments find reductions in four areas: in the total frequency with which care recipients engage in challenging behaviors, in caregiver distress in response to challenging behaviors, in perceived caregiver burden, and in the number of environmental risk factors present.</p> <p><i>Many pilot phase HDO enrollees</i>, who were agreeable to a dose reduction at intake and fully engaged in the care management program, achieved opioid dose reductions (90% of total enrollees). About half (46%) reached substantial dose reductions of greater than 25%.</p> <p>Participant program satisfaction remains high with ratings of “excellent” (63%) or “good” (30%).</p> <p>Details for these three projects can be found in Appendix A.</p>
<p>ACADEMIC DETAILING</p>	<p>UPDATING PHYSICIANS ABOUT CHANGING THERAPIES IN COMPLICATED DISEASE STATES</p> <p>The Division of Pharmaco-epidemiology and Pharmacoeconomics of the Brigham and</p>	<p>PACE offers a long-standing physician education program (see Appendix A). Physicians at the Harvard Medical School train Pennsylvania-based clinical educators to meet one-on-one with clinicians who care for many patients enrolled in PACE. During the office visits, begun in 2005, the educators provide objective, research-based information about effective drugs and non-medication therapeutic options for common chronic conditions. Educators have logged over 31,000 visits. Recent efforts led to an expansion of visits and geographical reach to address the management of chronic and acute pain and opioid use disorder.</p>

	<p>Women’s Hospital/Harvard Medical School</p>	<p>During 2019, five modules accounted for 86% of the 2,828 visits during the year to 871 prescribers and 160 allied health personnel.</p> <p>The managing type 2 diabetes module (779 visits) provided up-to-date evidence-based treatment recommendations for type 2 diabetes including individualized glycemic target, choice of glucose-lowering medications based on cardiovascular outcome data, and treatment simplification to avoid hypoglycemia.</p> <p>Effectively managing depression in older patients (705 visits) describes how therapy can reduce disability and improve quality of life. This module recognizes that depression is common in older people, but it is not a normal part of aging. Prescribers learn about the most recent evidence relating to defining and diagnosing depression in older adults, the implications of addressing depression on comorbid conditions, as well as different treatments used to manage the condition.</p> <p>Recent studies cast doubt on the usefulness of aspirin in preventing cardiovascular events in healthier patients. Aggregating the latest evidence on antiplatelet agents (656 visits) presents current clinical information about the role of aspirin for preventing cardiovascular events, recommendations for aspirin for secondary prevention in patients who have had a cardiovascular event, how long to support dual antiplatelet therapy, and the use of clopidogrel and aspirin after stroke for the acute period and appropriate therapy choices for long-term use.</p> <p>Current evidence-based goals for treating hypertension (193 visits) informs health care professionals about the recommended blood pressure targets for different patient populations and the efficacy of different medications used to achieve blood pressure goals. Education materials for patients are part of the module and emphasize the benefits of a healthy lifestyle and patient adherence to medications to keep blood pressure under control.</p> <p>The module, caring for patients with atrial fibrillation (99 visits), updates clinicians about using rate or rhythm control, assessing benefits of anticoagulation using a validated tool, assessing and mitigating bleeding risk factors, and selecting appropriate anticoagulation.</p> <p>For each topic, staff develops print materials, trains the educators, manages the intervention, and offers continuing education credits. The physician faculty develops content based upon common drugs used by and conditions affecting the elderly. Educators distribute these documents to physicians during face-to-face meetings: comprehensive reviews of biomedical literature, known as evidence documents; distillations of key information used as the basis for the discussion between practitioner and the educator, known as summary documents; patient and caregiver brochures and tear-off sheets, including resources for additional information and support; and, laminated, pocket-sized quick reference cards for health care providers on treatment and drug efficacy. These materials are located at www.alosahealth.org.</p> <p>In 2019, module evaluation surveys for all topics measured strong physician agreement in response to the questions about whether the program benefits the well-being of patients. Satisfaction elements with the highest agreement scores included: the PACE academic detailer discussed the benefits of specific therapies; the detailer explained assessment tools and how I can use them in my practice to select therapy; and, the academic detailer presented evidence on the efficacy and safety drugs and therapeutic alternatives. Evaluation of three modules, non-steroidal anti-inflammatory drugs/coxib use, acid suppression, and anti-psychotics indicate reduction in the medications targeted.</p> <p>In 2019, detailers continued visits with clinicians to share information about the Pennsylvania’s Diabetes Prevention Program, including the location of free, local patient education sites funded by the CDC. The first module in 2019 reinforced this message with an update for the treatment of diabetes.</p>
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ACADEMIC DETAILING EVALUATION	EFFECTS OF ACADEMIC DETAILING ON THE TREATMENT OF DIABETES Wilkes University School of Pharmacy and Magellan Health/PACE	<p>This program evaluation study was designed to measure the effects of academic detailing, specifically examining prescribing patterns before and after prescribers participated in the program’s 2013 diabetes management module. The module provided information on the comparative effectiveness and safety of diabetes medications, presented evidence regarding appropriate therapy strategies, and weighed the benefits, risks, and value of treatment options with the intent to improve the quality of prescribing and patient care. This interrupted time series evaluation focused on the third diabetes educational outreach intervention that was presented to 704 prescribers in 2013-14. In addition to the group of prescribers who received the diabetes management training, the evaluation analysis also includes a comparison group of prescribers who did not receive the training.</p> <p>The quality metrics identified for this study:</p> <ul style="list-style-type: none"> • Prescribing metformin in older patients with diabetes • Prescribing of HMG-CoA reductase inhibitors (statins) in diabetic patients • Prescribing of either an angiotensin-converting-enzyme (ACE) inhibitor or an angiotensin II receptor blocker (ARB) for patients who have both diabetes and hypertension • Avoidance of long-acting sulfonylureas (chlorpropamide, glyburide) in older patients with diabetes <p>The results did not demonstrate differences between the intervention and comparison groups with respect to the four metrics. However, most prescribers in the detailed group had been exposed to more than one wave of diabetes training since 2007 and the quality metrics have become the standard of care. The findings are consistent with a ceiling effect in the measured metrics, suggesting that most prescribers were following treatment guidelines during the evaluation period. These results were published in the journal <i>American Health & Drug Benefits</i> in 2019.</p>
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GENERAL PROGRAM ASSESSMENTS		
TOPIC	TITLE / RESEARCH GROUP	DESCRIPTION
SATISFACTION SURVEYS Updated for 2018-19	PACE/PACENET SURVEY ON HEALTH AND WELL-BEING Magellan Health/PACE	<p>The <i>Survey on Health and Well-Being</i> provides information about the cardholder population. Questions measure cardholders’ self-reported health status, self-reported medication adherence and affordability, transportation access, and satisfaction with their PACE/PACENET coverage. 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 optional enrollment survey gathers important information about a person’s health immediately prior to joining PACE. The optional 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. The renewal survey provides important information about the cardholder’s health after being in PACE. Annual updates allow the study of changes over time.</p> <p>Results from 2018-19: The 2018-19 renewal survey response rate was 45.0%. Approximately 23% of renewal survey respondents indicated that they did not complete high school, with 7% reporting an 8th grade or less education. Understanding the educational background of the 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, 84% reported that they were either “extremely” or “quite a bit” satisfied with PACE. Among PACENET enrolled cardholders, 75% were “extremely” or “quite a bit” satisfied with PACENET. Another 11% of PACE enrollees and 17% of PACENET enrollees were “moderately” satisfied. These data indicate high levels of satisfaction with both Programs. When asked to rate their current health, 69% of enrolled respondents indicated that their health was either excellent, very good, or good, with the remaining 31% indicating either fair or poor health. The 2018-19 survey also addressed self-reported issues with transportation access. Approximately 41% of survey respondents reported that they had experienced any activity limitations due to transportation difficulties in the past year, and 16% reported they had experienced such</p>

		<p>limitations frequently. Nearly two thirds (64%) of community-dwelling respondents received some form of transportation help during the year from family members, friends, or outside sources.</p> <p>Additional results from the 2018-19 survey are presented in Appendix A.</p>
OUTREACH	<p>PACE APPLICATION CENTER</p> <p>Benefits Data Trust, Philadelphia</p>	<p>The PACE Application Center conducts data-driven outreach and application assistance to connect Pennsylvania’s seniors with public benefit programs. The Center submits PACE applications for eligible persons and enrolls eligible persons in the Medicare Part D Low Income Subsidy (Extra Help). The Center conducts mail, telephone, and community-based outreach. In 2019, nearly 24,000 households applied for at least one benefit, receiving approximately \$1 billion in benefits. (See Appendix A for the full 2019 report.)</p> <p>PACE Enrollment Outreach: The Center uses Property Tax and Rent Rebate rolls, and energy, food and prescription assistance listings to identify enrollment candidates. In 2019, there were 245,000 outreach attempts for PACE and 10,600 PACE applications submitted.</p> <p>Low Income Subsidy (LIS) Outreach: The PACE Program, by wrapping around the Part D benefit, incurs costs that could be offset by LIS benefits which provide financial help to low income enrollees. In 2019, the Center submitted 6,900 LIS applications on behalf of older Pennsylvanians.</p>
PROGRAM EVALUATION	<p>PILOT IMPACT EVALUATION OF THE OPTIONS PROGRAM</p> <p>PA DEPT OF AGING (PDA)</p>	<p>The OPTIONS Program offers individualized aging services to help Pennsylvanians age 60 and older to remain in their homes and communities. PDA drew together an evaluation work group to examine the effectiveness of the OPTIONS Program in maintaining health and independence.</p> <p>As a first step, a pilot evaluation study was conducted in 2019 to evaluate the impact of OPTIONS on mortality and hospitalization. The pilot made use of administrative health care data previously collected by PACE and other state agencies. A quasi-experimental retrospective cohort design was used to compare persons who were enrolled in PACE+OPTIONS or enrolled only in PACE during 2014-2015.</p> <p>Due to the significant needs of persons enrolled in OPTIONS, the availability of an appropriate comparison group was recognized as a key challenge. The pilot study used propensity score matching to identify a comparison subset of PACE enrollees who were not enrolled in OPTIONS as of 1-1-2015, but who were similar to OPTIONS enrollees in demographic characteristics and baseline health status measured from utilization data in 2014.</p> <p>The following health outcomes were assessed during one year of follow-up in 2015:</p> <ul style="list-style-type: none"> • all-cause mortality, using data from the Pennsylvania Department of Health • all-cause hospitalization, using data from the Pennsylvania Health Care Cost Containment Council (PHC4) • hospitalization for specific causes including hip fracture, any fracture, fall-related injury, any injury, and diabetes complications, using PHC4 data • total hospital inpatient days and inpatient charges, using PHC4 data <p>Initial analyses stratified by age and baseline health care utilization level revealed significant disparities between the study groups. At all ages and baseline utilization levels, the PACE+OPTIONS group experienced a higher cumulative incidence of adverse outcomes than the PACE Only group, illustrating the difficulty of comparing these populations.</p> <p>Following propensity analysis and matching, the differences in adverse health outcomes between the final matched samples were considerably less than what had been observed in the total sample before matching. However, the PACE+OPTIONS group still experienced a higher rate of adverse outcomes during follow-up than the PACE Only group. Differences were most apparent at younger ages and lower baseline levels of health care utilization.</p> <p>The pilot results confirm that substantial health disparities exist between OPTIONS and non-OPTIONS PACE elderly. The relative comorbidity burden experienced by OPTIONS appears to be so great that identifying a valid comparison group within PACE may not be possible using the claim-based baseline health measures that are currently available.</p>

		<p>These findings highlight the health challenges faced by the OPTIONS population and the need for additional resources. The results also point to a critical need for additional data on frailty and activities of daily living among non-OPTIONS as well as OPTIONS enrolled elderly, which would benefit future evaluations and help to direct resources to areas of greatest need. Based on the pilot results, a larger evaluation study is now being developed, with results expected in 2020-2021.</p>
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MEDICATION UTILIZATION STUDIES		
TOPIC	TITLE / RESEARCH GROUP	DESCRIPTION
MEDICATION ADHERENCE	<p>INITIAL MEDICATION ADHERENCE IN THE ELDERLY</p> <p>University of the Sciences in Philadelphia and Magellan Health/PACE</p>	<p>Initial medication adherence describes the filling of new medication prescriptions. This pilot study explored the feasibility of using PACE claim reversals as a proxy indicator of initial medication non-adherence. The study specifically evaluated differences in claim reversal rates, as well as the timing of reversals, between electronic and non-electronic prescriptions. Understanding the potential impact of electronic prescribing (e-prescribing) on initial medication adherence is timely given increases in e-prescribing which have occurred in part as a result of provisions of the Medicare Modernization Act.</p> <p>Results of chi-square analyses indicated that electronic prescription claims were more likely than other prescription origin types to be reversed, and that differences among prescription origins were greater for reversals occurring after the submission day compared with same-day reversals. The authors concluded that electronic prescriptions are associated with a higher rate of claim reversals and may reflect poorer initial adherence. Electronic prescriptions may be more likely to be forgotten or otherwise not picked up because the electronic delivery of the prescription to the pharmacy bypasses the patient. The study confirmed the importance of understanding the potential effect of electronic prescription transmission on initial medication adherence in the elderly. The results were published in the September 2016 issue of the <i>Journal of Managed Care & Specialty Pharmacy</i>.</p>
PHARMACY ACCESS	<p>ACCESSIBILITY OF PHARMACY SERVICES IN HIGH- AND LOW-INCOME PENNSYLVANIA COUNTIES</p> <p>University of the Sciences in Philadelphia and Magellan Health/PACE</p>	<p>This research builds on several prior studies of pharmacy deserts, a term used to describe geographic areas where pharmacy services are scarce or difficult to obtain. Pharmacy deserts can occur as a result of large geographic distances required to reach pharmacies, or as a result of too few pharmacies located in a densely-populated area. One accepted definition from existing literature specifically identifies pharmacy deserts as low-income areas where at least a third of the population lives more than one mile from an outpatient pharmacy. This study compared the availability of pharmacies and the average straight line distance between home residence and the nearest outpatient pharmacy for PACE/PACENET cardholders in five high-income and five low-income counties.</p> <p>The average distance to the closest pharmacy was shorter in the low-income group, which was influenced largely by one urban county, Philadelphia County, where the average straight-line distance to the nearest outpatient pharmacy was only 0.1 mile. In contrast, three lower income rural counties (Mifflin, Forest, and Sullivan Counties) were identified as potential pharmacy deserts. In these counties, between 56% and 77% of the population lived more than a mile away from the closest outpatient pharmacy. With an average distance of 4.0 miles to the closest pharmacy, Sullivan County demonstrated the lowest apparent accessibility. This study confirmed that geographic accessibility varies substantially for PACE/PACENET cardholders across Pennsylvania, and that pharmacy deserts appear to exist in several rural areas of the state. Results were presented at the AMCP Managed Care & Specialty Pharmacy Annual Meeting in April 2016.</p> <p>A subsequent study expanded this research to map pharmacy desert areas across Pennsylvania, and to explore factors associated with residence in an area of low pharmacy accessibility. This study, the results of which were published in the journal <i>PLOS One</i> in 2018, found that 39% of Census tracts in Pennsylvania, primarily in rural areas, met the definition of a pharmacy desert. Compared with non-desert areas, pharmacy desert areas had significantly fewer pharmacies and lower availability of services such as 24-hour store access or delivery services.</p>

<p>PHARMACY ACCESS</p>	<p>DISTANCE BETWEEN HOME AND THE NEAREST PHARMACY AMONG RURAL AND URBAN OLDER PENNSYLVANIA ADULTS</p> <p>Magellan Health/PACE</p>	<p>Building on prior research related to pharmacy access in the PACE/PACENET population, this study examined urban-rural differences in distance between home and the nearest community pharmacy among PACE/PACENET cardholders enrolled during 2018. For each enrollee, the straight line distance between home and the nearest pharmacy was calculated. Based on the Center for Rural Pennsylvania’s definitions, enrollees were classified as urban or rural residents.</p> <p>Overall, 37% of PACE/PACENET cardholders were rural residents. Among all enrollees, the mean distance from home to the nearest pharmacy was 1.6 ± 2.2 miles. Pharmacy distance was significantly greater for rural compared with urban older adults (2.8 ± 2.9 miles versus 0.9 ± 1.2 miles; $p<.0001$). Chi-squared tests showed that the proportions of cardholders who lived >5 miles and >10 miles away from the nearest pharmacy were significantly higher for rural residents compared to their urban counterparts (19.2% versus 1.8%; $p<.0001$ and 3.0% versus 0.1%; $p<.0001$, respectively).</p> <p>These results confirm and extend those of earlier studies suggesting that elderly residing in rural counties travel longer distances for pharmacy access than elderly in urban counties. The study findings have been submitted for potential presentation at the Gerontological Society of America’s annual conference in 2020.</p>
<p>PHARMACY ACCESS AND MEDICATION ADHERENCE</p>	<p>MEDICATION ADHERENCE IN PHARMACY DESERT AND NON-DESERT AREAS</p> <p>University of the Sciences in Philadelphia and Magellan Health/PACE</p>	<p>Two studies expanded the investigation of potential pharmacy desert areas in Pennsylvania to address the potential impact of low pharmacy access on medication adherence. The first study specifically examined refill adherence measures for oral diabetes medications among PACE/PACENET elderly residing in three counties previously identified as potential pharmacy deserts (Forest, Mifflin, and Sullivan Counties) and in seven non-pharmacy desert counties. Two variations on the proportion of days covered (PDC), prescription-based PDC and interval-based PDC, were used to measure refill adherence level.</p> <p>Chi-square and regression analyses results indicated that while elderly in non-desert regions had slightly higher adherence levels than those living in desert regions, these differences were not statistically significant. The results of this study were presented at the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) -21st Annual International Meeting in 2016.</p> <p>A second study examined this question across all counties in Pennsylvania by relating medication adherence to the mapped distance to the closest community pharmacy among PACE/PACENET elderly using oral antidiabetic medications. The results of this study, which were presented at International Society for Pharmacoeconomics and Outcomes Research (ISPOR) 20th Annual European Congress in 2017, did not indicate that pharmacy distance was significantly associated with medication nonadherence in this group of PACE/PACENET elderly.</p>
<p>PRESCRIPTION OPIOID UTILIZATION</p>	<p>ASSOCIATION BETWEEN PSYCHOTROPIC DRUG USE AND PRESCRIPTION OPIOID USE AMONG OLDER ADULTS</p> <p>Magellan Health/PACE</p>	<p>Prior research has suggested an increased use of prescription opioids among adults with mental health problems. Two related studies of PACE/PACENET elderly investigated if psychotropic drug use is associated with prescription opioid use. This research used pharmacy claims data to evaluate the use of prescription opioids and psychotropic medications (anxiolytics, sedatives, hypnotics, antidepressants and antipsychotic agents). Prescription opioid dosages were converted to morphine milligram equivalents (MME). Chi-squared tests and multivariate logistic regression models were used for analyses.</p> <p>The first study, which was cross-sectional, found that the odds of prescription opioid use during 2017 increased with anxiolytic, sedative or hypnotic use (OR=2.61) or antidepressant use (OR=2.42) in the same year. Among prescription opioid users, 1.43% used prescription opioids at high dosage (defined as >90 MME/day for ≥ 90 consecutive days). High dosage opioid use was significantly associated with anxiolytic, sedative, or hypnotic use (OR=1.50) and antidepressant use (OR=1.60). A paper detailing these findings has been accepted for upcoming publication in the journal <i>Geriatric Nursing</i>.</p> <p>Using a retrospective cohort design, the second study evaluated whether psychotropic medication use in 2013 was associated with newly initiating prescription opioid use in 2014. Compared to patients who did not use anxiolytics, sedatives, or hypnotics, individuals who used them were more likely to initiate prescription opioids (15.3% versus 20.9%, $p<.0001$). Similarly, compared to antidepressant non-users, antidepressant users were more likely to initiate prescription</p>

		<p>opioids (15.4% versus 20.2%, $p < .0001$). Multivariate logistic regression indicated that the odds of prescription opioid initiation increased with anxiolytic, sedative, and hypnotic use by 36% (OR=1.36; $p < .0001$) and with antidepressant use by 30% (OR=1.30; $p < .0001$). Results were presented at the American Public Health Association's Annual Meeting in 2019.</p> <p>The combined results of these studies show that older adults who use psychotropic drugs are at greater risk for prescription opioid use and suggest that clinicians should carefully evaluate opioid use among older patients using anxiolytics or antidepressants to minimize risks for adverse consequences of opioids, including overdose. Patients with mental health problems should also be queried about pain experiences to optimize treatment.</p>
MEDICATION ADHERENCE AND HEALTH OUTCOMES	<p>IMPACT OF MEDICATION ADHERENCE ON HEALTHCARE UTILIZATION AND COSTS AMONG ELDERLY WITH DIABETES</p> <p>University of the Sciences in Philadelphia and Magellan Health/PACE</p>	<p>This retrospective study of PACE/PACENET elderly examined predictors of adherence to oral antidiabetic therapies as well as associations between oral antidiabetic medication adherence and health care utilization. For elderly who used oral antidiabetic medications in 2015, refill-based adherence during the subsequent 12 months was measured using PDC, with adherence defined as $PDC \geq 0.80$. Outcome measures included any hospitalization, total hospital visits, length of stay, and hospitalization costs during the same 12-month period. Multivariate logistic regression models, zero-inflated negative binomial regression models, and two-part regression models were used to evaluate associations between diabetes medication adherence and the health outcome measures.</p> <p>Elderly who were African-American or who were currently married were less likely than other elderly to be adherent to oral antidiabetic therapy. Living in a pharmacy desert was not associated with medication adherence. Adjusting for baseline characteristics, nonadherent elderly were twice as likely as adherent elderly to be hospitalized at least once during the study period (OR=2.02, $p < .0001$). Medication nonadherence was also associated with higher numbers of hospital visits, longer lengths of stay, and higher hospitalization costs.</p> <p>This research was conducted to fulfill the requirements for a doctoral degree which was granted in 2019. The study results have also been accepted for upcoming publication in the <i>Journal of Managed Care & Specialty Pharmacy</i> in 2020.</p>

PREVIOUS STUDIES		
TOPIC	TITLE / RESEARCH GROUP	DESCRIPTION
MEDICATION ADHERENCE AND HEALTH OUTCOMES	<p>PROTON PUMP INHIBITOR ADHERENCE AND FRACTURE RISK IN THE ELDERLY</p> <p>Magellan Health/PACE and The Medicine, Health, and Aging Project at Penn State University</p>	<p>Results of several recent studies suggest that long-term use of proton pump inhibitors (PPIs) may be associated with an increased risk of fracture. The goal of this study was to examine the relationship between medication adherence and fracture risk among elderly PPI users. The study cohort included 1,604 community-dwelling PPI users and 23,672 non-users who were enrolled in the PACE Program.</p> <p>Proportion of Days Covered (PDC) was computed to measure adherence based on prescription refill patterns. Time-dependent Cox proportional hazards models were used to estimate adjusted hazard ratios of PPI use/adherence for fracture risk while controlling for demographics, comorbidity, body mass index, smoking and non-PPI medication use. The overall incidence of any fracture per 100 person-years was 8.7 for PPI users and 5.0 for non-users. A gradient in fracture risk according to PPI adherence was observed. Relative to non-users, fracture hazard ratios associated with the highest adherence ($PDC \geq 0.80$), intermediate ($PDC 0.40-0.79$), and lowest ($PDC < 0.40$) adherence levels were 1.46 ($p < 0.0001$), 1.30 ($p = 0.02$), and 0.95 ($p = 0.75$), respectively.</p> <p>These results provide further evidence that PPI use may increase risk in the elderly and highlight the need for clinicians to periodically reassess elderly patients' individualized needs for ongoing PPI therapy, while weighing potential risks and benefits. The findings were published in <i>Calcified Tissue International</i> in April 2014.</p>
IMPROVING BRAIN HEALTH	<p>THE RHYTHM EXPERIENCE AND AFRICANA CULTURE TRIAL-- REACT!</p>	<p>The PACE program supports research related to improving the lives of cardholders. In 2016, the <i>REACT!</i> Project began to explore whether African dance and education classes improve brain health or quality of life for older African Americans between 65-75 years old. Letters to Program enrollees invite them to talk with researchers to determine if they are</p>

AND QUALITY OF LIFE	University of Pittsburgh and University of Pennsylvania, Alzheimer's Association, and Magellan Health/PACE	eligible. The project randomly assigns participants to take classes in either African dance or Africana culture and education. Classes are about one hour long and occur three days per week for a total of six months. At the beginning and end of the study, participants perform a walking test, complete memory tasks, and fill out surveys about their health and mood. The study will examine whether brain health, fitness levels or quality of life improves because of activities.
INTERVENTION FOR MILD COGNITIVE IMPAIRMENT	INDIVIDUALIZE EVERYDAY ACTIVITIES—IDEA Occupational Therapy Department at the University of Pittsburgh and Magellan Health/PACE	Older persons with mild cognitive impairments are at-risk for increasing disability and dementia. Despite the common conception that individuals with mild cognitive impairment do not have disability in daily activities, recent research at the University of Pittsburgh has shown that they demonstrate impaired performance (i.e., preclinical disability) in cognitively-focused daily activities, such as grocery shopping and paying bills. This study examines the efficacy of the IDEA intervention to optimize performance in daily activities and to delay the decline to frank disability in older adults who have mild cognitive impairment. Successful intervention may help to offset both financial and emotional burdens to family members. In 2016, PACE sent letters of invitation to cardholders living in Pittsburgh. Participants developed effective strategies to work through and around barriers to daily activities. They set a goal to address barriers, develop a plan to address the goal, do the plan, and check whether the plan requires revising. Multiple sessions are completed in the home over a 5-week period with a registered occupational therapist.
PHYSICAL ACTIVITY AND BRAIN HEALTH	HEALTHY BRAIN RESEARCH STUDY Physical Activity and Weight Management Research Center at the University of Pittsburgh and Magellan Health/PACE	Physical activity is linked to improved brain function. Many studies examining the effect of physical activity on brain health have focused on structured forms of moderate-to-vigorous intensity exercise using supervised exercise. It is unclear whether brain and cognitive function can be improved or sustained with different patterns of physical activity. The study, in 2015-16, sought to show the effect of intermittent physical activity effective for improving brain structure and function as well as cognitive function. Participants are 75 to 85 years old who can participate in moderate intensity exercise. They complete baseline and six-month assessments and attend health and physical activity classes.
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 examined 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 included surveying physicians who see older adults in their practice and offering mailed and online educational materials (healthyaging.pitt.edu) with CME/CEU credits. Findings from the evaluation of the Healthy Steps programs were incorporated into well-received Preventing Falls Among the Elderly module developed by Alosa Health for the PACE Program's academic detailing effort in 2014.
STATIN USE	ASSOCIATION BETWEEN STATIN USE AND FRACTURE RISK AMONG THE ELDERLY Magellan Health/PACE and The Medicine, Health, and Aging Project at Penn State University	The impact of statins (widely used to treat hyperlipidemia) on fracture risk is still under debate. The goal of this retrospective study was to examine the association between statin use and fracture risk in the elderly by following a historical cohort of 5,524 new statin users and 27,089 non-users for an average of 3.5 years between 2000 and 2006. Time-dependent Cox proportional hazards models were used to estimate adjusted hazard ratios of statin use for fracture risk while controlling for demographics, comorbidity, body mass index, smoking status, alcohol use, and certain therapeutic classes. The incidence of any fracture per 100 person-years was 3.0 for statin users and 7.8 for non-users. Relative to non-users, the hazard ratio associated with statin use was 0.86 (p<0.001). Statin users with higher and lower average daily dose were associated with 18% and 9% decreased fracture risk, respectively. The hazard ratio for atorvastatin was 0.81 (p<0.001), and the effects were not significant for simvastatin and pravastatin. The protective effect of statin user appeared to be stronger among users older than 85 years old. These results suggested statin use is associated with reduced fracture risk among the elderly, and the effect may be dependent on age and statin type. The beneficial effect of statin on bone may be helpful in the prevention of fractures among elderly. Results were presented at the Annual Scientific Meeting of the Gerontological Society of America in 2013.

SECTION 2

**FINANCIAL
DATA
BY DATE OF
SERVICE**



**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 2019**

<u>SEMI-ANNUAL PERIOD</u>	<u>ENROLLED CARDHOLDERS</u>	<u>PARTICIPATING CARDHOLDERS</u>	<u>TOTAL CLAIMS</u>	<u>CLAIMS PER ENROLLED CARDHOLDER</u>	<u>CLAIMS PER PARTICIPATING CARDHOLDER</u>	<u>TOTAL EXPENDITURES</u>	<u>EXPENDITURES PER ENROLLED CARDHOLDER</u>	<u>EXPENDITURES PER PARTICIPATING CARDHOLDER</u>	<u>AVERAGE STATE SHARE PER CLAIM</u>
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

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 2019

<u>SEMI-ANNUAL PERIOD</u>	<u>ENROLLED CARDHOLDERS</u>	<u>PARTICIPATING CARDHOLDERS</u>	<u>TOTAL CLAIMS</u>	<u>CLAIMS PER ENROLLED CARDHOLDER</u>	<u>CLAIMS PER PARTICIPATING CARDHOLDER</u>	<u>TOTAL EXPENDITURES</u>	<u>EXPENDITURES PER ENROLLED CARDHOLDER</u>	<u>EXPENDITURES PER PARTICIPATING CARDHOLDER</u>	<u>AVERAGE STATE SHARE PER CLAIM</u>
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
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
JAN-JUN 2011	128,440	103,356	2,221,680	17.30	21.50	\$45,307,898	\$352.76	\$438.37	\$20.39
JUL-DEC 2011	125,096	98,265	2,061,534	16.48	20.98	\$42,777,764	\$341.96	\$435.33	\$20.75
JAN-JUN 2012	119,166	95,407	2,091,129	17.55	21.92	\$42,297,874	\$354.95	\$443.34	\$20.23
JUL-DEC 2012	116,822	91,020	1,943,206	16.63	21.35	\$37,252,376	\$318.88	\$409.28	\$19.17
JAN-JUN 2013	114,935	88,442	1,904,685	16.57	21.54	\$36,975,064	\$321.70	\$418.07	\$19.41
JUL-DEC 2013	109,907	83,756	1,767,781	16.08	21.11	\$35,191,933	\$320.20	\$420.17	\$19.91

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 2019

<u>SEMI-ANNUAL PERIOD</u>	<u>ENROLLED CARDHOLDERS</u>	<u>PARTICIPATING CARDHOLDERS</u>	<u>TOTAL CLAIMS</u>	<u>CLAIMS PER ENROLLED CARDHOLDER</u>	<u>CLAIMS PER PARTICIPATING CARDHOLDER</u>	<u>TOTAL EXPENDITURES</u>	<u>EXPENDITURES PER ENROLLED CARDHOLDER</u>	<u>EXPENDITURES PER PARTICIPATING CARDHOLDER</u>	<u>AVERAGE STATE SHARE PER CLAIM</u>
JAN-JUN 2014	119,491	90,223	1,810,547	15.15	20.07	\$36,412,429	\$304.73	\$403.58	\$20.11
JUL-DEC 2014	117,577	87,627	1,730,400	14.72	19.75	\$39,226,755	\$333.63	\$447.66	\$22.67
JAN-JUN 2015	113,731	84,952	1,673,305	14.71	19.70	\$40,128,728	\$352.84	\$472.37	\$23.98
JUL-DEC 2015	109,981	80,521	1,553,820	14.13	19.30	\$39,473,690	\$358.91	\$490.23	\$25.40
JAN-JUN 2016	104,377	75,491	1,324,489	12.69	17.54	\$36,625,398	\$350.90	\$485.16	\$27.65
JUL-DEC 2016	100,756	71,489	1,248,405	12.39	17.46	\$30,698,150	\$304.68	\$429.41	\$24.59
JAN-JUN 2017	95,395	66,938	1,185,543	12.43	17.71	\$27,811,613	\$291.54	\$415.48	\$23.46
JUL-DEC 2017	92,001	63,835	1,106,552	12.03	17.33	\$26,378,502	\$286.72	\$413.23	\$23.84
JAN-JUN 2018	86,264	60,261	1,050,866	12.18	17.44	\$24,408,023	\$282.95	\$405.04	\$23.23
JUL-DEC 2018	81,581	55,553	928,922	11.39	16.72	\$22,184,731	\$271.94	\$399.34	\$23.88
JAN-JUN 2019	77,949	52,747	817,454	10.49	15.50	\$20,093,889	\$257.78	\$380.95	\$24.58
JUL-DEC 2019	79,491	50,616	752,216	9.46	14.86	\$17,602,936	\$221.45	\$347.77	\$23.40

SOURCE: PDA/CARDHOLDER FILE, CLAIMS HISTORY

NOTE: 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.

FOR PACE, THE STATE SHARE IS THE AMOUNT PAID BY THE PACE PROGRAM FOR EACH CLAIM. THE STATE SHARE PER CLAIM DOES NOT REFLECT REBATES FROM MANUFACTURERS, RECOUPMENTS FROM INSURANCE CARRIERS, OR AUDIT DISALLOWANCES RECEIVED FROM PROVIDERS AND ENROLLEES.

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 2019

<u>SEMI-ANNUAL PERIOD</u>	<u>ENROLLED CARDHOLDERS</u>	<u>PARTICIPATING CARDHOLDERS</u>	<u>TOTAL CLAIMS</u>	<u>CLAIMS PER ENROLLED CARDHOLDER</u>	<u>CLAIMS PER PARTICIPATING CARDHOLDER</u>	<u>TOTAL EXPENDITURES</u>	<u>EXPENDITURES PER ENROLLED CARDHOLDER</u>	<u>EXPENDITURES PER PARTICIPATING CARDHOLDER</u>	<u>AVERAGE STATE SHARE PER CLAIM</u>
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

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 2019

<u>SEMI-ANNUAL PERIOD</u>	<u>ENROLLED CARDHOLDERS</u>	<u>PARTICIPATING CARDHOLDERS</u>	<u>TOTAL CLAIMS</u>	<u>CLAIMS PER ENROLLED CARDHOLDER</u>	<u>CLAIMS PER PARTICIPATING CARDHOLDER</u>	<u>TOTAL EXPENDITURES</u>	<u>EXPENDITURES PER ENROLLED CARDHOLDER</u>	<u>EXPENDITURES PER PARTICIPATING CARDHOLDER</u>	<u>AVERAGE STATE SHARE PER CLAIM</u>
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
JAN-JUN 2011	194,040	151,302	3,096,293	15.96	20.46	\$65,223,939	\$336.14	\$431.08	\$21.07
JUL-DEC 2011	193,627	148,687	3,064,463	15.83	20.61	\$62,924,015	\$324.98	\$423.20	\$20.53
JAN-JUN 2012	190,699	149,039	3,032,178	15.90	20.34	\$64,053,623	\$335.89	\$429.78	\$21.12
JUL-DEC 2012	189,620	145,552	2,983,628	15.73	20.50	\$58,325,715	\$307.59	\$400.72	\$19.55
JAN-JUN 2013	186,979	143,936	2,922,486	15.63	20.30	\$58,082,937	\$310.64	\$403.53	\$19.87
JUL-DEC 2013	183,032	139,397	2,853,565	15.59	20.47	\$58,084,897	\$317.35	\$416.69	\$20.36
JAN-JUN 2014	181,792	138,181	2,584,276	14.22	18.70	\$56,598,681	\$311.34	\$409.60	\$21.90
JUL-DEC 2014	168,597	128,307	2,502,791	14.84	19.51	\$58,463,645	\$346.77	\$455.65	\$23.36
JAN-JUN 2015	166,664	128,678	2,440,194	14.64	18.96	\$59,292,993	\$355.76	\$460.79	\$24.30
JUL-DEC 2015	165,215	126,056	2,413,594	14.61	19.15	\$61,336,086	\$371.25	\$486.58	\$25.41
JAN-JUN 2016	163,178	125,025	2,285,186	14.00	18.28	\$60,176,275	\$368.78	\$481.31	\$26.33
JUL-DEC 2016	161,211	122,153	2,246,297	13.93	18.39	\$55,064,136	\$341.57	\$450.78	\$24.51
JAN-JUN 2017	159,877	121,327	2,159,107	13.50	17.80	\$52,859,414	\$330.63	\$435.68	\$24.48
JUL-DEC 2017	156,749	117,641	2,097,708	13.38	17.83	\$49,612,810	\$316.51	\$421.73	\$23.65
JAN-JUN 2018	156,389	117,128	2,022,419	12.93	17.27	\$50,563,640	\$323.32	\$431.70	\$25.00

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 2019

<u>SEMI-ANNUAL PERIOD</u>	<u>ENROLLED CARDHOLDERS</u>	<u>PARTICIPATING CARDHOLDERS</u>	<u>TOTAL CLAIMS</u>	<u>CLAIMS PER ENROLLED CARDHOLDER</u>	<u>CLAIMS PER PARTICIPATING CARDHOLDER</u>	<u>TOTAL EXPENDITURES</u>	<u>EXPENDITURES PER ENROLLED CARDHOLDER</u>	<u>EXPENDITURES PER PARTICIPATING CARDHOLDER</u>	<u>AVERAGE STATE SHARE PER CLAIM</u>
JUL-DEC 2018	163,457	118,026	1,965,094	12.02	16.65	\$48,641,157	\$297.58	\$412.12	\$24.75
JAN-JUN 2019	163,653	119,194	1,816,126	11.10	15.24	\$48,482,601	\$296.25	\$406.75	\$26.70
JUL-DEC 2019	167,230	117,589	1,774,603	10.61	15.09	\$42,297,174	\$252.93	\$359.70	\$23.83

SOURCE: PDA/CARDHOLDER FILE, CLAIMS HISTORY

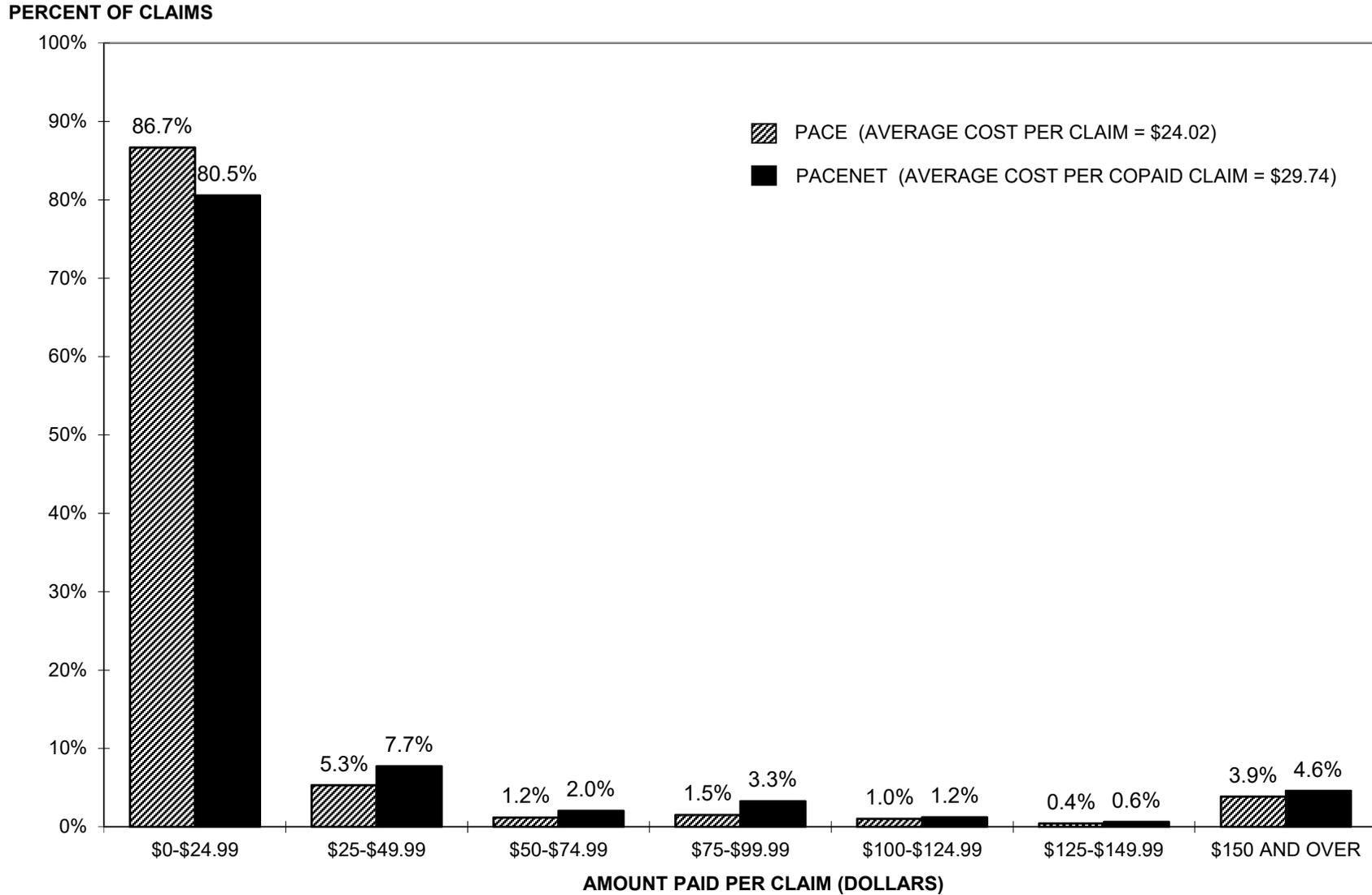
NOTE: DATA INCLUDE ORIGINAL, PAID PACENET CLAIMS BY DATE OF SERVICE. TOTAL CLAIMS INCLUDE DEDUCTIBLE CLAIMS AND COPAID CLAIMS.

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.

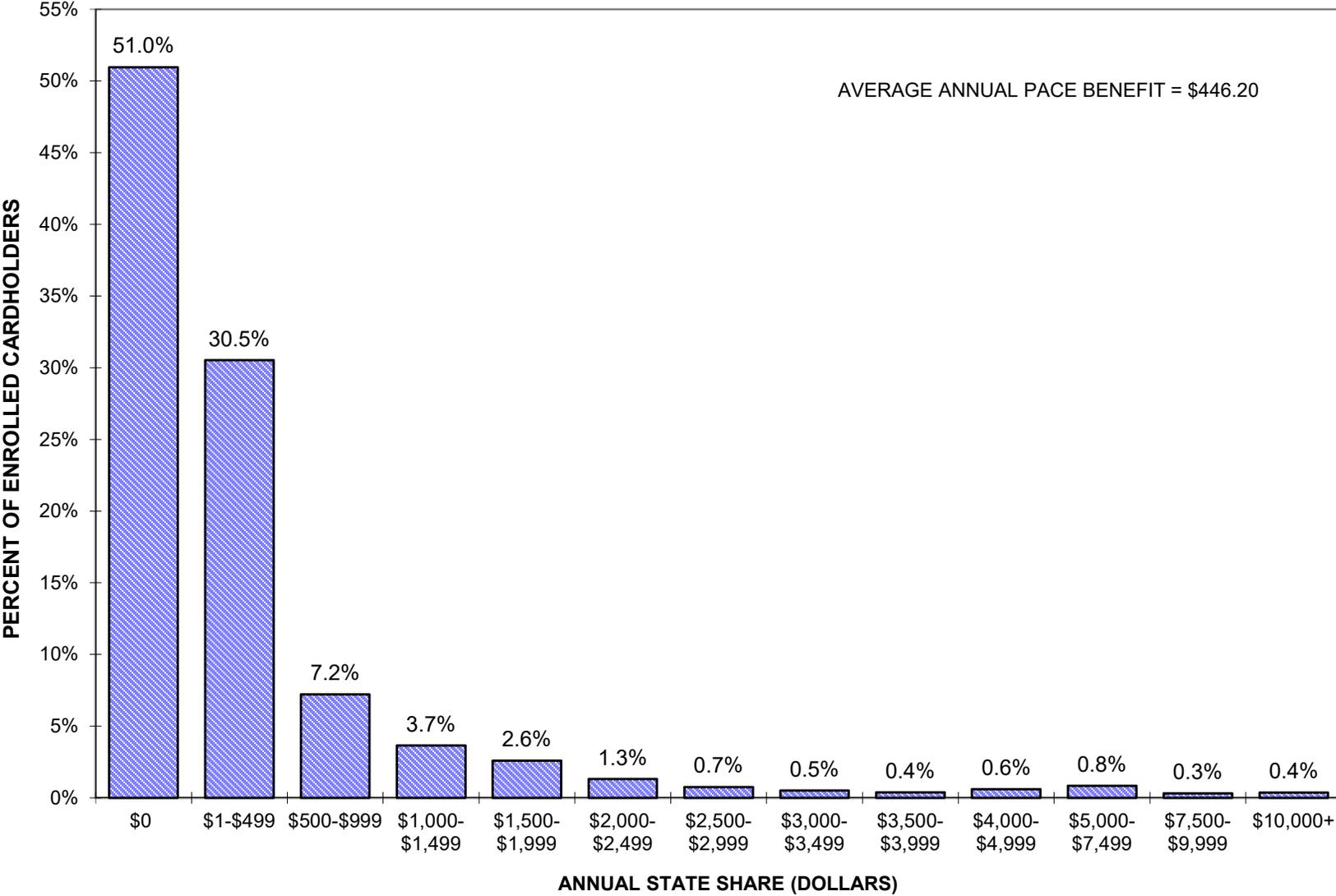
FOR PACENET, THE STATE SHARE IS THE AMOUNT PAID BY THE PACENET PROGRAM WHEN THE COST OF THE CLAIM EXCEEDS THE MONTHLY DEDUCTIBLE PREMIUM AMOUNT PLUS THE COPAYMENT. THE NUMBER OF CLAIMS INCLUDES ALL CLAIMS WITH DATES OF SERVICE DURING THE REPORTED PERIOD, INCLUDING CLAIMS WITH NO STATE SHARE. THEREFORE, THE STATE SHARE PER CLAIM ON THIS TABLE IS LOWER THAN THE STATE SHARE FOR CLAIMS BEYOND THE PREMIUM DEDUCTIBLE PHASE. THE STATE SHARE PER CLAIM DOES NOT REFLECT REBATES FROM MANUFACTURERS, RECOUPMENTS FROM INSURANCE CARRIERS, OR AUDIT DISALLOWANCES RECEIVED FROM PROVIDERS AND ENROLLEES.

FIGURE 2.1
PACE AND PACENET CLAIM DISTRIBUTION BY AMOUNT PAID PER CLAIM
JANUARY - DECEMBER 2019
(PACE N = 1,569,670; PACENET N = 3,051,985)



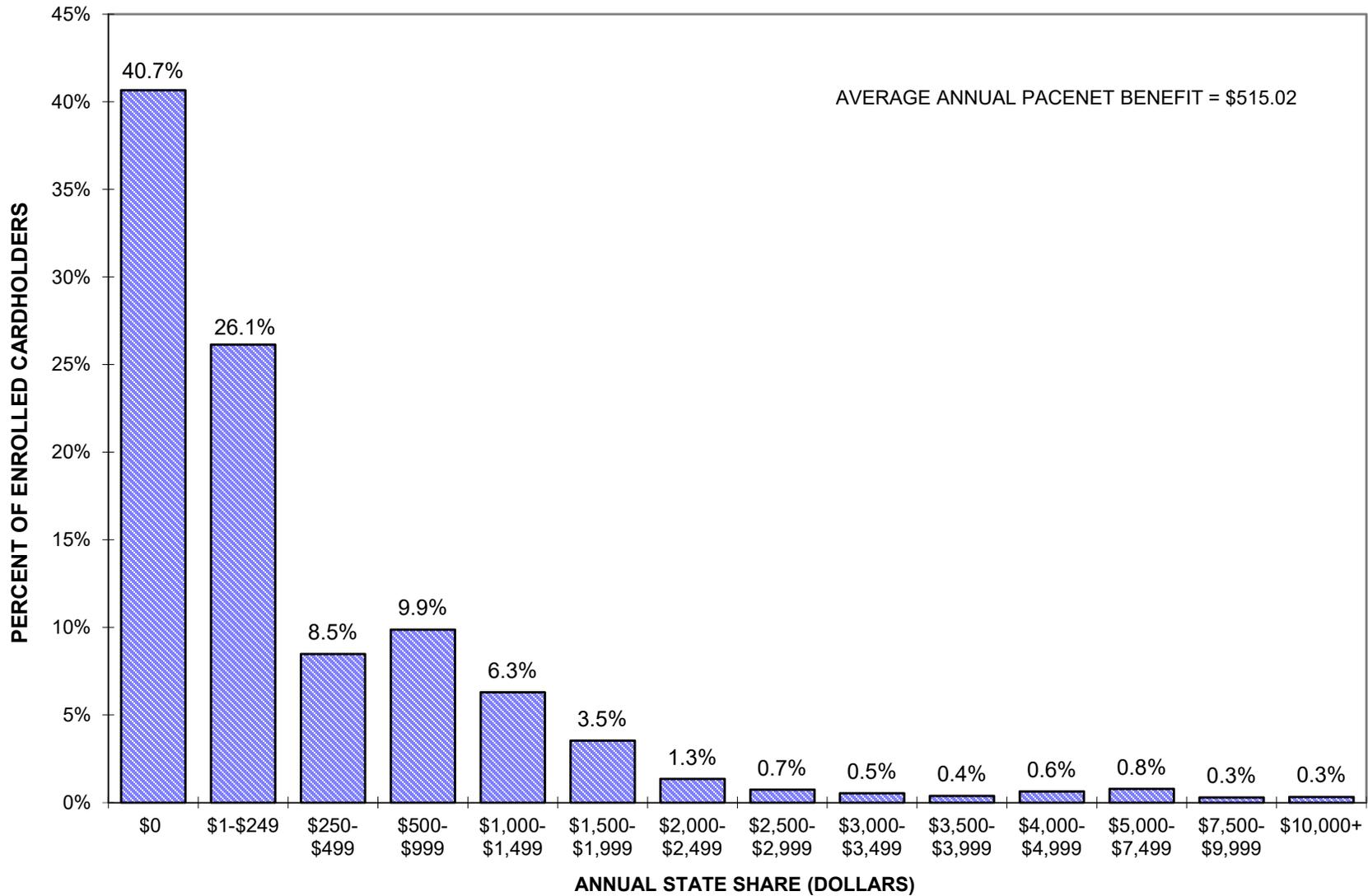
SOURCE: PDA/CLAIMS HISTORY
 NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE, EXCLUDE PACENET DEDUCTIBLE CLAIMS.

FIGURE 2.2
DISTRIBUTION OF PACE ANNUAL BENEFIT
JANUARY - DECEMBER 2019
N = 84,485



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 2019
N = 176,265



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

TABLE 2.2
TOTAL PRESCRIPTION COST, EXPENDITURES, OFFSETS, AND RECOVERIES
JANUARY - DECEMBER 2019

EXPENDITURES, RECOVERIES, OFFSETS	JAN - JUN	JUL - DEC	CALENDAR YEAR	% OF TOTAL GROSS EXPENDITURES
TOTAL PRESCRIPTION COST (DATE OF SERVICE)	\$ 337,622,991	\$ 328,632,300	\$ 666,255,291	
MEDICARE PART D PREMIUMS	10,185,197	9,861,628	20,046,825	
GROSS CLAIMS/PREMIUMS SUBTOTAL	347,808,188	338,493,928	686,302,116	96.2%
MHS CONTRACT OPERATIONS (INCLUDES POSTAGE)	8,781,121	10,167,486	18,948,607	2.7%
PDA ADMINISTRATION PERSONNEL OPERATIONS	523,116 159,949	466,187 117,734	989,303 277,683	
GROSS PDA ADMIN. SUBTOTAL	683,065	583,921	1,266,986	0.2%
OTHER ADMINISTRATION PHARMACY AUDITS THIRD PARTY RECOVERY SERVICES	367,500 341,780	377,500 686,707	745,000 1,028,487	
GROSS OTHER ADMIN. SUBTOTAL	709,280	1,064,207	1,773,487	0.2%
BEHAVIORAL HEALTH INTERVENTIONS	384,022	310,935	694,957	0.1%
ENROLLMENT OUTREACH	1,199,180	1,163,170	2,362,350	0.3%
PRESCRIBER EDUCATION	750,000	1,228,749	1,978,749	0.3%
GROSS EXPENDITURES	360,314,856	353,012,396	713,327,252	100.0%
PRESCRIPTION COST OFFSETS PART D/OTHER PAYER OFFSETS CARDHOLDER COPAYMENTS	(245,801,714) (23,244,787)	(246,907,093) (21,825,096)	(492,708,807) (45,069,883)	-69.1% -6.3%
TOTAL OFFSETS	(269,046,501)	(268,732,189)	(537,778,690)	-75.4%
FEDERAL GRANT FOR PRESCRIBER EDUCATION	-	(54,749)	(54,749)	
RECOVERIES MANUFACTURER REBATES AUDIT ADJUSTMENTS IN CHECKWRITES THIRD-PARTY REIMBURSEMENTS AND TRANSFERS	(19,809,815) (317,819) 1,241,853	(16,147,846) (159,200) (3,749,697)	(35,957,661) (477,019) (2,507,844)	
COMBINED RECOVERIES PRIOR YEARS' REBATE REFUNDS	(18,885,781) -	(20,056,743) -	(38,942,524) -	
NET RECOVERIES	(18,885,781)	(20,056,743)	(38,942,524)	-5.5%
NET PRESCRIPTION CLAIM EXPENDITURES STATE SHARE FOR RX BEFORE RECOVERIES STATE SHARE FOR RX AFTER RECOVERIES	68,576,490 49,690,709	59,900,111 39,843,368	128,476,601 89,534,077	18.0% 12.6%
NET STATE EXPENDITURES INCLUDING PREMIUMS AND ADMINISTRATION	\$ 72,382,574	\$ 64,168,715	\$ 136,551,289	19.1%

NOTES: TABLE USES DATE OF SERVICE REFERENCE CLAIM COST FILE FOR ANNUAL DRUG EXPENDITURES.
AUDIT ADJUSTMENTS ARE BY RECOVERY DATE; AUDITS OCCURRED IN CY 2018 AND 2019.
REBATES (\$36.0 M) ARE 28.0% OF TOTAL STATE SHARE PRESCRIPTION DRUG COST (\$128.5 M).
TOTAL PRESCRIPTION COST DOES NOT INCLUDE CLAIMS PROCESSED SOLELY BY OTHER PAYERS.

**TABLE 2.3
CLAIMS AND EXPENDITURES BY PROGRAM, PRODUCT TYPE, AND PAYMENT SOURCE
JANUARY - DECEMBER 2019**

PROGRAM	PRODUCT TYPE	PACE/PACENET PAYER STATUS	TOTAL CLAIMS	THIRD PARTY LIABILITY (TPL) PAYMENTS		CARDHOLDER PREMIUM PAYMENTS		CARDHOLDER COPAYMENTS		STATE SHARE EXPENDITURES	
				TOTAL	MEAN	TOTAL	MEAN	TOTAL	MEAN	TOTAL	MEAN
PACE	BRAND	PRIMARY	44,702	\$0	\$0.00	\$0	\$0.00	\$421,107	\$9.42	\$18,154,842	\$406.13
		SECONDARY	184,302	\$101,801,975	\$552.37	\$0	\$0.00	\$1,863,276	\$10.11	\$10,620,492	\$57.63
		TOTAL	229,004	\$101,801,975	\$444.54	\$0	\$0.00	\$2,284,383	\$9.98	\$28,775,334	\$125.65
	GENERIC	PRIMARY	535,705	\$0	\$0.00	\$0	\$0.00	\$3,198,352	\$5.97	\$5,875,934	\$10.97
		SECONDARY	804,961	\$21,650,166	\$26.90	\$0	\$0.00	\$3,170,449	\$3.94	\$3,045,557	\$3.78
		TOTAL	1,340,666	\$21,650,166	\$16.15	\$0	\$0.00	\$6,368,801	\$4.75	\$8,921,491	\$6.65
	ALL PRODUCTS	PRIMARY	580,407	\$0	\$0.00	\$0	\$0.00	\$3,619,459	\$6.24	\$24,030,776	\$41.40
		SECONDARY	989,263	\$123,452,141	\$124.79	\$0	\$0.00	\$5,033,725	\$5.09	\$13,666,049	\$13.81
		TOTAL	1,569,670	\$123,452,141	\$78.65	\$0	\$0.00	\$8,653,184	\$5.51	\$37,696,825	\$24.02
PACENET	BRAND	PRIMARY	77,000	\$0	\$0.00	\$626,217	\$8.13	\$1,218,870	\$15.83	\$31,635,931	\$410.86
		SECONDARY	510,680	\$319,412,338	\$625.46	\$2,222,016	\$4.35	\$9,108,889	\$17.84	\$40,016,274	\$78.36
		TOTAL	587,680	\$319,412,338	\$543.51	\$2,848,233	\$4.85	\$10,327,759	\$17.57	\$71,652,204	\$121.92
	GENERIC	PRIMARY	1,297,559	\$0	\$0.00	\$4,520,338	\$3.48	\$7,634,782	\$5.88	\$9,105,163	\$7.02
		SECONDARY	1,705,490	\$49,844,328	\$29.23	\$2,232,341	\$1.31	\$8,853,246	\$5.19	\$10,022,408	\$5.88
		TOTAL	3,003,049	\$49,844,328	\$16.60	\$6,752,679	\$2.25	\$16,488,027	\$5.49	\$19,127,572	\$6.37
	ALL PRODUCTS	PRIMARY	1,374,559	\$0	\$0.00	\$5,146,555	\$3.74	\$8,853,652	\$6.44	\$40,741,094	\$29.64
		SECONDARY	2,216,170	\$369,256,666	\$166.62	\$4,454,358	\$2.01	\$17,962,135	\$8.11	\$50,038,682	\$22.58
		TOTAL	3,590,729	\$369,256,666	\$102.84	\$9,600,912	\$2.67	\$26,815,786	\$7.47	\$90,779,776	\$25.28
PACE/PACENET	BRAND	PRIMARY	121,702	\$0	\$0.00	\$626,217	\$5.15	\$1,639,977	\$13.48	\$49,790,772	\$409.12
		SECONDARY	694,982	\$421,214,313	\$606.08	\$2,222,016	\$3.20	\$10,972,165	\$15.79	\$50,636,766	\$72.86
		TOTAL	816,684	\$421,214,313	\$515.76	\$2,848,233	\$3.49	\$12,612,142	\$15.44	\$100,427,538	\$122.97
	GENERIC	PRIMARY	1,833,264	\$0	\$0.00	\$4,520,338	\$2.47	\$10,833,134	\$5.91	\$14,981,097	\$8.17
		SECONDARY	2,510,451	\$71,494,494	\$28.48	\$2,232,341	\$0.89	\$12,023,694	\$4.79	\$13,067,965	\$5.21
		TOTAL	4,343,715	\$71,494,494	\$16.46	\$6,752,679	\$1.55	\$22,856,828	\$5.26	\$28,049,062	\$6.46
	ALL PRODUCTS	PRIMARY	1,954,966	\$0	\$0.00	\$5,146,555	\$2.63	\$12,473,111	\$6.38	\$64,771,870	\$33.13
		SECONDARY	3,205,433	\$492,708,807	\$153.71	\$4,454,358	\$1.39	\$22,995,860	\$7.17	\$63,704,731	\$19.87
		TOTAL	5,160,399	\$492,708,807	\$95.48	\$9,600,912	\$1.86	\$35,468,971	\$6.87	\$128,476,601	\$24.90

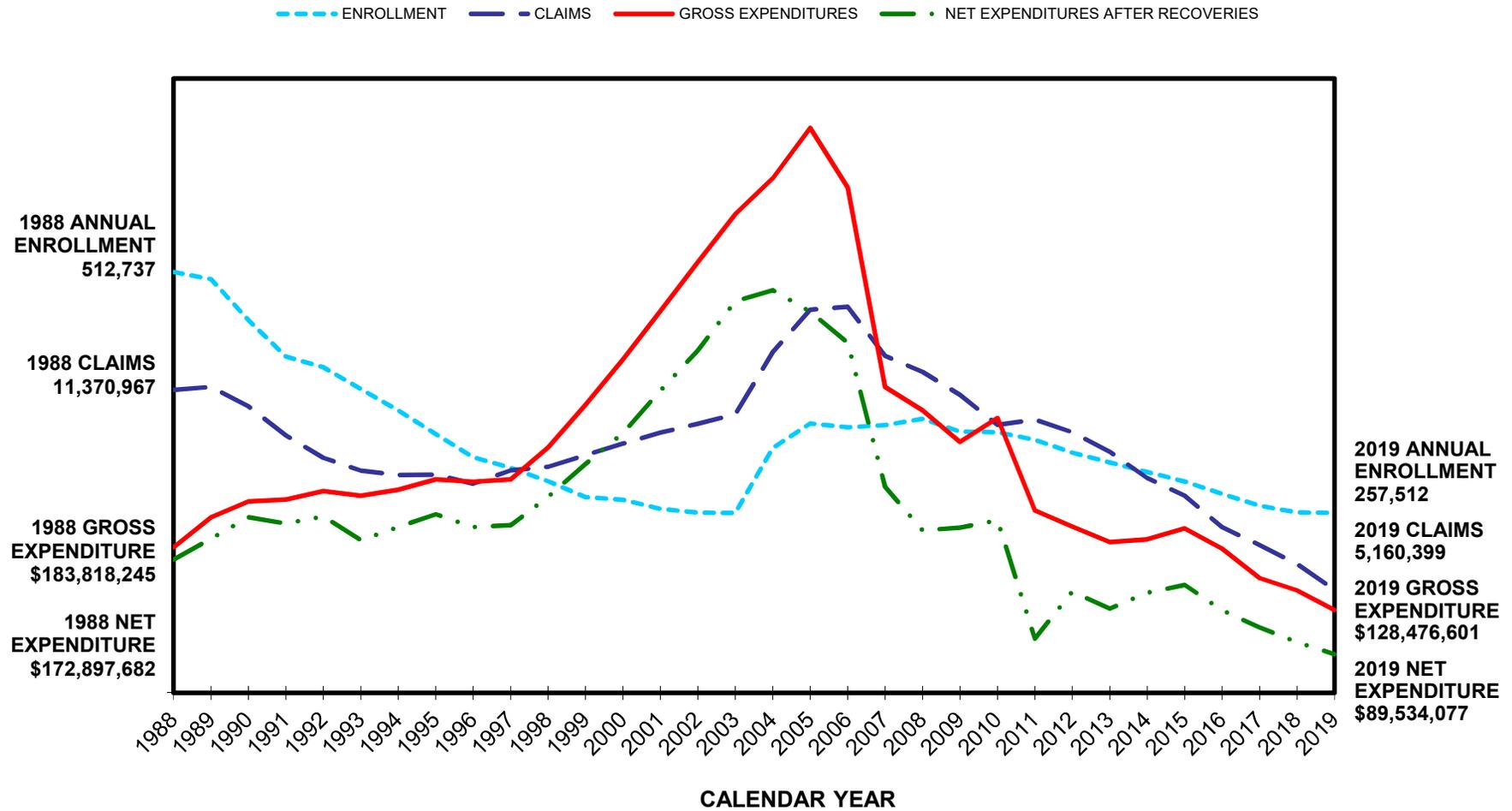
SOURCE: PDA/CLAIMS HISTORY, CARDHOLDER, AND DRUG FILES

NOTE: DATA INCLUDE ORIGINAL, PAID PACE AND PACENET CLAIMS BY DATE OF SERVICE.

PRIMARY CLAIMS INCLUDE CLAIMS WITH NO TPL PAYMENT; SECONDARY CLAIMS INCLUDE CLAIMS WITH ANY TPL PAYMENT.

**FIGURE 2.4
PACE AND PACENET ENROLLMENT, CLAIMS, AND CLAIMS EXPENDITURES
BY CALENDAR YEAR
1988-2019**

30



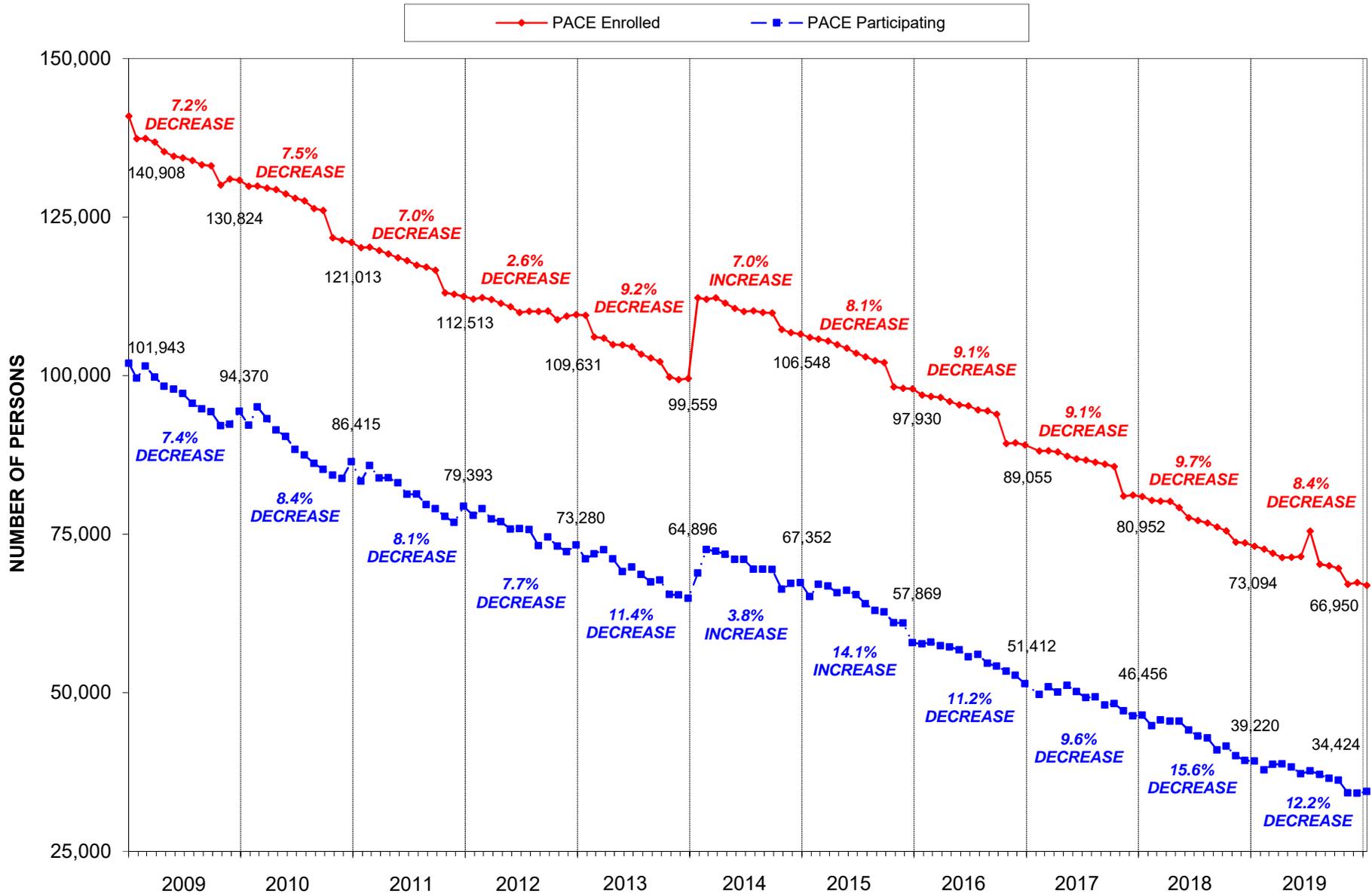
SOURCE: PDA/CARDHOLDER FILE CLAIMS HISTORY.

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

ANNUAL ENROLLMENT TOTALS ARE BASED ON CARDHOLDERS WHO WERE ENROLLED FOR ANY PORTION OF THE YEAR.

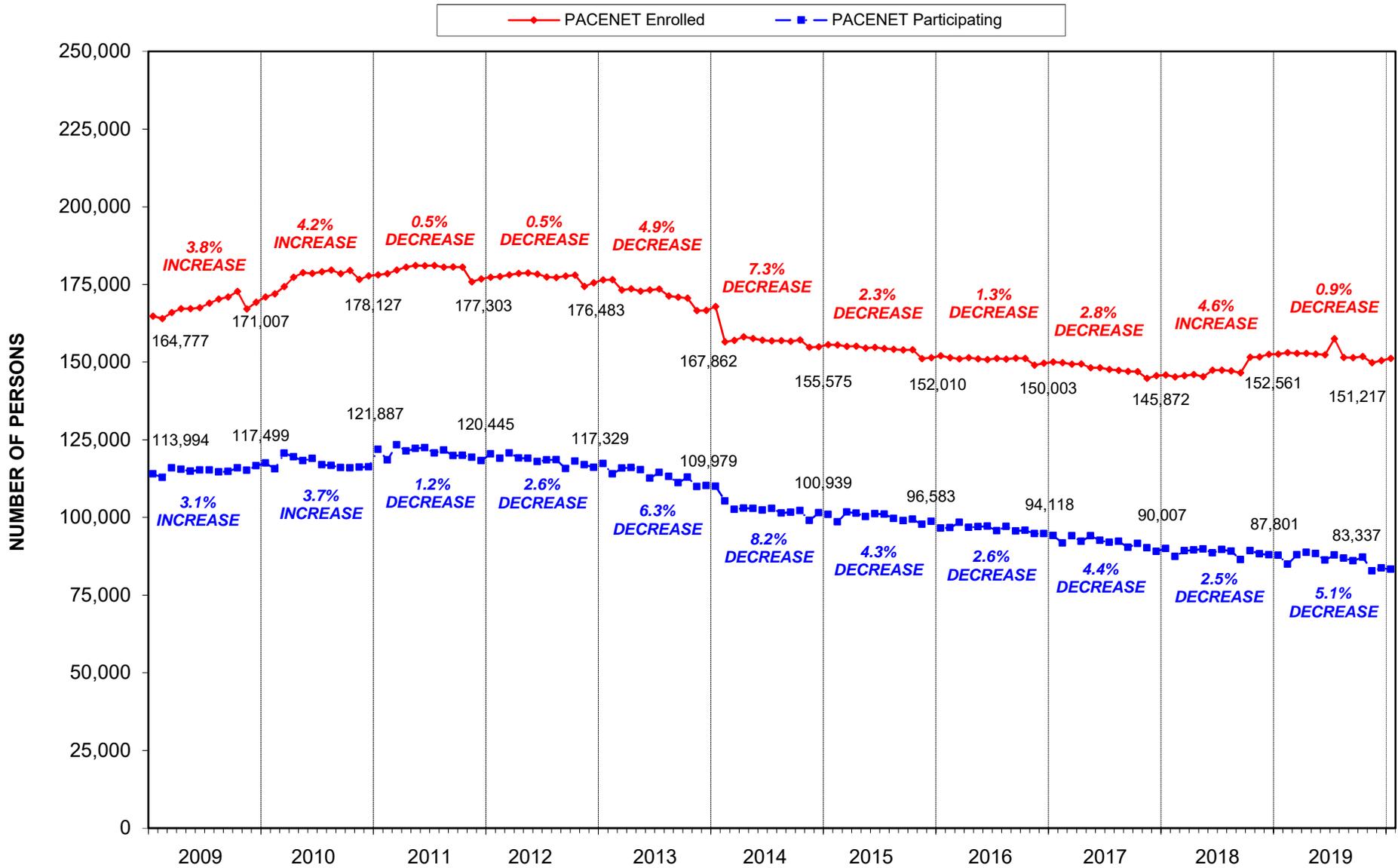
RECOVERIES INCLUDE THIRD PARTY PAYMENTS, MANUFACTURERS' REBATE, AND RESTITUTIONS.

**FIGURE 2.5A
PACE TOTAL ENROLLED AND PARTICIPATING CARDHOLDERS BY MONTH
JANUARY 2009 - JANUARY 2020**



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 2009 - JANUARY 2020**



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

SECTION 3

**PROGRAM DATA
BY DATE OF
PAYMENT**



**TABLE 3.1
HISTORICAL PACE AND PACENET REIMBURSEMENT FORMULAS
JULY 1984 - DECEMBER 2019**

<u>TIME PERIOD</u>	<u>PACE REIMBURSEMENT FORMULA</u>	<u>PACENET REIMBURSEMENT FORMULA</u>
July 1, 1984 - June 30, 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 copayment.	Not Applicable
July 1, 1985 - June 30, 1991	The lesser of either the AWP plus a \$2.75 dispensing fee or the U&C, then subtracting a \$4.00 cardholder copayment.	Not Applicable
July 1, 1991 - November 21, 1996	The lesser of either the AWP plus a \$2.75 dispensing fee or the U&C, then subtracting a \$6.00 cardholder copayment.	Not Applicable
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 cardholder copayment.	The lesser of either the AWP minus 10% plus a \$3.50 dispensing fee, or the U&C, then subtracting a copayment of \$8.00 for generics and \$15.00 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 (FUL) 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.	The lesser of either AWP minus 10% plus a \$4.00 dispensing fee, or the U&C, or the FUL 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 - November 30, 2016	The lesser of either AWP minus 12% plus a \$4.00 dispensing fee, or the U&C, or the Federal Upper Limit (FUL) 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.	The lesser of either AWP minus 12% plus a \$4.00 dispensing fee, or the U&C, or the FUL 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.
December 1, 2016 - November 19, 2017	The lesser of either the National Average Drug Acquisition Cost (NADAC) plus a \$13.00 dispensing fee or the U&C, then subtracting a copayment of \$6.00 for generics and \$9.00 for brand products. The Wholesale Acquisition Cost (WAC) plus 3.2% plus a \$13.00 dispensing fee, then subtracting the copayment, is used when NADAC is unavailable.	The lesser of either the National Average Drug Acquisition Cost (NADAC) plus a \$13.00 dispensing fee or the U&C, then subtracting a copayment of \$8.00 for generics and \$15.00 for brand products. WAC plus 3.2% plus a \$13.00 dispensing fee, then subtracting the copayment, is used when NADAC is unavailable.
November 20, 2017 - Present	The lesser of either NADAC plus a \$10.49 dispensing fee or the U&C, then subtracting a copayment of \$6.00 for generics and \$9.00 for brand products. WAC plus 3.2% plus a \$10.49 dispensing fee, then subtracting the copayment, is used when NADAC is unavailable.	The lesser of either NADAC plus a \$10.49 dispensing fee or the U&C, then subtracting a copayment of \$8.00 for generics and \$15.00 for brand products. WAC plus 3.2% plus a \$10.49 dispensing fee, then subtracting the copayment, is used when NADAC is unavailable.

**TABLE 3.2A
PACE HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2019**

MANUFACTURER	PRODUCT	STRENGTH	NDC9	STATE SHARE EXPENDITURES	RANK BY		CLAIMS	% OF ALL	RANK BY VOLUME	PRODUCT DESCRIPTION
					% OF STATE SHARE	STATE SHARE EXPENDI- TURES				
BRISTOL-MYERS SQUIBB	ELIQUIS	5 MG	000030894	\$1,575,175	4.15	1	16,353	1.03	1	ANTICOAGULANT
BRISTOL-MYERS SQUIBB	ELIQUIS	2.5 MG	000030893	\$1,250,293	3.29	2	12,185	0.77	2	ANTICOAGULANT
BOEHRINGER INGELHEIM	SPIRIVA	18 MCG	005970075	\$955,198	2.52	3	5,735	0.36	20	RESPIRATORY AGENT
SANOFI-AVENTIS	LANTUS SOLOSTAR	100/ML	000882219	\$765,272	2.02	4	5,209	0.33	24	DIABETES TREATMENT
JOHNSON & JOHNSON	XARELTO	20 MG	504580579	\$716,038	1.89	5	6,987	0.44	12	ANTICOAGULANT
MERCK	JANUVIA	100 MG	000060277	\$618,362	1.63	6	4,795	0.30	34	DIABETES TREATMENT
BOEHRINGER INGELHEIM	TRADJENTA	5 MG	005970140	\$491,438	1.29	7	4,862	0.31	33	DIABETES TREATMENT
PHARMACYCLICS	IMBRUVICA	420 MG	579620420	\$473,584	1.25	8	110	0.01	2,065	ANTINEOPLASTIC AGENT
JOHNSON & JOHNSON	XARELTO	15 MG	504580578	\$445,777	1.17	9	3,841	0.24	57	ANTICOAGULANT
ASTRA ZENECA	SYMBICORT	160-4.5MCG	001860370	\$416,345	1.10	10	4,031	0.25	51	RESPIRATORY AGENT
MERCK	JANUVIA	50 MG	000060112	\$390,982	1.03	11	2,846	0.18	97	DIABETES TREATMENT
ALLERGAN	LUMIGAN	0.01 %	000233205	\$370,769	0.98	12	5,040	0.32	29	GLAUCOMA TREATMENT
ELI LILLY	HUMALOG KWIKPEN U-100	100/ML	000028799	\$366,369	0.97	13	1,592	0.10	194	DIABETES TREATMENT
NOVO NORDISK	NOVOLOG FLEXPEN	100/ML	001696339	\$359,401	0.95	14	3,475	0.22	74	DIABETES TREATMENT
ASTELLAS	MYRBETRIQ	50 MG	004692602	\$348,793	0.92	15	3,127	0.20	84	OVERACTIVE BLADDER TREATMENT
NOVO NORDISK	LEVEMIR FLEXTOUCH	100/ML	001696438	\$335,714	0.88	16	3,930	0.25	52	DIABETES TREATMENT
GLAXOSMITHKLINE	ANORO ELLIPTA	62.5-25MCG	001730869	\$335,379	0.88	17	3,903	0.25	54	RESPIRATORY AGENT
ALLERGAN	RESTASIS	0.05 %	000239163	\$331,180	0.87	18	2,702	0.17	105	DRY EYE TREATMENT
GLAXOSMITHKLINE	BREO ELLIPTA	100-25MCG	001730859	\$291,208	0.77	19	4,233	0.27	44	RESPIRATORY AGENT
ASTELLAS	MYRBETRIQ	25 MG	004692601	\$285,656	0.75	20	2,844	0.18	98	OVERACTIVE BLADDER TREATMENT
BOEHRINGER INGELHEIM	PRADAXA	150 MG	005970360	\$281,387	0.74	21	1,877	0.12	161	ANTICOAGULANT
NOVARTIS	TRAVATAN Z	0.004 %	000650260	\$276,672	0.73	22	3,727	0.24	64	GLAUCOMA TREATMENT
SANOFI-AVENTIS	LANTUS	100/ML	000882220	\$274,760	0.72	23	1,868	0.12	163	DIABETES TREATMENT
BOEHRINGER INGELHEIM	SPIRIVA RESPIMAT	2.5 MCG	005970100	\$259,415	0.68	24	1,553	0.10	200	RESPIRATORY AGENT
ELI LILLY	TRULICITY	1.5 MG/0.5	000021434	\$255,906	0.67	25	1,253	0.08	266	DIABETES TREATMENT
CELGENE	REVLIMID	10 MG	595720410	\$241,009	0.64	26	35	0.00	3,660	CHEMOTHERAPEUTIC AGENT
SHIRE	DEXILANT	60 MG	647640175	\$231,524	0.61	27	1,977	0.13	152	GASTROINTESTINAL AGENT
GLAXOSMITHKLINE	ADVAIR DISKUS	250-50 MCG	001730696	\$231,279	0.61	28	3,394	0.21	76	RESPIRATORY AGENT
AMGEN	PROLIA	60 MG/ML	555130710	\$217,203	0.57	29	623	0.04	578	OSTEOPOROSIS TREATMENT
NOVO NORDISK	VICTOZA 3-PAK	0.6 MG/0.1	001694060	\$214,697	0.57	30	1,714	0.11	179	DIABETES TREATMENT
CELGENE	REVLIMID	25 MG	595720425	\$210,111	0.55	31	16	0.00	4,984	CHEMOTHERAPEUTIC AGENT
NOVO NORDISK	NOVOLOG MIX 70-30 FLEXPEN	70-30/ML	001693696	\$187,666	0.49	32	1,231	0.08	273	DIABETES TREATMENT
ALLERGAN	COMBIGAN	0.2%-0.5%	000239211	\$185,993	0.49	33	3,015	0.19	89	GLAUCOMA TREATMENT

**TABLE 3.2A
PACE HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2019**

MANUFACTURER	PRODUCT	STRENGTH	NDC9	STATE SHARE EXPENDITURES	RANK BY		STATE SHARE EXPENDI- TURES	% OF ALL CLAIMS	RANK BY VOLUME	PRODUCT DESCRIPTION
					% OF STATE SHARE	STATE SHARE				
GLAXOSMITHKLINE	INCRUSE ELLIPTA	62.5 MCG	001730873	\$177,281	0.47	34	3,065	0.19	87	RESPIRATORY AGENT
CELGENE	REVLIMID	2.5 MG	595720402	\$176,784	0.47	35	16	0.00	4,983	CHEMOTHERAPEUTIC AGENT
SANOFI-AVENTIS	TOUJEO SOLOSTAR	300/ML	000245869	\$175,386	0.46	36	1,016	0.06	335	DIABETES TREATMENT
PHARMACYCLICS	IMBRUVICA	140 MG	579620014	\$170,312	0.45	37	23	0.00	4,369	ANTINEOPLASTIC AGENT
ELI LILLY	BASAGLAR KWIKPEN U-100	100/ML	000027715	\$166,707	0.44	38	2,695	0.17	106	DIABETES TREATMENT
ASTELLAS	XTANDI	40 MG	004690125	\$164,827	0.43	39	36	0.00	3,609	PROSTATE HYPERPLASIA TREATMENT
GLAXOSMITHKLINE	TRELEGY ELLIPTA	100-62.5	001730887	\$163,286	0.43	40	1,779	0.11	171	RESPIRATORY AGENT
PFIZER	PREMARIN	0.625 MG/G	000460872	\$162,385	0.43	41	942	0.06	360	ESTROGEN REPLACEMENT
BAUSCH HEALTH	XIFAXAN	550 MG	656490303	\$159,479	0.42	42	286	0.02	1,082	ANTIBIOTIC AGENT
PHARMACYCLICS	IMBRUVICA	280 MG	579620280	\$158,246	0.42	43	29	0.00	3,949	ANTINEOPLASTIC AGENT
ELI LILLY	FORTEO	20MCG/DOSE	000028400	\$156,538	0.41	44	258	0.02	1,168	OSTEOPOROSIS TREATMENT
AMGEN	ENBREL SURECLICK	50MG/ML(1)	584060445	\$149,451	0.39	45	144	0.01	1,764	DISEASE-MODIFYING ANTIRHEUMATIC DRUG
37 ELI LILLY	TRULICITY	0.75MG/0.5	000021433	\$145,183	0.38	46	1,073	0.07	310	DIABETES TREATMENT
PFIZER	XELJANZ	5 MG	000691001	\$143,953	0.38	47	71	0.00	2,599	DISEASE-MODIFYING ANTIRHEUMATIC DRUG
FOXLAND	XVITE	1-100-300	690670040	\$142,615	0.38	48	85	0.01	2,398	VITAMIN SUPPLEMENT
GENENTECH	ACTEMRA	162 MG/0.9	502420138	\$141,085	0.37	49	38	0.00	3,541	DISEASE-MODIFYING ANTIRHEUMATIC DRUG
GLAXOSMITHKLINE	VENTOLIN HFA	90 MCG	001730682	\$137,667	0.36	50	7,638	0.48	5	RESPIRATORY AGENT
PRASCO	ALBUTEROL SULFATE HFA	90 MCG	669930019	\$97,622	0.26	73	5,031	0.32	30	RESPIRATORY AGENT
BECTON DICKINSON	ULTRA-FINE NANO PEN	32GX 5/32"	082903201	\$75,374	0.20	91	4,964	0.31	32	DIABETES TREATMENT
STRIDES	VITAMIN D2	1250 MCG	643800737	\$32,108	0.08	170	7,046	0.45	11	VITAMIN SUPPLEMENT
MYLAN	LEVOTHYROXINE SODIUM	50 MCG	003781803	\$29,487	0.08	184	7,618	0.48	7	THYROID REPLACEMENT
MYLAN	LEVOTHYROXINE SODIUM	75 MCG	003781805	\$26,732	0.07	201	6,667	0.42	14	THYROID REPLACEMENT
TEVA	POTASSIUM CHLORIDE	20 MEQ	620370999	\$22,175	0.06	237	4,357	0.28	41	ELECTROLYTE
INGENUS	METOPROLOL SUCCINATE	50 MG	507420616	\$17,811	0.05	285	4,225	0.27	46	BETA BLOCKER
SANDOZ	POTASSIUM CHLORIDE	20 MEQ	007815720	\$17,304	0.05	296	4,160	0.26	49	ELECTROLYTE
APOTEX	ATORVASTATIN CALCIUM	40 MG	605052580	\$16,826	0.04	307	8,623	0.55	4	LIPID-LOWERING AGENT
INGENUS	METOPROLOL SUCCINATE	25 MG	507420615	\$16,334	0.04	316	4,737	0.30	37	BETA BLOCKER
SANDOZ	LATANOPROST	0.005 %	613140547	\$15,609	0.04	326	4,180	0.26	47	GLAUCOMA TREATMENT
ASCEND	AMLODIPINE BESYLATE	5 MG	678770198	\$14,632	0.04	347	11,919	0.75	3	CALCIUM CHANNEL BLOCKER
ASCEND	GABAPENTIN	300 MG	678770223	\$14,315	0.04	349	4,286	0.27	43	ANTICONVULSANT
AUROBINDO	TAMSULOSIN HCL	0.4 MG	658620598	\$13,814	0.04	356	4,751	0.30	35	PROSTATE HYPERPLASIA TREATMENT
APOTEX	ATORVASTATIN CALCIUM	20 MG	605052579	\$13,661	0.04	357	7,223	0.46	9	LIPID-LOWERING AGENT

**TABLE 3.2A
PACE HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2019**

MANUFACTURER	PRODUCT	STRENGTH	NDC9	STATE SHARE EXPENDITURES	RANK BY		CLAIMS	% OF ALL	RANK BY VOLUME	PRODUCT DESCRIPTION
					% OF STATE SHARE	STATE SHARE EXPENDI- TURES				
SOLCO HEALTHCARE	DONEPEZIL HCL	10 MG	435470276	\$13,292	0.04	370	5,211	0.33	23	ALZHEIMER'S DISEASE TREATMENT
MYLAN	LEVOTHYROXINE SODIUM	25 MCG	003781800	\$12,957	0.03	374	4,359	0.28	40	THYROID REPLACEMENT
TORRENT	PANTOPRAZOLE SODIUM	40 MG	136680429	\$11,405	0.03	412	7,626	0.48	6	GASTROINTESTINAL AGENT
APOTEX	ATORVASTATIN CALCIUM	10 MG	605052578	\$10,528	0.03	443	6,578	0.42	16	LIPID-LOWERING AGENT
HIKMA	FLUTICASONE PROPIONATE	50 MCG	000543270	\$9,916	0.03	467	4,169	0.26	48	RESPIRATORY AGENT
AUROBINDO	LOSARTAN POTASSIUM	100 MG	658620203	\$9,717	0.03	479	6,140	0.39	19	ANGIOTENSIN II RECEPTOR ANTAG.
AUROBINDO	CLOPIDOGREL	75 MG	658620357	\$9,521	0.03	485	6,546	0.41	17	ANTIPLATELET AGENT
ASCEND	AMLODIPINE BESYLATE	10 MG	678770199	\$9,107	0.02	504	7,184	0.45	10	CALCIUM CHANNEL BLOCKER
AUROBINDO	PANTOPRAZOLE SODIUM	40 MG	658620560	\$9,015	0.02	511	5,557	0.35	22	GASTROINTESTINAL AGENT
AUROBINDO	LOSARTAN POTASSIUM	50 MG	658620202	\$8,460	0.02	535	5,140	0.33	27	ANGIOTENSIN II RECEPTOR ANTAG.
DR REDDY'S	OMEPRAZOLE	20 MG	551110158	\$8,201	0.02	550	6,167	0.39	18	GASTROINTESTINAL AGENT
AMNEAL	PANTOPRAZOLE SODIUM	40 MG	651620637	\$8,012	0.02	565	4,130	0.26	50	GASTROINTESTINAL AGENT
ACCORD HEALTHCARE	CLOPIDOGREL	75 MG	167290218	\$7,727	0.02	581	4,590	0.29	38	ANTIPLATELET AGENT
SUN	METOPROLOL TARTRATE	25 MG	576640506	\$7,611	0.02	590	6,616	0.42	15	BETA BLOCKER
LUPIN	LISINOPRIL	20 MG	681800981	\$7,385	0.02	602	5,105	0.32	28	ACE INHIBITOR
HIKMA	FUROSEMIDE	20 MG	000544297	\$6,794	0.02	635	5,686	0.36	21	DIURETIC
LUPIN	LISINOPRIL	10 MG	681800980	\$6,177	0.02	687	5,024	0.32	31	ACE INHIBITOR
MYLAN	METOPROLOL TARTRATE	25 MG	003780018	\$5,760	0.02	741	4,737	0.30	36	BETA BLOCKER
LEADING	FUROSEMIDE	40 MG	693150117	\$5,700	0.02	744	6,919	0.44	13	DIURETIC
ACCORD HEALTHCARE	SIMVASTATIN	20 MG	167290005	\$5,545	0.01	761	4,310	0.27	42	LIPID-LOWERING AGENT
LEADING	FUROSEMIDE	20 MG	693150116	\$5,076	0.01	820	7,239	0.46	8	DIURETIC
ACCORD HEALTHCARE	HYDROCHLOROTHIAZIDE	25 MG	167290183	\$4,637	0.01	875	5,167	0.33	26	DIURETIC
TEVA	LORAZEPAM	0.5 MG	005910240	\$4,076	0.01	974	5,171	0.33	25	ANXIOLYTIC
LEADING	LORAZEPAM	0.5 MG	693150904	\$3,340	0.01	1,139	4,227	0.27	45	ANXIOLYTIC
TEVA	TRAMADOL HCL	50 MG	000930058	\$1,457	0.00	2,064	4,515	0.29	39	ANALGESIC NARCOTIC AGENT
	TOTAL 90 PRODUCTS			\$17,496,961	46.10		367,177	23.22		
	TOTAL ALL PRODUCTS			\$37,950,258	100.00		1,581,287	100.00		

SOURCE: PDA/CLAIMS HISTORY

NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT FOR PACE ONLY, EXCLUDING PACENET.

**TABLE 3.2B
PACENET HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2019**

MANUFACTURER	PRODUCT	STRENGTH	NDC9	CARDHOLDER AND THIRD PARTY PAYMENTS	STATE SHARE EXPENDITURES	RANK BY			TOTAL EXPENDITURES (ALL SOURCES)	% OF CLAIMS	RANK BY VOLUME
						% OF STATE SHARE	STATE SHARE	TOTAL EXPENDI- TURES			
BRISTOL-MYERS SQUIBB	ELIQUIS	5 MG	000030894	\$21,458,303	\$4,109,135	4.51	1	\$25,567,438	43,907	1.22	1
BRISTOL-MYERS SQUIBB	ELIQUIS	2.5 MG	000030893	\$11,016,080	\$2,451,183	2.69	2	\$13,467,263	24,963	0.69	2
SANOFI-AVENTIS	LANTUS SOLOSTAR	100/ML	000882219	\$6,520,074	\$2,016,144	2.21	3	\$8,536,218	16,345	0.45	9
BOEHRINGER INGELHEIM	SPIRIVA	18 MCG	005970075	\$5,398,780	\$1,899,699	2.08	4	\$7,298,478	14,055	0.39	14
JOHNSON & JOHNSON	XARELTO	20 MG	504580579	\$10,188,400	\$1,892,495	2.08	5	\$12,080,895	19,056	0.53	4
NOVO NORDISK	NOVOLOG FLEXPEN	100/ML	001696339	\$9,168,931	\$1,560,796	1.71	6	\$10,729,727	12,924	0.36	20
MERCK	JANUVIA	100 MG	000060277	\$7,004,340	\$1,436,502	1.58	7	\$8,440,842	12,065	0.34	27
BOEHRINGER INGELHEIM	TRADJENTA	5 MG	005970140	\$6,772,120	\$1,249,603	1.37	8	\$8,021,723	13,269	0.37	18
NOVO NORDISK	LEVEMIR FLEXTOUCH	100/ML	001696438	\$7,561,208	\$1,159,850	1.27	9	\$8,721,059	12,866	0.36	21
ASTELLAS	XTANDI	40 MG	004690125	\$5,085,060	\$995,111	1.09	10	\$6,080,171	555	0.02	1,233
ELI LILLY	HUMALOG KWIKPEN U-100	100/ML	000028799	\$2,938,602	\$965,628	1.06	11	\$3,904,230	5,569	0.15	117
ASTRA ZENECA	SYMBICORT	160-4.5MCG	001860370	\$3,720,588	\$925,108	1.02	12	\$4,645,696	10,986	0.31	35
NOVO NORDISK	VICTOZA 3-PAK	0.6 MG/0.1	001694060	\$6,385,259	\$920,981	1.01	13	\$7,306,240	6,638	0.18	87
JOHNSON & JOHNSON	XARELTO	15 MG	504580578	\$4,400,152	\$914,531	1.00	14	\$5,314,683	8,785	0.24	53
BOEHRINGER INGELHEIM	SPIRIVA RESPIMAT	2.5 MCG	005970100	\$1,802,640	\$840,902	0.92	15	\$2,643,542	5,479	0.15	119
MERCK	JANUVIA	50 MG	000060112	\$3,251,008	\$782,293	0.86	16	\$4,033,301	6,065	0.17	104
SANOFI-AVENTIS	LANTUS	100/ML	000882220	\$2,250,742	\$747,893	0.82	17	\$2,998,635	5,502	0.15	118
ASTELLAS	MYRBETRIQ	50 MG	004692602	\$2,963,043	\$705,839	0.77	18	\$3,668,881	7,472	0.21	76
GLAXOSMITHKLINE	ANORO ELLIPTA	62.5-25MCG	001730869	\$4,117,803	\$698,742	0.77	19	\$4,816,545	10,404	0.29	39
SANOFI-AVENTIS	TOUJEO SOLOSTAR	300/ML	000245869	\$1,820,382	\$691,492	0.76	20	\$2,511,874	4,088	0.11	175
ELI LILLY	TRULICITY	1.5 MG/0.5	000021434	\$4,266,454	\$689,013	0.76	21	\$4,955,467	5,093	0.14	133
BOEHRINGER INGELHEIM	PRADAXA	150 MG	005970360	\$1,970,867	\$684,048	0.75	22	\$2,654,915	4,332	0.12	166
GLAXOSMITHKLINE	BREO ELLIPTA	100-25MCG	001730859	\$3,727,956	\$678,542	0.74	23	\$4,406,497	10,974	0.30	36
ALLERGAN	LUMIGAN	0.01 %	000233205	\$2,542,953	\$659,440	0.72	24	\$3,202,393	10,506	0.29	38
ASTELLAS	MYRBETRIQ	25 MG	004692601	\$2,401,938	\$643,366	0.71	25	\$3,045,304	6,514	0.18	93
BAUSCH HEALTH	XIFAXAN	550 MG	656490303	\$1,628,648	\$613,275	0.67	26	\$2,241,923	986	0.03	790
NOVO NORDISK	NOVOLOG MIX 70-30 FLEXPEN	70-30/ML	001693696	\$3,652,143	\$606,312	0.67	27	\$4,258,454	4,091	0.11	174
PFIZER	IBRANCE	125 MG	000690189	\$4,075,273	\$593,086	0.65	28	\$4,668,358	388	0.01	1,622
GLAXOSMITHKLINE	ADVAIR DISKUS	250-50 MCG	001730696	\$3,473,002	\$572,078	0.63	29	\$4,045,080	8,121	0.23	59
PHARMACYCLICS	IMBRUVICA	420 MG	579620420	\$3,101,577	\$545,320	0.60	30	\$3,646,897	298	0.01	1,898
AMGEN	ENBREL SURECLICK	50MG/ML(1)	584060445	\$2,551,210	\$532,925	0.58	31	\$3,084,134	560	0.02	1,224
ELI LILLY	BASAGLAR KWIKPEN U-100	100/ML	000027715	\$2,795,231	\$512,802	0.56	32	\$3,308,033	8,112	0.23	60
ELI LILLY	TRULICITY	0.75MG/0.5	000021433	\$2,842,847	\$499,637	0.55	33	\$3,342,484	3,600	0.10	203
GLAXOSMITHKLINE	TRELEGY ELLIPTA	100-62.5	001730887	\$3,110,633	\$482,935	0.53	34	\$3,593,568	6,045	0.17	105
AMGEN	PROLIA	60 MG/ML	555130710	\$1,084,868	\$470,751	0.52	35	\$1,555,619	1,284	0.04	624

**TABLE 3.2B
PACENET HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2019**

MANUFACTURER	PRODUCT	STRENGTH	NDC9	CARDHOLDER AND THIRD PARTY PAYMENTS	STATE SHARE EXPENDITURES	RANK BY		TOTAL EXPENDITURES (ALL SOURCES)	% OF CLAIMS	RANK BY TOTAL VOLUME	
						% OF STATE SHARE	STATE SHARE				
NOVARTIS	TRAVATAN Z	0.004 %	000650260	\$1,419,861	\$458,122	0.50	36	\$1,877,983	6,948	0.19	81
ALLERGAN	RESTASIS	0.05 %	000239163	\$3,243,917	\$454,547	0.50	37	\$3,698,464	4,557	0.13	156
GLAXOSMITHKLINE	INCRUSE ELLIPTA	62.5 MCG	001730873	\$2,722,934	\$439,743	0.48	38	\$3,162,677	7,935	0.22	68
NOVO NORDISK	TRESIBA FLEXTOUCH U-200	200/ML (3)	001692550	\$3,190,095	\$421,705	0.46	39	\$3,611,800	3,632	0.10	201
SHIRE	DEXILANT	60 MG	647640175	\$923,387	\$421,657	0.46	40	\$1,345,044	3,482	0.10	212
FOXLAND	XVITE	1-100-300	690670040	\$7,352	\$416,547	0.46	41	\$423,899	250	0.01	2,088
ABBVIE	HUMIRA PEN PSOR-UEVITS-ADOL HS	40MG/0.8ML	000744339	\$3,755,241	\$406,230	0.45	42	\$4,161,471	702	0.02	1,035
JOHNSON & JOHNSON	ZYTIGA	500 MG	578940195	\$1,644,256	\$404,661	0.44	43	\$2,048,917	188	0.01	2,394
NOVO NORDISK	NOVOLOG	100/ML	001697501	\$2,217,291	\$403,101	0.44	44	\$2,620,392	3,710	0.10	197
BOEHRINGER INGELHEIM	COMBIVENT RESPIMAT	20-100 MCG	005970024	\$1,406,015	\$380,342	0.42	45	\$1,786,357	3,537	0.10	205
GLAXOSMITHKLINE	VENTOLIN HFA	90 MCG	001730682	\$847,055	\$375,063	0.41	46	\$1,222,118	18,917	0.53	6
GLAXOSMITHKLINE	BREO ELLIPTA	200-25 MCG	001730882	\$2,194,747	\$363,991	0.40	47	\$2,558,738	6,458	0.18	94
ELI LILLY	FORTEO	20MCG/DOS	000028400	\$1,848,299	\$350,185	0.38	48	\$2,198,484	639	0.02	1,119
BOEHRINGER INGELHEIM	JARDIANCE	10 MG	005970152	\$2,333,200	\$347,530	0.38	49	\$2,680,730	3,969	0.11	189
ABBVIE	HUMIRA(CF) PEN	40MG/0.4ML	000740554	\$2,856,880	\$344,798	0.38	50	\$3,201,678	541	0.02	1,264
PRASCO	ALBUTEROL SULFATE HFA	90 MCG	669930019	\$358,879	\$233,148	0.26	68	\$592,027	11,116	0.31	33
BECTON DICKINSON	ULTRA-FINE NANO PEN NEEDLE	32GX 5/32"	082903201	\$613,618	\$219,921	0.24	74	\$833,538	14,497	0.40	13
ASCEND	GABAPENTIN	300 MG	678770223	\$166,177	\$48,655	0.05	270	\$214,832	12,112	0.34	26
SANDOZ	POTASSIUM CHLORIDE	20 MEQ	007815720	\$187,943	\$31,772	0.03	361	\$219,715	9,383	0.26	46
STRIDES	VITAMIN D2	1250 MCG	643800737	\$99,841	\$26,520	0.03	414	\$126,361	12,195	0.34	25
AUROBINDO	TAMSULOSIN HCL	0.4 MG	658620598	\$202,014	\$25,293	0.03	436	\$227,307	14,597	0.41	11
APOTEX	ATORVASTATIN CALCIUM	40 MG	605052580	\$293,863	\$21,097	0.02	506	\$314,960	19,015	0.53	5
SOLCO HEALTHCARE	DONEPEZIL HCL	10 MG	435470276	\$137,297	\$19,942	0.02	526	\$157,239	11,574	0.32	29
MYLAN	LEVOTHYROXINE SODIUM	50 MCG	003781803	\$238,503	\$18,381	0.02	554	\$256,884	14,534	0.40	12
INGENUS	METOPROLOL SUCCINATE	25 MG	507420615	\$157,452	\$17,906	0.02	569	\$175,358	9,182	0.25	48
AUROBINDO	TAMSULOSIN HCL	0.4 MG	658620598	\$202,014	\$25,293	0.03	436	\$227,307	14,597	0.41	11
APOTEX	ATORVASTATIN CALCIUM	40 MG	605052580	\$293,863	\$21,097	0.02	506	\$314,960	19,015	0.53	5
SOLCO HEALTHCARE	DONEPEZIL HCL	10 MG	435470276	\$137,297	\$19,942	0.02	526	\$157,239	11,574	0.32	29
MYLAN	LEVOTHYROXINE SODIUM	50 MCG	003781803	\$238,503	\$18,381	0.02	554	\$256,884	14,534	0.40	12
INGENUS	METOPROLOL SUCCINATE	25 MG	507420615	\$157,452	\$17,906	0.02	569	\$175,358	9,182	0.25	48
MYLAN	LEVOTHYROXINE SODIUM	75 MCG	003781805	\$211,380	\$17,618	0.02	576	\$228,998	12,483	0.35	23
AUROBINDO	PANTOPRAZOLE SODIUM	40 MG	658620560	\$126,567	\$13,125	0.01	704	\$139,692	11,974	0.33	28
TEVA	METOPROLOL SUCCINATE	25 MG	620370830	\$134,968	\$12,856	0.01	714	\$147,824	9,130	0.25	49
TORRENT	PANTOPRAZOLE SODIUM	40 MG	136680429	\$188,393	\$10,641	0.01	840	\$199,035	17,593	0.49	7
AUROBINDO	CLOPIDOGREL	75 MG	658620357	\$166,487	\$10,282	0.01	859	\$176,770	16,815	0.47	8

**TABLE 3.2B
PACENET HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2019**

MANUFACTURER	PRODUCT	STRENGTH	NDC9	CARDHOLDER AND THIRD PARTY PAYMENTS	STATE SHARE EXPENDITURES	RANK BY		TOTAL EXPENDITURES (ALL SOURCES)	TOTAL CLAIMS	% OF TOTAL	RANK BY VOLUME
						% OF STATE SHARE	STATE SHARE				
ASCEND	AMLODIPINE BESYLATE	5 MG	678770198	\$153,618	\$10,159	0.01	867	\$163,777	22,158	0.62	3
ACCORD HEALTHCARE	CLOPIDOGREL	75 MG	167290218	\$113,396	\$9,961	0.01	880	\$123,357	10,999	0.31	34
APOTEX	ATORVASTATIN CALCIUM	20 MG	605052579	\$175,397	\$9,854	0.01	891	\$185,251	13,165	0.37	19
DR REDDY'S	OMEPRAZOLE	20 MG	551110158	\$140,756	\$9,711	0.01	904	\$150,468	13,695	0.38	17
HIKMA	FLUTICASONE PROPIONATE	50 MCG	000543270	\$127,975	\$9,390	0.01	932	\$137,365	8,925	0.25	50
APOTEX	ATORVASTATIN CALCIUM	10 MG	605052578	\$137,886	\$7,493	0.01	1,086	\$145,380	11,319	0.31	32
ASCEND	AMLODIPINE BESYLATE	10 MG	678770199	\$101,030	\$6,128	0.01	1,295	\$107,158	12,779	0.35	22
AUROBINDO	LOSARTAN POTASSIUM	100 MG	658620203	\$126,886	\$5,522	0.01	1,377	\$132,408	12,247	0.34	24
AUROBINDO	LOSARTAN POTASSIUM	50 MG	658620202	\$107,585	\$5,389	0.01	1,397	\$112,973	10,362	0.29	40
LUPIN	LISINOPRIL	20 MG	681800981	\$90,057	\$4,758	0.01	1,524	\$94,815	10,812	0.30	37
SUN	METOPROLOL TARTRATE	25 MG	576640506	\$90,615	\$4,638	0.01	1,558	\$95,253	13,774	0.38	16
HIKMA	FUROSEMIDE	20 MG	000544297	\$58,949	\$4,563	0.01	1,571	\$63,512	9,524	0.26	45
LUPIN	LISINOPRIL	10 MG	681800980	\$86,374	\$4,473	0.00	1,587	\$90,847	11,504	0.32	31
LEADING	LORAZEPAM	0.5 MG	693150904	\$61,957	\$3,943	0.00	1,745	\$65,900	9,791	0.27	43
LEADING	FUROSEMIDE	40 MG	693150117	\$73,810	\$3,828	0.00	1,769	\$77,637	14,748	0.41	10
MYLAN	METOPROLOL TARTRATE	25 MG	003780018	\$64,936	\$3,769	0.00	1,789	\$68,705	9,525	0.26	44
TEVA	LORAZEPAM	0.5 MG	005910240	\$62,225	\$3,654	0.00	1,839	\$65,880	9,990	0.28	41
LEADING	FUROSEMIDE	20 MG	693150116	\$65,429	\$2,699	0.00	2,257	\$68,127	13,964	0.39	15
TEVA	TRAMADOL HCL	50 MG	000930058	\$60,280	\$1,434	0.00	3,178	\$61,714	11,554	0.32	30
SOLCO HEALTHCARE	FUROSEMIDE	40 MG	435470402	\$42,128	\$1,387	0.00	3,227	\$43,515	9,262	0.26	47
ACCORD HEALTHCARE	HYDROCHLOROTHIAZIDE	25 MG	167290183	\$37,943	\$1,219	0.00	3,449	\$39,162	9,949	0.28	42
	TOTAL 91 PRODUCTS			\$202,922,258	\$42,576,805	46.72		\$245,499,063	823,608	22.87	
	TOTAL ALL PRODUCTS			\$402,298,873	\$91,137,526	100.00		\$493,436,399	3,600,942	100.00	

SOURCE: PDA CLAIMS HISTORY

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

TABLE 3.3
PACE AND PACENET NUMBER AND PERCENT OF EXPENDITURES AND CLAIMS BY MANUFACTURER
JANUARY - DECEMBER 2019

<u>MANUFACTURER</u>	<u>ASSOCIATED NDC LABELER CODES</u>	<u>RANK BY EXPENDITURES</u>	<u>EXPENDITURES</u>	<u>% OF ALL EXPENDITURES</u>	<u>CLAIMS</u>	<u>% OF ALL CLAIMS</u>
BRISTOL-MYERS SQUIBB	00003, 00056, 00087, 63653	1	\$9,816,029	7.6%	99,437	1.9%
BOEHRINGER INGELHEIM	00597	2	\$9,335,049	7.2%	75,244	1.5%
NOVO NORDISK	00169	3	\$8,196,994	6.3%	77,970	1.5%
GLAXOSMITHKLINE	00007, 00173, 19515, 49702, 58160	4	\$6,688,463	5.2%	116,724	2.3%
JOHNSON & JOHNSON	10147, 50458, 57894, 59676	5	\$6,544,789	5.1%	48,452	0.9%
ELI LILLY	00002, 00777	6	\$6,501,426	5.0%	41,926	0.8%
SANOFI	00024, 00039, 00075, 00088, 00955, 49281, 72733	7	\$5,983,310	4.6%	41,065	0.8%
PFIZER	00005, 00008, 00009, 00013, 00025, 00046, 00049, 00069, 00071, 00206, 00409, 59762, 60758, 60793, 61570, 61703	8	\$5,899,693	4.6%	66,972	1.3%
MERCK	00006, 00085, 66582	9	\$5,201,358	4.0%	41,046	0.8%
TEVA	00093, 00172, 00228, 00456, 00472, 00555, 00591, 00703, 14550, 16252, 45963, 50111, 51285, 52544, 57844, 59310, 62037, 63459, 68546	10	\$4,951,368	3.8%	410,183	7.9%
NOVARTIS	00065, 00078, 00168, 00185, 00281, 00781, 00998, 61314, 66685	11	\$4,675,925	3.6%	227,399	4.4%
ASTRA ZENECA	00186, 00310	12	\$4,444,591	3.4%	39,360	0.8%
ASTELLAS	00469, 51248	13	\$3,849,688	3.0%	25,997	0.5%
ALLERGAN	00023, 11980	14	\$2,967,960	2.3%	40,490	0.8%
AMGEN	55513, 58406, 72511	15	\$2,929,868	2.3%	6,626	0.1%

**TABLE 3.3
PACE AND PACENET NUMBER AND PERCENT OF EXPENDITURES AND CLAIMS BY MANUFACTURER
JANUARY - DECEMBER 2019**

<u>MANUFACTURER</u>	<u>ASSOCIATED NDC LABELER CODES</u>	<u>RANK BY EXPENDITURES</u>	<u>EXPENDITURES</u>	<u>% OF ALL EXPENDITURES</u>	<u>CLAIMS</u>	<u>% OF ALL CLAIMS</u>
BAUSCH HEALTH	00187, 13548, 24208, 25010, 65649, 66490, 68682, 99207	16	\$2,529,178	2.0%	58,049	1.1%
MYLAN	00037, 00378, 42292, 49502, 51079, 51525	17	\$2,497,343	1.9%	252,707	4.9%
SHIRE	54092, 64764	18	\$2,393,993	1.9%	17,331	0.3%
ABBVIE	00032, 00051, 00074	19	\$2,017,102	1.6%	17,643	0.3%
PHARMACYCLICS	57962	20	\$1,876,634	1.5%	846	0.0%
CELGENE	59572, 68817	21	\$1,733,665	1.3%	976	0.0%
ENDO/QUALITEST	00254, 00603, 49884, 60951, 63481, 64376, 67253	22	\$1,157,997	0.9%	59,753	1.2%
APOTEX	60505	23	\$1,144,791	0.9%	156,117	3.0%
PRASCO	66993	24	\$1,082,026	0.8%	27,791	0.5%
GILEAD SCIENCES	15584, 61958	25	\$1,049,109	0.8%	3,968	0.1%
TOTAL, TOP 25 MANUFACTURERS			\$105,468,349	81.7%	1,954,072	37.7%
TOTAL, ALL OTHER			\$23,619,435	18.3%	3,228,157	62.3%
TOTAL, ALL MANUFACTURERS			\$129,087,784	100.0%	5,182,229	100.0%

SOURCE: PDA CLAIMS HISTORY

NOTE: 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 3.4
MANUFACTURERS' REBATE CASH RECEIPTS
BY QUARTER/YEAR BILLED AND BY FISCAL YEAR RECEIVED
JANUARY 1991 - DECEMBER 2019**

QUARTER/YEAR BILLED	91-92 THROUGH 09-10 RECEIPTS	10-11 RECEIPTS	11-12 RECEIPTS	12-13 RECEIPTS	13-14 RECEIPTS	14-15 RECEIPTS	15-16 RECEIPTS	16-17 RECEIPTS	17-18 RECEIPTS	18-19 RECEIPTS	19-20 YTD RECEIPTS	TOTAL
JAN-DEC 1991	\$22,771,627	\$2,049	\$0	\$0	\$226	\$0	(\$3)	\$0	\$0	\$0	\$0	\$22,773,899
JAN-DEC 1992	\$30,143,789	\$3,395	\$3	\$0	\$0	\$15,438	\$22	\$0	(\$2,072)	\$0	\$0	\$30,160,576
JAN-DEC 1993	\$32,017,138		\$0	\$0	\$0	\$16,846	\$4	\$0	(\$55,253)	\$0	\$0	\$31,978,736
JAN-DEC 1994	\$30,666,410	\$0	\$2	\$0	\$0	\$0	\$18	\$0	\$0	\$0	\$0	\$30,666,431
JAN-DEC 1995	\$32,642,778	\$0		\$60,162	\$0	\$0	\$203	\$0	\$0	\$0	\$0	\$32,703,143
JAN-DEC 1996	\$31,179,248	\$0	\$0	\$4,602	\$332	\$0	(\$7)	\$0	\$0	\$0	\$0	\$31,184,174
JAN-DEC 1997	\$38,803,898	\$2,397	\$0	\$4,835	(\$672)	\$0	\$400	\$0	(\$3,484)	\$0	\$0	\$38,807,374
JAN-DEC 1998	\$48,875,736	\$1,117	\$0	(\$724)	(\$25,719)	\$0	\$749	\$0	\$23	\$0	\$0	\$48,851,182
JAN-DEC 1999	\$52,542,980	\$0	\$0	\$14,948	\$21,133	\$0	\$1,746	\$0	(\$31,249)	\$0	\$0	\$52,549,557
JAN-DEC 2000	\$58,988,164	\$0	\$0	\$15,860	\$13,351	\$0	\$711	\$0	\$0	\$0	\$0	\$59,018,086
JAN-DEC 2001	\$58,243,251	(\$277)	(\$237)	\$4,089	\$9,934	\$0	\$139	\$0	(\$1)	\$0	\$0	\$58,256,898
JAN-DEC 2002	\$75,218,569	(\$21,593)	\$0	\$67,126	\$236,961	\$2	\$195	\$0	\$0	\$0	\$0	\$75,501,261
JAN-DEC 2003	\$101,734,706	\$90,480	(\$17,438)	\$110,126	\$60,352	\$0	\$204	\$0	\$93	\$0	\$0	\$101,978,521
JAN-DEC 2004	\$124,195,158	(\$319,331)	\$13,490	\$219,104	\$287,753	\$2,863	\$3,692	\$0	(\$15,100)	(\$3,022)	(\$4,345)	\$124,380,262
JAN-DEC 2005	\$133,014,736	(\$37,832)	\$4,154	\$104,207	\$84,208	\$1,860	\$17,780	\$0	(\$2,436)	\$2	(\$8)	\$133,186,671
JAN-DEC 2006	\$119,262,091	(\$104,619)	\$4,105	\$205,036	\$8,133	\$3,637	\$37,766	\$1,998	\$8,081	\$300	(\$18)	\$119,426,510
JAN-DEC 2007	\$73,202,559	\$542,478	\$189,771	\$78,235	\$11,233	\$188,998	\$148,773	\$8,528	(\$1,832)	(\$28,262)	(\$142,835)	\$74,197,647
JAN-DEC 2008	\$59,542,565	(\$47,469)	\$579,516	(\$62,875)	\$274,759	\$62,197	\$164,909	(\$2,127)	\$5,432	(\$13,251)	(\$50,279)	\$60,453,377
JAN-DEC 2009	\$63,759,088	\$992,311	\$728,039	\$1,622,644	\$137,799	\$106,008	(\$3,489)	\$249	(\$4,013)	\$54	\$21,394	\$67,360,083
JAN-DEC 2010	\$4,120,823	\$66,372,460	\$3,639,421	\$2,020,192	(\$71,790)	\$95,511	\$5,085	(\$428)	\$7,257	(\$3,024)	\$27,418	\$76,212,926
JAN-DEC 2011	\$0	\$8,799,454	\$37,776,052	\$1,402,578	\$201,910	\$628,050	\$15,373	\$7,765	\$27,779	\$423	\$0	\$48,859,384
JAN-DEC 2012	\$0	\$0	\$3,628,794	\$34,647,249	\$1,057,554	\$563,869	\$91,130	(\$1,484)	\$80,790	\$2,140	\$77	\$40,070,119
JAN-DEC 2013	\$0	\$0	\$0	\$0	\$35,767,452	\$858,086	\$363,592	\$172,530	\$22,293	(\$22,242)	\$4,721	\$37,166,430
JAN-DEC 2014	\$0	\$0	\$0	\$0	\$1,184,063	\$32,691,292	\$2,694,291	\$526,970	(\$26,036)	\$259,677	\$36,684	\$37,366,941
JAN-MAR 2015	\$0	\$0	\$0	\$0	\$0	\$329,681	\$9,476,097	\$838,138	\$40,050	(\$83,117)	\$0	\$10,600,849
APR-JUN 2015	\$0	\$0	\$0	\$0	\$0	\$0	\$9,381,267	\$170,895	\$37,435	(\$13,872)	\$0	\$9,575,724
JUL-SEP 2015	\$0	\$0	\$0	\$0	\$0	\$0	\$10,019,213	\$26,094	\$23,313	(\$35,056)	(\$17)	\$10,033,547
OCT-DEC 2015	\$0	\$0	\$0	\$0	\$0	\$0	\$8,897,154	\$427,845	\$16,326	\$49,017	\$0	\$9,390,340
JAN-MAR 2016	\$0	\$0	\$0	\$0	\$0	\$0	\$1,706,334	\$4,956,891	\$34,754	(\$83,214)	(\$22,157)	\$6,592,609
APR-JUN 2016	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,032,835	\$75,547	(\$13,139)	(\$73,287)	\$9,021,956
JUL-SEP 2016	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,384,744	\$189,258	(\$44,613)	(\$92)	\$10,529,297
OCT-DEC 2016	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,932,211	\$442,702	(\$48,391)	\$25,222	\$9,351,744
JAN-MAR 2017	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,714,423	\$8,315,623	\$85,991	\$39,250	\$11,155,288
APR-JUN 2017	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,761,829	\$38,108	\$50,918	\$8,850,854
JUL-SEP 2017	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,640,520	\$14,054	\$48,754	\$9,703,328
OCT-DEC 2017	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,387,988	\$35,165	\$46,440	\$9,469,593
JAN-MAR 2018	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,935,345	\$4,843,177	(\$1,453)	\$10,777,070
APR-JUN 2018	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,910,857	\$1,466	\$9,912,323
JUL-SEP 2018	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,571,000	\$5,873	\$9,576,872
OCT-DEC 2018	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,277,480	\$43,153	\$9,320,633
JAN-MAR 2019	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,696,580	\$5,242,262	\$8,938,843
APR-JUN 2019	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,708,055	\$7,708,055
JUL-SEP 2019	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$682,511	\$682,511
OCT-DEC 2019	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL	\$1,190,925,315	\$76,275,020	\$46,545,671	\$40,517,394	\$39,258,972	\$35,564,340	\$43,023,347	\$38,198,078	\$42,910,960	\$37,392,821	\$13,689,708	\$1,604,301,624

SOURCE: PDA CHECK RECEIPTS AS REPORTED ON STATE STATUS REPORT FOR WEEK ENDING DECEMBER 27, 2019.

NOTE: INCLUDES REBATES RECEIVED THROUGH DECEMBER 2019.

SECTION 4

CARDHOLDER UTILIZATION DATA



**TABLE 4.1
PACE AND PACENET CARDHOLDER ENROLLMENTS BY QUARTER**

PACE

JULY 1984 - JUNE 1988

	<u>QUARTER</u>	<u>NEWLY ENROLLED</u>	<u>% OF NEWLY ENROLLED</u>	<u>CUMULATIVE ENROLLMENTS</u>
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

	<u>QUARTER</u>	<u>CUMULATIVE NEWLY ENROLLED</u>	<u>% OF NEWLY ENROLLED</u>	<u>ENROLLMENT AT END OF QUARTER</u>
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 2019

		<u>PACE</u>			<u>PACENET</u>		
<u>QUARTER</u>	<u>CUMULATIVE NEWLY ENROLLED</u>	<u>% OF NEWLY ENROLLED</u>	<u>ENROLLMENT AT END OF QUARTER</u>	<u>CUMULATIVE NEWLY ENROLLED</u>	<u>% OF NEWLY ENROLLED</u>	<u>ENROLLMENT AT END OF QUARTER</u>	
13th PROGRAM YEAR	JUL-SEP 1996	4,127	1.5	267,049			
	OCT-DEC 1996	9,332	3.6	260,678	1,523	100.0	
	JAN-MAR 1997	23,797	8.6	275,607	5,771	100.0	
	APR-JUN 1997	30,602	11.6	264,414	9,088	100.0	
14th PROGRAM YEAR	JUL-SEP 1997	4,536	1.8	257,291	1,949	17.7	
	OCT-DEC 1997	8,694	3.5	250,671	3,801	29.5	
	JAN-MAR 1998	16,693	6.6	251,915	5,710	48.5	
	APR-JUN 1998	22,838	9.3	245,553	7,419	53.8	
15th PROGRAM YEAR	JUL-SEP 1998	4,375	1.8	237,753	879	5.8	
	OCT-DEC 1998	8,042	3.5	230,722	1,504	9.4	
	JAN-MAR 1999	14,744	6.4	231,049	3,216	19.9	
	APR-JUN 1999	20,672	9.1	227,041	4,722	27.2	
16th PROGRAM YEAR	JUL-SEP 1999	4,086	1.8	221,535	761	4.2	
	OCT-DEC 1999	7,981	3.7	217,103	1,510	8.1	
	JAN-MAR 2000	18,146	8.2	220,896	4,169	21.6	
	APR-JUN 2000	25,583	11.8	217,140	6,125	30.1	
17th PROGRAM YEAR	JUL-SEP 2000	5,061	2.4	213,041	1,032	4.9	
	OCT-DEC 2000	10,283	4.9	208,227	2,034	9.3	
	JAN-MAR 2001	19,041	9.1	208,299	4,610	20.8	
	APR-JUN 2001	24,932	12.0	207,193	6,603	28.9	
18th PROGRAM YEAR	JUL-SEP 2001	3,877	1.9	204,839	1,710	6.9	
	OCT-DEC 2001	7,907	4.0	199,898	3,132	12.1	
	JAN-MAR 2002	16,319	8.2	199,719	6,931	23.3	
	APR-JUN 2002	22,742	11.4	198,629	9,938	32.7	
19th PROGRAM YEAR	JUL-SEP 2002	3,490	1.8	191,935	1,378	4.6	
	OCT-DEC 2002	6,925	3.7	188,566	2,476	8.2	
	JAN-MAR 2003	13,384	7.0	190,697	5,516	17.5	
	APR-JUN 2003	21,287	10.9	194,961	9,654	29.7	
20th PROGRAM YEAR	JUL-SEP 2003	4,467	2.4	187,914	2,299	6.8	
	OCT-DEC 2003	8,106	4.4	185,143	3,737	10.9	
	JAN-MAR 2004	21,568	10.8	200,130	37,246	51.4	
	APR-JUN 2004	28,312	14.3	197,600	43,224	49.7	
21st PROGRAM YEAR	JUL-SEP 2004	4,222	2.2	194,488	7,598	8.1	
	OCT-DEC 2004	6,717	3.5	191,669	15,186	15.3	
	JAN-MAR 2005	13,536	7.0	193,946	25,934	28.2	
	APR-JUN 2005	19,467	10.2	190,273	35,063	34.2	
22nd PROGRAM YEAR	JUL-SEP 2005	3,935	2.1	187,696	6,301	5.9	
	OCT-DEC 2005	9,001	4.8	188,495	15,579	13.3	
	JAN-MAR 2006	14,476	7.6	190,654	25,774	20.8	
	APR-JUN 2006	23,477	12.5	187,311	42,841	33.4	
23rd PROGRAM YEAR	JUL-SEP 2006	2,084	1.1	184,106	3,182	2.5	
	OCT-DEC 2006	5,269	2.9	179,240	11,330	8.5	
	JAN-MAR 2007	8,687	4.8	182,332	19,571	14.6	
	APR-JUN 2007	11,621	6.5	178,746	26,974	19.7	

TABLE 4.1
PACE AND PACENET CARDHOLDER ENROLLMENTS BY QUARTER
JULY 1996 - DECEMBER 2019

	<u>QUARTER</u>	<u>PACE</u>			<u>PACENET</u>		
		<u>CUMULATIVE NEWLY ENROLLED</u>	<u>% OF NEWLY ENROLLED</u>	<u>ENROLLMENT AT END OF QUARTER</u>	<u>CUMULATIVE NEWLY ENROLLED</u>	<u>% OF NEWLY ENROLLED</u>	<u>ENROLLMENT AT END OF QUARTER</u>
24th PROGRAM YEAR	JUL-SEP 2007	2,143	1.2	174,824	3,940	2.8	138,701
	OCT-DEC 2007	4,477	2.8	158,560	8,642	5.5	157,874
	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
25th PROGRAM YEAR	JUL-SEP 2008	2,321	1.5	150,074	6,087	3.6	170,931
	OCT-DEC 2008	4,873	3.4	141,712	11,833	6.8	173,460
	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 PROGRAM YEAR	JUL-SEP 2009	1,848	1.4	133,248	6,469	3.8	170,994
	OCT-DEC 2009	2,654	2.0	131,002	13,898	8.2	169,270
	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 PROGRAM YEAR	JUL-SEP 2010	1,203	1.0	126,424	4,636	2.6	178,869
	OCT-DEC 2010	2,800	2.3	121,369	9,292	5.2	177,774
	JAN-MAR 2011	4,553	3.8	120,244	15,376	8.6	179,606
	APR-JUN 2011	6,438	5.4	118,605	20,912	11.6	181,016
28th PROGRAM YEAR	JUL-SEP 2011	1,349	1.2	117,121	3,376	1.9	180,624
	OCT-DEC 2011	3,291	2.9	112,850	7,820	4.4	176,771
	JAN-MAR 2012	5,129	4.6	112,319	11,037	6.2	178,059
	APR-JUN 2012	7,259	6.5	110,863	13,971	7.8	178,290
29th PROGRAM YEAR	JUL-SEP 2012	1,382	1.3	110,133	2,571	1.4	177,702
	OCT-DEC 2012	3,200	2.9	109,395	5,196	3.0	175,524
	JAN-MAR 2013	4,756	4.5	106,109	8,428	4.9	173,206
	APR-JUN 2013	5,971	5.7	104,853	11,836	6.8	173,220
30th PROGRAM YEAR	JUL-SEP 2013	966	0.9	102,787	2,555	1.5	170,876
	OCT-DEC 2013	2,273	2.2	101,375	6,018	3.5	173,456
	JAN-MAR 2014	3,917	3.5	112,062	10,068	6.4	156,997
	APR-JUN 2014	5,651	5.1	110,606	13,673	8.7	157,043
31st PROGRAM YEAR	JUL-SEP 2014	1,476	1.3	109,951	3,305	2.1	157,043
	OCT-DEC 2014	3,547	3.3	106,796	7,754	5.0	154,936
	JAN-MAR 2015	5,286	5.0	105,769	11,599	7.5	155,082
	APR-JUN 2015	6,680	6.4	104,325	15,074	9.7	154,768
32nd PROGRAM YEAR	JUL-SEP 2015	1,059	1.0	102,361	2,762	1.8	153,897
	OCT-DEC 2015	2,649	2.7	97,995	6,502	4.3	151,429
	JAN-MAR 2016	4,099	4.2	96,726	9,905	6.6	151,039
	APR-JUN 2016	5,511	5.8	95,391	13,242	8.8	150,800
33rd PROGRAM YEAR	JUL-SEP 2016	1,531	1.6	94,432	4,295	2.8	151,241
	OCT-DEC 2016	3,038	3.4	89,416	8,147	5.4	149,627
	JAN-MAR 2017	4,631	5.3	88,169	11,956	8.0	149,366
	APR-JUN 2017	6,233	7.2	86,891	15,145	10.2	148,160
34th PROGRAM YEAR	JUL-SEP 2017	341	0.4	86,038	2,060	1.4	147,007
	OCT-DEC 2017	1,781	2.2	81,180	5,211	3.6	145,606
	JAN-MAR 2018	3,322	4.1	80,209	8,649	5.9	145,590
	APR-JUN 2018	4,456	5.7	77,609	10,743	7.3	147,403

TABLE 4.1
PACE AND PACENET CARDHOLDER ENROLLMENTS BY QUARTER
JULY 1996 - DECEMBER 2019

		<u>PACE</u>			<u>PACENET</u>		
<u>QUARTER</u>	<u>CUMULATIVE NEWLY ENROLLED</u>	<u>% OF NEWLY ENROLLED</u>	<u>ENROLLMENT AT END OF QUARTER</u>	<u>CUMULATIVE NEWLY ENROLLED</u>	<u>% OF NEWLY ENROLLED</u>	<u>ENROLLMENT AT END OF QUARTER</u>	
35th	JUL-SEP 2018	915	1.2	76,135	2,745	1.9	146,530
PROGRAM	OCT-DEC 2018	2,214	3.0	73,634	8,809	5.8	152,481
YEAR	JAN-MAR 2019	2,552	3.5	72,012	9,491	6.2	152,822
	APR-JUN 2019	3,507	4.9	71,465	12,898	8.5	152,335
36th	JUL-SEP 2019	496	0.7	70,029	2,516	1.7	151,410
PROGRAM	OCT-DEC 2019	1,626	2.4	67,381	6,776	4.5	150,528
YEAR							

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

NOTE: 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 (E.G., 67,381 PACE CARDHOLDERS AND 150,528 PACENET CARDHOLDERS ON THE FILE ON DECEMBER 31, 2019).

DURING JAN-MAR 2014, A TOTAL OF 13,280 PACENET CARDHOLDERS WERE MOVED TO PACE AND 3,327 NEW PACENET CARDHOLDERS WERE ADDED.

**TABLE 4.2A
PACE CARDHOLDER ENROLLMENT, PARTICIPATION, UTILIZATION, AND EXPENDITURES
BY DEMOGRAPHIC CHARACTERISTICS
JANUARY - DECEMBER 2019**

	<u>TOTAL ENROLLED CARDHOLDERS</u>	<u>% OF ENROLLED</u>	<u>TOTAL PARTICIPATING CARDHOLDERS</u>	<u>TOTAL CLAIMS</u>	<u>PERCENT OF TOTAL CLAIMS</u>	<u>CLAIMS PER PARTICIPATING CARDHOLDER</u>	<u>STATE SHARE EXPENDITURES</u>	<u>STATE SHARE PER PARTICIPATING CARDHOLDER</u>	<u>PERCENT OF ALL STATE SHARE EXPENDITURES</u>
TOTAL	84,485	100.0	57,993	1,569,670	100.0	27.1	\$37,696,825	\$650.02	100.0
SEX									
FEMALE	63,088	74.7	45,438	1,257,906	80.1	27.7	\$29,379,648	\$646.59	77.9
MALE	21,397	25.3	12,555	311,764	19.9	24.8	\$8,317,177	\$662.46	22.1
AGE									
65-69 YEARS	10,847	12.8	6,412	137,741	8.8	21.5	\$4,435,805	\$691.80	11.8
70-74 YEARS	15,105	17.9	9,810	241,816	15.4	24.6	\$5,941,684	\$605.68	15.8
75-79 YEARS	16,026	19.0	11,263	299,029	19.1	26.5	\$7,467,227	\$662.99	19.8
80-84 YEARS	16,161	19.1	11,770	337,295	21.5	28.7	\$8,315,672	\$706.51	22.1
85 YEARS OR OVER	26,346	31.2	18,738	553,789	35.3	29.6	\$11,536,436	\$615.67	30.6
RESIDENCE TYPE									
OWN	41,950	49.7	29,671	778,777	49.6	26.2	\$20,597,294	\$694.19	54.6
RENT	25,437	30.1	16,713	443,961	28.3	26.6	\$9,852,632	\$589.52	26.1
NURSING HOME/ PERSONAL CARE HOME	2,287	2.7	1,488	70,446	4.5	47.3	\$1,230,478	\$826.93	3.3
LIVE WITH RELATIVE	7,563	9.0	5,258	145,796	9.3	27.7	\$3,408,741	\$648.30	9.0
OTHER	5,124	6.1	3,754	107,050	6.8	28.5	\$2,213,056	\$589.52	5.9
MISSING	2,124	2.5	1,109	23,640	1.5	21.3	\$394,624	\$355.84	1.0
MARITAL STATUS									
SINGLE OR WIDOWED	61,752	73.1	43,029	1,184,386	75.5	27.5	\$28,023,294	\$651.27	74.3
MARRIED	6,654	7.9	4,212	102,602	6.5	24.4	\$3,033,205	\$720.13	8.0
DIVORCED	13,153	15.6	8,858	230,286	14.7	26.0	\$5,557,507	\$627.40	14.7
MARRIED, LIVING SEPARATELY	2,926	3.5	1,894	52,396	3.3	27.7	\$1,082,818	\$571.71	2.9

**TABLE 4.2A
PACE CARDHOLDER ENROLLMENT, PARTICIPATION, UTILIZATION, AND EXPENDITURES
BY DEMOGRAPHIC CHARACTERISTICS
JANUARY - DECEMBER 2019**

	<u>TOTAL ENROLLED CARDHOLDERS</u>	<u>% OF ENROLLED</u>	<u>TOTAL PARTICIPATING CARDHOLDERS</u>	<u>TOTAL CLAIMS</u>	<u>PERCENT OF TOTAL CLAIMS</u>	<u>CLAIMS PER PARTICIPATING CARDHOLDER</u>	<u>STATE SHARE EXPENDITURES</u>	<u>STATE SHARE PER PARTICIPATING CARDHOLDER</u>	<u>PERCENT OF ALL STATE SHARE EXPENDITURES</u>
ETHNIC ORIGIN									
WHITE	64,270	76.1	46,152	1,309,685	83.4	28.4	\$30,936,494	\$670.32	82.1
AFRICAN-AMERICAN	7,766	9.2	4,511	90,474	5.8	20.1	\$1,819,300	\$403.30	4.8
AMERICAN INDIAN	119	0.1	63	1,408	0.1	22.3	\$211,464	\$3,356.57	0.6
HISPANIC	2,242	2.7	1,239	27,516	1.8	22.2	\$722,724	\$583.31	1.9
ASIAN	1,153	1.4	580	10,230	0.7	17.6	\$360,692	\$621.88	1.0
OTHER	364	0.4	196	3,630	0.2	18.5	\$79,697	\$406.62	0.2
MISSING	8,571	10.1	5,252	126,727	8.1	24.1	\$3,566,454	\$679.07	9.5
INCOME - SINGLE									
\$0-\$2,999	3,512	4.2	1,356	38,581	2.5	28.5	\$1,077,553	\$794.66	2.9
\$3,000-\$5,999	2,931	3.5	1,913	52,928	3.4	27.7	\$915,289	\$478.46	2.4
\$6,000-\$8,999	7,997	9.5	5,522	141,814	9.0	25.7	\$3,595,242	\$651.08	9.5
\$9,000-\$11,999	17,048	20.2	11,934	324,186	20.7	27.2	\$8,106,779	\$679.30	21.5
\$12,000-\$14,500	36,672	43.4	25,958	705,686	45.0	27.2	\$16,704,013	\$643.50	44.3
\$14,501 +	9,671	11.4	7,098	203,873	13.0	28.7	\$4,264,744	\$600.84	11.3
INCOME - MARRIED									
\$0-\$2,999	325	0.4	81	2,193	0.1	27.1	\$77,949	\$962.33	0.2
\$3,000-\$5,999	132	0.2	64	2,066	0.1	32.3	\$61,590	\$962.34	0.2
\$6,000-\$8,999	333	0.4	180	5,136	0.3	28.5	\$196,799	\$1,093.33	0.5
\$9,000-\$11,999	553	0.7	352	7,442	0.5	21.1	\$285,272	\$810.43	0.8
\$12,000-\$14,999	1,248	1.5	880	21,572	1.4	24.5	\$638,568	\$725.65	1.7
\$15,000-\$17,700	2,966	3.5	1,980	50,931	3.2	25.7	\$1,482,902	\$748.94	3.9
\$17,701 +	1,097	1.3	675	13,262	0.8	19.6	\$290,126	\$429.82	0.8

SOURCE: PDA/CLAIMS HISTORY, CARDHOLDER FILE

NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE, EXCLUDE PACENET CLAIMS.

THE HIGHEST INCOME CATEGORY INCLUDES CARDHOLDERS WHO HAVE REMAINED IN THE PROGRAM EVEN THOUGH THEIR INCOMES EXCEED INCOME ELIGIBILITY LIMITS DUE TO NOMINAL INCREASES IN THEIR SOCIAL SECURITY INCOME. THIS INCOME GROUP MAY ALSO INCLUDE CARDHOLDERS WHO EXCEED THE INCOME LIMITS AND LOSE ELIGIBILITY DURING THE YEAR.

**TABLE 4.2B
PACENET CARDHOLDER ENROLLMENT, PARTICIPATION, UTILIZATION, AND EXPENDITURES
BY DEMOGRAPHIC CHARACTERISTICS
JANUARY - DECEMBER 2019**

	TOTAL ENROLLED CARDHOLDERS	% OF ENROLLED	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	176,265	100.0	131,173	3,590,729	100.0	27.4	\$496,453,141	\$405,673,365	81.7	\$90,779,776	18.3	\$692.06	100.0
SEX													
FEMALE	117,296	66.5	90,214	2,512,354	70.0	27.8	\$326,053,255	\$266,228,008	81.7	\$59,825,247	18.3	\$663.15	65.9
MALE	58,969	33.5	40,959	1,078,375	30.0	26.3	\$170,399,886	\$139,445,357	81.8	\$30,954,528	18.2	\$755.74	34.1
AGE													
65-69 YEARS	26,249	14.9	18,466	445,162	12.4	24.1	\$82,257,443	\$68,800,437	83.6	\$13,457,006	16.4	\$728.75	14.8
70-74 YEARS	33,755	19.2	24,701	649,782	18.1	26.3	\$108,311,167	\$89,901,171	83.0	\$18,409,997	17.0	\$745.31	20.3
75-79 YEARS	36,938	21.0	28,200	767,827	21.4	27.2	\$113,728,688	\$93,420,112	82.1	\$20,308,576	17.9	\$720.16	22.4
80-84 YEARS	34,318	19.5	26,347	746,982	20.8	28.4	\$98,398,772	\$80,119,558	81.4	\$18,279,215	18.6	\$693.79	20.1
85 YEARS OR OVER	45,005	25.5	33,459	980,976	27.3	29.3	\$93,757,070	\$73,432,088	78.3	\$20,324,982	21.7	\$607.46	22.4
RESIDENCE TYPE													
OWN	111,405	63.2	83,330	2,185,553	60.9	26.2	\$315,748,279	\$257,116,321	81.4	\$58,631,959	18.6	\$703.61	64.6
RENT	41,620	23.6	30,793	873,299	24.3	28.4	\$114,202,796	\$93,892,715	82.2	\$20,310,081	17.8	\$659.57	22.4
NURSING HOME/ PERS. CARE HOME	3,242	1.8	2,392	125,023	3.5	52.3	\$7,677,784	\$5,996,294	78.1	\$1,681,490	21.9	\$702.96	1.9
LIVE WITH RELATIVE	9,625	5.5	7,500	215,595	6.0	28.7	\$32,002,721	\$26,320,107	82.2	\$5,682,614	17.8	\$757.68	6.3
OTHER	5,347	3.0	4,101	119,613	3.3	29.2	\$16,575,518	\$13,551,750	81.8	\$3,023,768	18.2	\$737.32	3.3
MISSING	5,026	2.9	3,057	71,646	2.0	23.4	\$10,246,043	\$8,796,177	85.8	\$1,449,865	14.2	\$474.28	1.6
MARITAL STATUS													
SINGLE OR WIDOWED	96,838	54.9	72,663	2,069,740	57.6	28.5	\$266,754,474	\$217,066,778	81.4	\$49,687,696	18.6	\$683.81	54.7
MARRIED	58,379	33.1	43,269	1,108,811	30.9	25.6	\$170,487,375	\$140,014,641	82.1	\$30,472,733	17.9	\$704.26	33.6
DIVORCED	18,194	10.3	13,209	353,252	9.8	26.7	\$51,796,458	\$42,592,704	82.2	\$9,203,754	17.8	\$696.78	10.1
MARRIED, LIVING SEPARATELY	2,854	1.6	2,032	58,926	1.6	29.0	\$7,414,834	\$5,999,242	80.9	\$1,415,592	19.1	\$696.65	1.6
ETHNIC ORIGIN													
WHITE	139,416	79.1	105,659	2,992,284	83.3	28.3	\$400,293,935	\$325,547,357	81.3	\$74,746,578	18.7	\$707.43	82.3
AFRICAN-AMERICAN	10,991	6.2	7,432	163,070	4.5	21.9	\$25,210,152	\$21,065,374	83.6	\$4,144,778	16.4	\$557.69	4.6
AMERICAN INDIAN	218	0.1	146	3,957	0.1	27.1	\$502,841	\$395,170	78.6	\$107,671	21.4	\$737.47	0.1
HISPANIC	3,242	1.8	2,247	53,116	1.5	23.6	\$8,371,872	\$7,036,411	84.0	\$1,335,461	16.0	\$594.33	1.5
ASIAN	1,108	0.6	739	12,922	0.4	17.5	\$2,913,916	\$2,454,745	84.2	\$459,171	15.8	\$621.34	0.5
OTHER	871	0.5	623	12,907	0.4	20.7	\$2,796,731	\$2,398,966	85.8	\$397,764	14.2	\$638.47	0.4
MISSING	20,419	11.6	14,327	352,473	9.8	24.6	\$56,363,695	\$46,775,342	83.0	\$9,588,353	17.0	\$669.25	10.6

**TABLE 4.2B
PACENET CARDHOLDER ENROLLMENT, PARTICIPATION, UTILIZATION, AND EXPENDITURES
BY DEMOGRAPHIC CHARACTERISTICS
JANUARY - DECEMBER 2019**

	TOTAL ENROLLED CARDHOLDERS	% OF ENROLLED	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 - \$17,500	43,343	24.6	31,894	904,445	25.2	28.4	\$110,820,969	\$91,525,401	82.6	\$19,295,569	17.4	\$604.99	21.3
\$17,501 - \$20,500	38,446	21.8	29,132	842,218	23.5	28.9	\$108,055,877	\$86,716,059	80.3	\$21,339,818	19.7	\$732.52	23.5
\$20,501 - \$23,500	25,499	14.5	19,235	553,578	15.4	28.8	\$77,350,503	\$62,775,616	81.2	\$14,574,886	18.8	\$757.73	16.1
\$23,501 - \$27,500	10,246	5.8	7,460	180,365	5.0	24.2	\$29,457,779	\$24,408,814	82.9	\$5,048,965	17.1	\$676.80	5.6
\$27,501 +	352	0.2	183	1,312	0.0	7.2	\$280,638	\$232,833	83.0	\$47,805	17.0	\$261.23	0.1
INCOME - MARRIED													
\$17,701 - \$22,500	12,813	7.3	9,314	240,951	6.7	25.9	\$32,132,546	\$26,809,465	83.4	\$5,323,081	16.6	\$571.51	5.9
\$22,501 - \$27,000	18,475	10.5	13,746	368,537	10.3	26.8	\$54,788,655	\$44,444,161	81.1	\$10,344,494	18.9	\$752.55	11.4
\$27,001 - \$31,500	18,626	10.6	14,189	373,142	10.4	26.3	\$59,901,473	\$49,257,946	82.2	\$10,643,527	17.8	\$750.13	11.7
\$31,501 - \$35,500	7,551	4.3	5,547	122,407	3.4	22.1	\$22,811,930	\$18,805,277	82.4	\$4,006,653	17.6	\$722.31	4.4
\$35,501 +	914	0.5	473	3,774	0.1	8.0	\$852,771	\$697,792	81.8	\$154,979	18.2	\$327.65	0.2

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.

THE HIGHEST INCOME CATEGORY INCLUDES CARDHOLDERS WHO HAVE REMAINED IN THE PROGRAM EVEN THOUGH THEIR INCOMES EXCEED INCOME ELIGIBILITY LIMITS DUE TO NOMINAL INCREASES IN THEIR SOCIAL SECURITY INCOME. THIS INCOME GROUP MAY ALSO INCLUDE CARDHOLDERS WHO EXCEED THE INCOME LIMITS AND LOSE ELIGIBILITY DURING THE YEAR.

**TABLE 4.3
OTHER PRESCRIPTION INSURANCE COVERAGE OF PACE AND PACENET ENROLLED CARDHOLDERS
JANUARY - DECEMBER 2019**

A. PACE	PACE ENROLLED CARDHOLDERS		PACE CLAIMS		PACE STATE SHARE EXPENDITURES	
	<u>NUMBER</u>	<u>% OF TOTAL</u>	<u>TOTAL CLAIMS</u>	<u>CLAIMS PER ENROLLED CARDHOLDER</u>	<u>TOTAL STATE SHARE EXPENDITURES</u>	<u>EXPENDITURES PER ENROLLED CARDHOLDER</u>
OTHER PRESCRIPTION COVERAGE IDENTIFIED	81,634	96.6	1,553,358	19.0	\$36,750,799	\$450.19
MEDICARE PART D COVERAGE	75,391	89.2	1,354,676	18.0	\$24,677,358	\$327.32
NON MEDICARE PART D COVERAGE	6,243	7.4	198,682	31.8	\$12,073,442	\$1,933.92
NO OTHER KNOWN PRESCRIPTION COVERAGE	2,851	3.4	16,312	5.7	\$946,025	\$331.82
TOTAL PACE ENROLLED	84,485	100.0	1,569,670	18.6	\$37,696,825	\$446.20
B. PACENET	PACENET ENROLLED CARDHOLDERS		PACENET CLAIMS		PACENET STATE SHARE EXPENDITURES	
	<u>NUMBER</u>	<u>% OF TOTAL</u>	<u>TOTAL CLAIMS</u>	<u>CLAIMS PER ENROLLED CARDHOLDER</u>	<u>TOTAL STATE SHARE EXPENDITURES</u>	<u>EXPENDITURES PER ENROLLED CARDHOLDER</u>
OTHER PRESCRIPTION COVERAGE IDENTIFIED	170,393	96.7	3,554,571	20.9	\$88,834,629	\$521.35
MEDICARE PART D COVERAGE	157,625	89.4	3,252,855	20.6	\$72,104,153	\$457.44
NON MEDICARE PART D COVERAGE	12,768	7.2	301,716	23.6	\$16,730,476	\$1,310.34
NO OTHER KNOWN PRESCRIPTION COVERAGE	5,872	3.3	36,158	6.2	\$1,945,147	\$331.26
TOTAL PACENET ENROLLED	176,265	100.0	3,590,729	20.4	\$90,779,776	\$515.02

SOURCE: PDA/CARDHOLDER FILE, CLAIMS HISTORY

NOTE: 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 RX 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 2019

	PACE	PACENET	TOTAL
ENROLLED CARDHOLDERS			
PART D, AUTO-ENROLLED	23,566	35,403	58,598
PART D, NOT AUTO-ENROLLED	51,825	122,222	171,451
NOT ENROLLED IN PART D	9,094	18,640	27,463
TOTAL PACE/PACENET ENROLLED	84,485	176,265	257,512
PARTICIPATING CARDHOLDERS			
PART D, AUTO-ENROLLED	18,651	29,931	48,305
PART D, NOT AUTO-ENROLLED	34,258	91,875	124,698
NOT ENROLLED IN PART D	5,084	9,367	14,307
TOTAL PARTICIPATING CARDHOLDERS	57,993	131,173	187,310
CLAIMS			
PART D, AUTO-ENROLLED	540,406	928,964	1,469,370
PART D, NOT AUTO-ENROLLED	814,270	2,323,891	3,138,161
NOT ENROLLED IN PART D	214,994	337,874	552,868
TOTAL CLAIMS	1,569,670	3,590,729	5,160,399
CLAIMS PER ENROLLEE			
PART D, AUTO-ENROLLED	22.93	26.24	25.08
PART D, NOT AUTO-ENROLLED	15.71	19.01	18.30
NOT ENROLLED IN PART D	23.64	18.13	20.13
ALL PACE/PACENET ENROLLED	18.58	20.37	20.04
STATE SHARE EXPENDITURES			
PART D, AUTO-ENROLLED	\$10,868,724	\$18,226,033	\$29,094,758
PART D, NOT AUTO-ENROLLED	\$13,808,633	\$53,878,120	\$67,686,753
NOT ENROLLED IN PART D	\$13,019,467	\$18,675,623	\$31,695,090
ALL PACE/PACENET ENROLLED	\$37,696,825	\$90,779,776	\$128,476,601
STATE SHARE PER CLAIM			
PART D, AUTO-ENROLLED	\$20.11	\$19.62	\$19.80
PART D, NOT AUTO-ENROLLED	\$16.96	\$23.18	\$21.57
NOT ENROLLED IN PART D	\$60.56	\$55.27	\$57.33
ALL PACE/PACENET ENROLLED	\$24.02	\$25.28	\$24.90
TOTAL CARDHOLDER EXPENDITURES			
PART D, AUTO-ENROLLED	\$2,878,579	\$11,773,717	\$14,652,296
PART D, NOT AUTO-ENROLLED	\$4,443,069	\$20,626,407	\$25,069,476
NOT ENROLLED IN PART D	\$1,331,537	\$4,016,575	\$5,348,111
ALL PACE/PACENET ENROLLED	\$8,653,184	\$36,416,699	\$45,069,883
CARDHOLDER SHARE PER CLAIM			
PART D, AUTO-ENROLLED	\$5.33	\$12.67	\$9.97
PART D, NOT AUTO-ENROLLED	\$5.46	\$8.88	\$7.99
NOT ENROLLED IN PART D	\$6.19	\$11.89	\$9.67
ALL PACE/PACENET ENROLLED	\$5.51	\$10.14	\$8.73
TPL SHARE			
PART D, AUTO-ENROLLED	\$43,595,260	\$81,987,221	\$125,582,481
PART D, NOT AUTO-ENROLLED	\$79,059,644	\$285,428,189	\$364,487,832
NOT ENROLLED IN PART D	\$797,238	\$1,841,257	\$2,638,495
ALL PACE/PACENET ENROLLED	\$123,452,141	\$369,256,666	\$492,708,807

TABLE 4.4
PART D CARDHOLDER ENROLLMENT, PARTICIPATION, AND EXPENDITURES
JANUARY - DECEMBER 2019

	PACE	PACENET	TOTAL
TPL SHARE PER CLAIM			
PART D, AUTO-ENROLLED	\$80.67	\$88.26	\$85.47
PART D, NOT AUTO-ENROLLED	\$97.09	\$122.82	\$116.15
NOT ENROLLED IN PART D	\$3.71	\$5.45	\$4.77
ALL PACE/PACENET ENROLLED	\$78.65	\$102.84	\$95.48
TOTAL EXPENDITURES (STATE, CARDHOLDER, TPL)			
PART D, AUTO-ENROLLED	\$57,342,563	\$111,986,972	\$169,329,534
PART D, NOT AUTO-ENROLLED	\$97,311,346	\$359,932,715	\$457,244,061
NOT ENROLLED IN PART D	\$15,148,241	\$24,533,454	\$39,681,696
ALL PACE/PACENET ENROLLED	\$169,802,150	\$496,453,141	\$666,255,291
PART D LIS STATUS AMONG PART D AUTO-ENROLLED			
FULL LIS	11,226	4,559	15,717
PARTIAL LIS	1,595	2,150	3,730
NO LIS	10,745	28,694	39,151
TOTAL AUTO-ENROLLED CARDHOLDERS	23,566	35,403	58,598
PART D LIS STATUS AMONG OTHER PART D ENROLLED			
FULL LIS	27,393	17,278	43,995
PARTIAL LIS	3,258	8,474	11,566
NO LIS	21,174	96,470	115,890
TOTAL AUTO-ENROLLED CARDHOLDERS	51,825	122,222	171,451

NOTE: AUTO-ENROLLED CARDHOLDERS INCLUDE INDIVIDUALS WHO WERE ENROLLED OR RE-ENROLLED BY PACE/PACENET INTO PART D PARTNER PLANS WITHIN THE TWO YEARS PRIOR TO JANUARY 2019, AND WHO HAD ACTIVE COVERAGE IN A PACE/PACENET PART D PARTNER PLAN DURING 2019. 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.

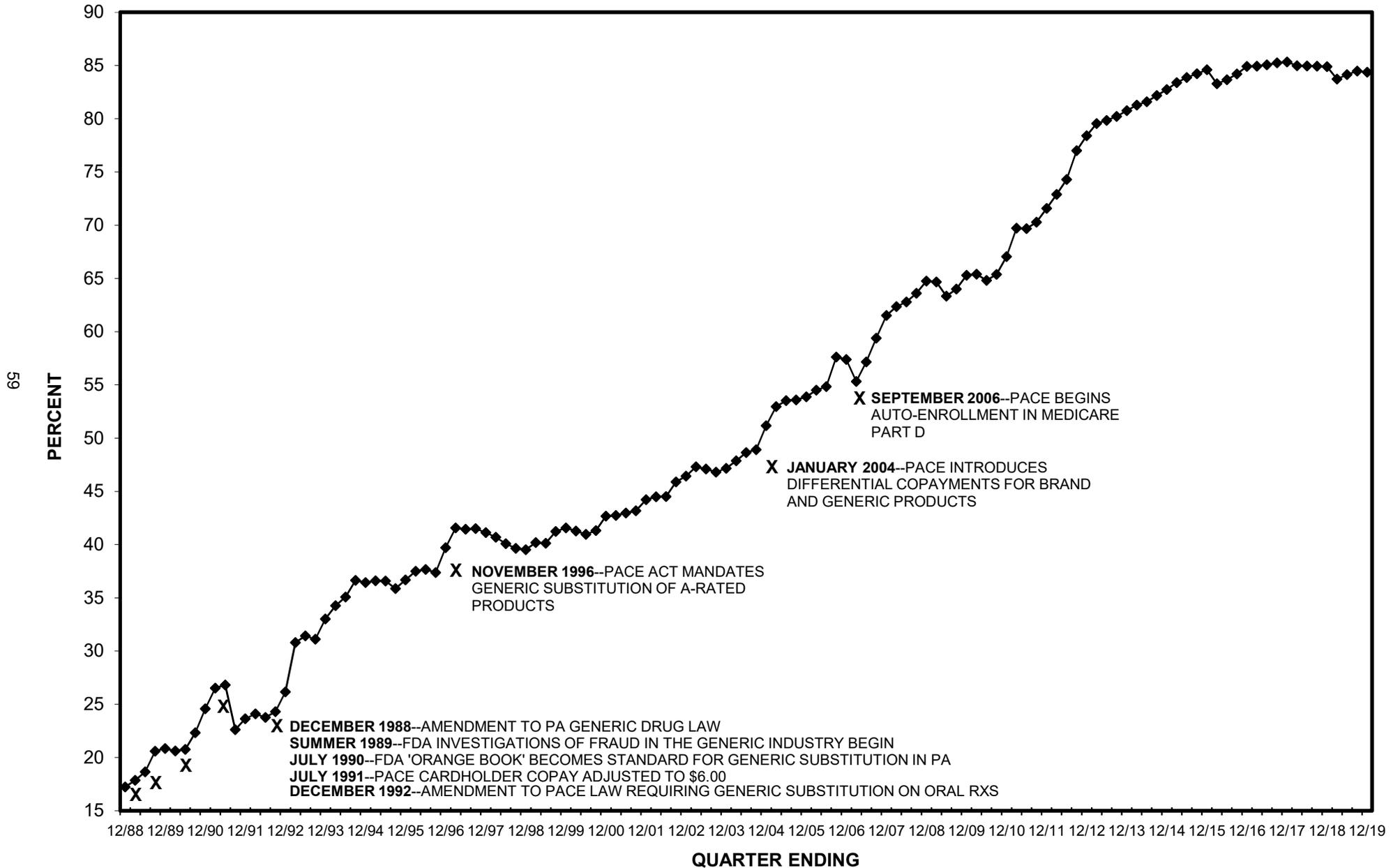
TABLE 4.5
ANNUAL DRUG EXPENDITURES FOR PACE/PACENET ENROLLED
BY TOTAL DRUG SPEND, PART D STATUS, AND LIS STATUS
JANUARY - DECEMBER 2019

<u>TOTAL DRUG SPEND CATEGORY</u>	<u>PART D AND LIS STATUS</u>	<u>TOTAL ENROLLED</u>	<u>TOTAL CLAIMS</u>	<u>TOTAL DRUG SPEND</u>	<u>TOTAL STATE SHARE</u>	<u>TOTAL CARDHOLDER SHARE</u>	<u>TOTAL TPL SHARE</u>
\$0	NO PART D	13,156	0	\$0	\$0	\$0	\$0
	PART D-LIS	26,050	0	\$0	\$0	\$0	\$0
	PART D-NO LIS	30,996	0	\$0	\$0	\$0	\$0
	TOTAL	70,202	0	\$0	\$0	\$0	\$0
\$0.01-\$415.00	NO PART D	5,436	62,604	\$830,187	\$226,688	\$567,684	\$35,815
	PART D-LIS	16,473	153,142	\$2,491,477	\$203,654	\$519,967	\$1,767,857
	PART D-NO LIS	40,195	418,372	\$6,353,727	\$1,268,423	\$3,444,366	\$1,640,939
	TOTAL	62,104	634,118	\$9,675,392	\$1,698,765	\$4,532,017	\$3,444,611
\$415.01-\$3,820.00	NO PART D	5,806	264,921	\$7,929,653	\$4,959,472	\$2,492,978	\$477,203
	PART D-LIS	19,659	516,803	\$31,194,623	\$2,974,889	\$2,176,575	\$26,043,159
	PART D-NO LIS	45,945	1,275,967	\$71,834,188	\$17,518,645	\$12,370,234	\$41,945,309
	TOTAL	71,410	2,057,691	\$110,958,465	\$25,453,006	\$17,039,787	\$68,465,672
> \$3,820.00	NO PART D	3,065	225,343	\$30,921,855	\$26,508,929	\$2,287,449	\$2,125,476
	PART D-LIS	12,826	540,781	\$102,706,922	\$9,822,312	\$2,950,956	\$89,933,655
	PART D-NO LIS	37,905	1,702,466	\$411,992,657	\$64,993,589	\$18,259,674	\$328,739,394
	TOTAL	53,796	2,468,590	\$545,621,434	\$101,324,830	\$23,498,079	\$420,798,525
\$3,820.01-\$7,653.75/\$8,139.54	NO PART D	2,018	132,558	\$11,481,289	\$9,367,989	\$1,345,870	\$767,430
	PART D-LIS	8,654	335,967	\$47,916,379	\$3,916,681	\$1,747,345	\$42,252,353
	PART D-NO LIS	23,394	913,945	\$132,226,191	\$26,317,591	\$9,984,270	\$95,924,331
	TOTAL	34,066	1,382,470	\$191,623,859	\$39,602,261	\$13,077,485	\$138,944,113
> \$7,653.75/\$8,139.54	NO PART D	1,047	92,785	\$19,440,566	\$17,140,940	\$941,579	\$1,358,047
	PART D-LIS	4,172	204,814	\$54,790,544	\$5,905,630	\$1,203,611	\$47,681,302
	PART D-NO LIS	14,511	788,521	\$279,766,466	\$38,675,999	\$8,275,404	\$232,815,063
	TOTAL	19,730	1,086,120	\$353,997,575	\$61,722,569	\$10,420,594	\$281,854,412
TOTAL	NO PART D	27,463	552,868	\$39,681,696	\$31,695,090	\$5,348,111	\$2,638,495
	PART D-LIS	75,008	1,210,726	\$136,393,023	\$13,000,854	\$5,647,497	\$117,744,671
	PART D-NO LIS	155,041	3,396,805	\$490,180,573	\$83,780,657	\$34,074,274	\$372,325,641
	TOTAL	257,512	5,160,399	\$666,255,291	\$128,476,601	\$45,069,883	\$492,708,807

SOURCE: PDA/CARDHOLDER FILE, CLAIMS HISTORY

NOTE: CATASTROPHIC THRESHOLD VARIES BY LIS STATUS: \$7,653.75 FOR LIS, \$8,139.54 FOR NON-LIS DURING 2019.

**FIGURE 4.1
PACE GENERIC UTILIZATION RATES BY QUARTER
DECEMBER 1988 - DECEMBER 2019**



SOURCE: PDA/MONTHLY COST CONTAINMENT REPORT. DATA INCLUDE PACE AND PACENET ORIGINAL, PAID CLAIMS BY DATE OF SERVICE.

SECTION 5

COUNTY DATA



TABLE 5.1
NUMBER AND PERCENT OF PACE AND PACENET CARDHOLDERS
AND NUMBER OF PROVIDERS BY COUNTY
JANUARY - DECEMBER 2019

COUNTY	NUMBER OF PACE ENROLLED CARDHOLDERS	NUMBER OF PACENET ENROLLED CARDHOLDERS	TOTAL NUMBER ENROLLED	% OF TOTAL	NUMBER OF PARTICIPATING CARDHOLDERS	NUMBER OF PROVIDERS	% URBAN POPULATION	PACE CLAIMS	PACENET CLAIMS	PACE STATE SHARE	PACENET STATE SHARE	TOTAL STATE SHARE
PENNSYLVANIA	84,485	176,265	257,512	100.0	187,310	3,009	78.7	1,569,670	3,590,729	\$37,696,825	\$90,779,776	\$128,476,601
ADAMS	689	1,368	2,040	0.8	1,500	15	46.3	13,181	28,667	\$229,890	\$590,118	\$820,008
ALLEGHENY	7,721	15,934	23,390	9.1	16,860	286	97.5	128,569	293,945	\$3,532,785	\$8,958,879	\$12,491,664
ARMSTRONG	535	1,349	1,861	0.7	1,375	14	32.5	10,266	28,196	\$209,418	\$797,592	\$1,007,010
BEAVER	1,095	3,223	4,271	1.7	3,132	43	74.2	18,314	57,749	\$422,284	\$2,020,541	\$2,442,825
BEDFORD	677	1,336	1,990	0.8	1,443	16	16.2	15,691	30,284	\$372,773	\$888,485	\$1,261,258
BERKS	2,030	4,928	6,903	2.7	4,936	77	76.3	33,943	96,258	\$651,578	\$2,304,387	\$2,955,965
BLAIR	1,378	2,848	4,176	1.6	2,976	38	76.6	28,409	62,643	\$742,566	\$1,742,506	\$2,485,072
BRADFORD	587	1,186	1,748	0.7	1,213	15	27.8	10,124	22,352	\$200,355	\$565,290	\$765,645
BUCKS	2,089	5,052	7,061	2.7	5,292	140	91.2	41,870	104,791	\$1,295,691	\$3,042,378	\$4,338,069
BUTLER	1,049	2,669	3,681	1.4	2,671	42	58.0	19,998	50,972	\$526,479	\$1,424,745	\$1,951,224
CAMBRIA	1,681	3,624	5,254	2.0	3,817	43	68.0	38,102	79,125	\$1,217,330	\$2,545,067	\$3,762,397
CAMERON	40	138	177	0.1	148	1	52.7	719	3,652	\$14,813	\$100,299	\$115,112
CARBON	677	1,428	2,082	0.8	1,581	12	52.8	14,605	33,564	\$235,299	\$694,332	\$929,631
CENTRE	607	1,445	2,031	0.8	1,541	29	67.8	12,144	33,338	\$162,578	\$562,705	\$725,282
CHESTER	1,725	3,116	4,785	1.9	3,383	98	86.7	29,812	60,465	\$767,851	\$1,643,526	\$2,411,376
CLARION	389	1,017	1,386	0.5	1,032	11	23.4	9,075	24,302	\$292,650	\$496,028	\$788,678
CLEARFIELD	812	2,131	2,900	1.1	2,147	16	46.2	15,566	47,195	\$279,586	\$1,172,555	\$1,452,141
CLINTON	374	962	1,323	0.5	1,025	7	54.3	8,433	25,038	\$115,661	\$488,147	\$603,809
COLUMBIA	777	1,714	2,449	1.0	1,883	15	59.2	15,981	39,763	\$251,399	\$758,435	\$1,009,834
CRAWFORD	760	1,888	2,614	1.0	1,853	23	36.3	12,910	32,401	\$412,965	\$956,001	\$1,368,965
CUMBERLAND	1,197	2,924	4,070	1.6	3,017	72	77.8	21,994	59,198	\$524,353	\$1,298,126	\$1,822,479
DAUPHIN	1,248	2,627	3,831	1.5	2,745	57	86.7	18,818	51,668	\$509,991	\$1,382,265	\$1,892,255
DELAWARE	2,588	4,659	7,151	2.8	5,127	138	99.5	43,010	85,260	\$1,330,816	\$2,496,757	\$3,827,573
ELK	218	699	901	0.3	672	10	44.3	4,430	15,944	\$92,118	\$405,597	\$497,715
ERIE	1,862	4,094	5,877	2.3	4,237	60	80.0	30,837	70,679	\$665,784	\$2,020,437	\$2,686,221
FAYETTE	1,579	3,417	4,933	1.9	3,660	37	52.1	35,199	75,073	\$1,335,746	\$2,397,146	\$3,732,892
FOREST	67	176	237	0.1	184	2	0.0	1,600	4,227	\$34,596	\$78,566	\$113,162
FRANKLIN	906	2,095	2,955	1.1	2,149	25	59.7	18,504	44,170	\$348,629	\$895,238	\$1,243,867
FULTON	164	327	486	0.2	333	3	0.0	3,950	6,775	\$70,450	\$138,330	\$208,780
GREENE	220	468	679	0.3	474	9	33.2	4,302	9,420	\$104,248	\$249,996	\$354,244

**TABLE 5.1
NUMBER AND PERCENT OF PACE AND PACENET CARDHOLDERS
AND NUMBER OF PROVIDERS BY COUNTY
JANUARY - DECEMBER 2019**

<u>COUNTY</u>	<u>NUMBER OF PACE ENROLLED CARDHOLDERS</u>	<u>NUMBER OF PACENET ENROLLED CARDHOLDERS</u>	<u>TOTAL NUMBER ENROLLED</u>	<u>% OF TOTAL</u>	<u>NUMBER OF PARTICIPATING CARDHOLDERS</u>	<u>NUMBER OF PROVIDERS</u>	<u>% URBAN POPULATION</u>	<u>PACE CLAIMS</u>	<u>PACENET CLAIMS</u>	<u>PACE STATE SHARE</u>	<u>PACENET STATE SHARE</u>	<u>TOTAL STATE SHARE</u>
HUNTINGDON	484	1,087	1,547	0.6	1,168	8	31.3	10,316	26,017	\$219,670	\$548,014	\$767,684
INDIANA	720	1,614	2,297	0.9	1,649	18	39.9	13,965	31,739	\$324,253	\$781,267	\$1,105,521
JEFFERSON	501	1,061	1,535	0.6	1,183	11	38.5	13,401	26,826	\$577,472	\$1,276,851	\$1,854,322
JUNIATA	265	624	875	0.3	706	4	17.8	7,823	18,999	\$100,192	\$333,040	\$433,232
LACKAWANNA	2,510	3,922	6,356	2.5	4,946	75	83.7	66,129	106,781	\$1,303,529	\$1,950,412	\$3,253,941
LANCASTER	2,376	6,006	8,280	3.2	6,009	110	78.7	45,668	125,215	\$813,154	\$2,647,098	\$3,460,252
LAWRENCE	867	2,234	3,069	1.2	2,278	24	59.7	15,124	43,479	\$359,803	\$1,372,869	\$1,732,672
LEBANON	824	2,014	2,807	1.1	1,940	24	73.4	12,709	35,336	\$245,192	\$736,089	\$981,282
LEHIGH	1,634	3,534	5,107	2.0	3,655	78	92.1	26,403	69,718	\$703,643	\$1,751,137	\$2,454,780
LUZERNE	3,783	6,266	9,915	3.9	7,647	87	80.0	91,803	164,975	\$1,700,698	\$3,156,846	\$4,857,545
LYCOMING	1,039	2,413	3,406	1.3	2,543	26	63.7	18,710	50,428	\$407,213	\$1,150,568	\$1,557,782
MCKEAN	352	766	1,104	0.4	800	10	36.5	6,956	16,636	\$135,132	\$295,165	\$430,297
MERCER	897	2,549	3,402	1.3	2,451	31	55.5	17,593	54,652	\$552,528	\$1,450,879	\$2,003,407
MIFFLIN	584	1,446	2,005	0.8	1,580	10	49.5	13,192	35,541	\$170,285	\$661,089	\$831,374
MONROE	973	1,981	2,903	1.1	2,046	36	61.7	15,403	36,141	\$373,124	\$820,944	\$1,194,069
MONTGOMERY	2,907	6,110	8,915	3.5	6,441	207	97.1	51,262	114,931	\$1,270,612	\$2,878,681	\$4,149,293
MONTOUR	136	305	434	0.2	305	7	46.2	2,748	6,172	\$34,979	\$118,022	\$153,001
NORTHAMPTON	1,792	4,133	5,867	2.3	4,338	71	87.2	30,400	82,558	\$688,360	\$2,067,165	\$2,755,525
NORTHUMBERLAND	1,296	2,480	3,727	1.4	2,898	23	65.1	29,125	60,290	\$522,267	\$1,268,792	\$1,791,059
PERRY	360	782	1,126	0.4	862	7	11.5	7,235	17,185	\$136,373	\$409,660	\$546,033
PHILADELPHIA	11,315	15,966	26,888	10.4	17,997	445	100.0	162,725	273,834	\$4,242,395	\$6,701,522	\$10,943,917
PIKE	340	721	1,047	0.4	697	7	29.2	5,624	11,593	\$127,877	\$260,201	\$388,078
POTTER	173	424	587	0.2	407	4	0.0	3,683	8,639	\$56,394	\$149,667	\$206,061
SCHUYLKILL	1,901	3,516	5,348	2.1	4,052	33	63.5	40,134	80,257	\$700,509	\$1,555,992	\$2,256,500
SNYDER	297	884	1,170	0.5	928	6	33.2	7,253	21,163	\$132,291	\$414,972	\$547,263
SOMERSET	1,091	2,340	3,384	1.3	2,582	16	29.2	24,066	55,979	\$896,686	\$1,743,343	\$2,640,029
SULLIVAN	74	160	234	0.1	171	1	0.0	1,238	3,422	\$27,552	\$68,104	\$95,656
SUSQUEHANNA	377	648	1,016	0.4	705	8	16.0	6,769	13,394	\$94,225	\$282,533	\$376,758
TIOGA	418	877	1,279	0.5	950	9	9.9	7,984	16,906	\$218,192	\$442,529	\$660,721
UNION	318	774	1,080	0.4	852	9	57.2	7,244	19,114	\$124,192	\$478,709	\$602,901

**TABLE 5.1
 NUMBER AND PERCENT OF PACE AND PACENET CARDHOLDERS
 AND NUMBER OF PROVIDERS BY COUNTY
 JANUARY - DECEMBER 2019**

<u>COUNTY</u>	<u>NUMBER OF PACE ENROLLED CARDHOLDERS</u>	<u>NUMBER OF PACENET ENROLLED CARDHOLDERS</u>	<u>TOTAL NUMBER ENROLLED</u>	<u>% OF TOTAL</u>	<u>NUMBER OF PARTICIPATING CARDHOLDERS</u>	<u>NUMBER OF PROVIDERS</u>	<u>% URBAN POPULATION</u>	<u>PACE CLAIMS</u>	<u>PACENET CLAIMS</u>	<u>PACE STATE SHARE</u>	<u>PACENET STATE SHARE</u>	<u>TOTAL STATE SHARE</u>
VENANGO	443	1,142	1,585	0.6	1,126	11	45.2	8,648	24,045	\$380,129	\$631,411	\$1,011,540
WARREN	254	738	992	0.4	652	10	45.0	4,027	14,271	\$83,394	\$355,943	\$439,337
WASHINGTON	1,318	3,313	4,631	1.8	3,350	45	69.2	24,555	65,044	\$682,045	\$1,728,385	\$2,410,430
WAYNE	506	998	1,504	0.6	1,088	11	11.9	11,181	22,296	\$174,381	\$407,239	\$581,620
WESTMORELAND	3,070	7,024	10,094	3.9	7,386	84	74.6	54,812	132,408	\$1,411,316	\$3,855,963	\$5,267,279
WYOMING	250	534	784	0.3	567	7	16.5	5,125	11,437	\$86,310	\$255,121	\$341,431
YORK	2,299	6,037	8,336	3.2	5,949	82	75.3	38,281	116,194	\$669,774	\$2,659,079	\$3,328,854

SOURCE: PDA/CARDHOLDER FILE; CLAIMS HISTORY

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

TOTAL NUMBER ENROLLED IS AN UNDUPLICATED COUNT OF CARDHOLDERS, SOME OF WHOM MAY HAVE BEEN ENROLLED IN BOTH PROGRAMS DURING THE YEAR.
 THE PROVIDER TOTALS SHOWN EXCLUDE 22 OUT-OF-STATE MAIL ORDER PROVIDERS THAT SUBMITTED CLAIMS IN 2019.

SECTION 6

PROVIDER

DATA



**TABLE 6.1
PACE CLAIMS BY PRODUCT AND PROVIDER TYPE
JANUARY - DECEMBER 2019**

PROVIDER TYPE	PROVIDERS		BRAND SINGLE-SOURCE		BRAND MULTI-SOURCE		GENERIC		TOTAL CLAIMS	
	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%
INDEPENDENT PHARMACIES	981	33.2	56,246	10.6	18,531	3.5	455,304	85.9	530,081	100.0
DISPENSING PHYSICIANS	22	0.7	148	63.0	62	26.4	25	10.6	235	100.0
INSTITUTIONAL PHARMACIES	27	0.9	364	10.0	210	5.8	3,057	84.2	3,631	100.0
CHAIN PHARMACIES	1,770	59.9	102,403	11.6	33,574	3.8	748,066	84.6	884,043	100.0
NURSING HOME PHARMACIES	122	4.1	12,577	8.5	3,565	2.4	132,564	89.2	148,706	100.0
MAIL ORDER PHARMACIES	29	1.0	2,096	14.4	677	4.6	11,807	81.0	14,580	100.0
HOME INFUSION PHARMACIES	4	0.1	1	9.1	0	0.0	10	90.9	11	100.0
TOTAL	2,955	100.0	173,835	11.0	56,619	3.6	1,350,833	85.4	1,581,287	100.0

SOURCE: PDA/PS-0-100, CLAIMS HISTORY

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

**TABLE 6.2
PACE EXPENDITURES AND AVERAGE STATE SHARE BY PRODUCT AND PROVIDER TYPE
JANUARY - DECEMBER 2019**

PROVIDER TYPE	BRAND SINGLE-SOURCE			BRAND MULTI-SOURCE			GENERIC			TOTAL, ALL PRODUCTS		
	<u>EXPENDITURES</u>	<u>%</u>	<u>AVERAGE STATE SHARE</u>									
INDEPENDENT PHARMACIES	\$7,998,662	60.8	\$142.21	\$1,967,902	15.0	\$106.20	\$3,195,569	24.3	\$7.02	\$13,162,133	100.0	\$24.83
DISPENSING PHYSICIANS	\$225,673	94.1	\$1,524.82	\$12,627	5.3	\$203.66	\$1,590	0.7	\$63.58	\$239,890	100.0	\$1,020.81
INSTITUTIONAL PHARMACIES	\$158,095	80.7	\$434.33	\$21,009	10.7	\$100.04	\$16,720	8.5	\$5.47	\$195,823	100.0	\$53.93
CHAIN PHARMACIES	\$12,842,715	60.6	\$125.41	\$3,301,048	15.6	\$98.32	\$5,034,434	23.8	\$6.73	\$21,178,197	100.0	\$23.96
NURSING HOME PHARMACIES	\$1,265,575	57.2	\$100.63	\$291,828	13.2	\$81.86	\$656,656	29.7	\$4.95	\$2,214,059	100.0	\$14.89
MAIL ORDER PHARMACIES	\$842,065	87.9	\$401.75	\$54,637	5.7	\$80.71	\$61,599	6.4	\$5.22	\$958,301	100.0	\$65.73
HOME INFUSION PHARMACIES	\$1,011	54.5	\$1,010.78	\$0	0.0	\$0.00	\$846	45.5	\$84.55	\$1,856	100.0	\$168.76
TOTAL	\$23,333,796	61.5	\$134.23	\$5,649,051	14.9	\$99.77	\$8,967,411	23.6	\$6.64	\$37,950,258	\$100.0	\$24.00

SOURCE: PDA/PS-0-100, CLAIMS HISTORY

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

**TABLE 6.3
PACENET CLAIMS AND EXPENDITURES BY PROVIDER TYPE
JANUARY - DECEMBER 2019**

PROVIDER TYPE	PROVIDERS		CLAIMS				EXPENDITURES				
	ENROLLED	PARTICIPATING	DEDUCTIBLE CLAIMS	COPAID CLAIMS	TOTAL CLAIMS	% OF CLAIMS	CARDHOLDER EXPENDITURES	OTHER PAYER EXPENDITURES	STATE SHARE EXPENDITURES	TOTAL EXPENDITURES	% OF TOTAL EXPENDITURES
INDEPENDENT PHARMACIES	1,118	1,012	170,193	950,091	1,120,284	31.1	\$10,494,456	\$114,158,839	\$29,108,412	\$153,761,707	31.2
DISPENSING PHYSICIANS	121	38	12	982	994	0.0	\$16,300	\$4,679,130	\$727,059	\$5,422,490	1.1
INSTITUTIONAL PHARMACIES	29	27	1,254	5,491	6,745	0.2	\$56,788	\$2,013,237	\$338,783	\$2,408,808	0.5
CHAIN PHARMACIES	1,797	1,772	325,111	1,824,073	2,149,184	59.7	\$22,939,947	\$204,088,179	\$53,533,546	\$280,561,672	56.9
NURSING HOME PHARMACIES	128	124	36,111	226,425	262,536	7.3	\$2,011,673	\$11,152,333	\$3,449,056	\$16,613,061	3.4
MAIL ORDER PHARMACIES	43	30	6,026	55,108	61,134	1.7	\$900,415	\$29,753,149	\$3,974,441	\$34,628,004	7.0
HOME INFUSION PHARMACIES	6	4	5	60	65	0.0	\$1,051	\$33,377	\$6,229	\$40,657	0.0
TOTAL (ALL PROVIDERS)	3,242	3,007	538,712	3,062,230	3,600,942	100.0	\$36,420,630	\$365,878,243	\$91,137,526	\$493,436,399	100.0

SOURCE: PDA/CLAIMS HISTORY

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

IN 2019, THE MONTHLY PACENET DEDUCTIBLE WAS CHANGED TO \$37.03 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.

**TABLE 6.4
PACENET CLAIMS BY PRODUCT AND PROVIDER TYPE
JANUARY - DECEMBER 2019**

PROVIDER TYPE	PROVIDERS		BRAND SINGLE-SOURCE		BRAND MULTI-SOURCE		GENERIC		TOTAL CLAIMS	
	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%
INDEPENDENT PHARMACIES	1,012	33.7	133,510	11.9	38,165	3.4	948,609	84.7	1,120,284	100.0
DISPENSING PHYSICIANS	38	1.3	625	62.9	124	12.5	245	24.7	994	100.0
INSTITUTIONAL PHARMACIES	27	0.9	866	12.8	341	5.1	5,538	82.1	6,745	100.0
CHAIN PHARMACIES	1,772	58.9	286,713	13.3	88,165	4.1	1,774,306	82.6	2,149,184	100.0
NURSING HOME PHARMACIES	124	4.1	22,325	8.5	5,997	2.3	234,214	89.2	262,536	100.0
MAIL ORDER PHARMACIES	30	1.0	8,426	13.8	2,665	4.4	50,043	81.9	61,134	100.0
HOME INFUSION PHARMACIES	4	0.1	0	0.0	11	16.9	54	83.1	65	100.0
TOTAL	3,007	100.0	452,465	12.6	135,468	3.8	3,013,009	83.7	3,600,942	100.0

SOURCE: PDA/PS-0-100, CLAIMS HISTORY

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

**TABLE 6.5
PACENET EXPENDITURES AND AVERAGE STATE SHARE BY PRODUCT AND PROVIDER TYPE
JANUARY - DECEMBER 2019**

PROVIDER TYPE	BRAND SINGLE-SOURCE			BRAND MULTI-SOURCE			GENERIC			TOTAL, ALL PRODUCTS		
	<u>EXPENDITURES</u>	<u>%</u>	<u>AVERAGE STATE SHARE</u>									
INDEPENDENT PHARMACIES	\$18,832,093	64.7	\$141.05	\$3,940,147	13.5	\$103.24	\$6,336,172	21.8	\$6.68	\$29,108,412	100.0	\$25.98
DISPENSING PHYSICIANS	\$629,256	86.5	\$1,006.81	\$30,113	4.1	\$242.85	\$67,691	9.3	\$276.29	\$727,059	100.0	\$731.45
INSTITUTIONAL PHARMACIES	\$249,298	73.6	\$287.87	\$37,428	11.0	\$109.76	\$52,057	15.4	\$9.40	\$338,783	100.0	\$50.23
CHAIN PHARMACIES	\$34,002,881	63.5	\$118.60	\$8,336,655	15.6	\$94.56	\$11,194,009	20.9	\$6.31	\$53,533,546	100.0	\$24.91
NURSING HOME PHARMACIES	\$1,970,587	57.1	\$88.27	\$424,557	12.3	\$70.79	\$1,053,911	30.6	\$4.50	\$3,449,056	100.0	\$13.14
MAIL ORDER PHARMACIES	\$3,064,413	77.1	\$363.69	\$506,318	12.7	\$189.99	\$403,710	10.2	\$8.07	\$3,974,441	100.0	\$65.01
HOME INFUSION PHARMACIES	\$0	0.0	\$0.00	\$2,846	45.7	\$258.68	\$3,384	54.3	\$62.66	\$6,229	100.0	\$95.83
TOTAL	\$58,748,528	64.5	\$129.84	\$13,278,064	14.6	\$98.02	\$19,110,934	21.0	\$6.34	\$91,137,526	\$100.0	\$25.31

SOURCE: PDA/PS-0-100, CLAIMS HISTORY

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

SECTION 7

THERAPEUTIC CLASS DATA AND OPIOID UTILIZATION DATA



SECTION 7 PART A

GENERAL THERAPEUTIC CLASS DATA

TABLE 7.1A
NUMBER AND PERCENT OF PACE CLAIMS, STATE SHARE EXPENDITURES, AND CARDHOLDERS WITH CLAIMS
BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2019

<u>THERAPEUTIC CLASS</u>	<u>TOTAL CLAIMS</u>	<u>% OF TOTAL</u>	<u>TOTAL EXPENDITURES</u>	<u>% OF TOTAL</u>	<u>CARD-HOLDERS WITH ANY CLAIMS</u>	<u>% OF PARTICIPATING CARDHOLDERS</u>	<u>ANNUAL COST (PERSONS WITH CLAIMS IN CLASS)</u>	<u>ANNUAL COST (ALL ENROLLED)</u>
ANTI-INFECTIVE AGENTS	61,100	3.9	\$793,519	2.1	24,161	41.7	32.8	\$9.39
QUINOLONES	7,176	0.5	\$11,574	0.0	5,151	8.9	2.3	\$0.14
CEPHALOSPORINS	10,303	0.7	\$40,695	0.1	7,095	12.2	5.7	\$0.48
ANTINEOPLASTIC AGENTS	8,182	0.5	\$2,792,788	7.4	1,784	3.1	\$1,565.46	\$33.06
AUTONOMIC DRUGS	77,007	4.9	\$2,873,176	7.6	16,477	28.4	\$174.37	\$34.01
ANTICHOLINERGICS	22,717	1.4	\$2,127,772	5.6	5,172	8.9	\$411.40	\$25.19
ADRENERGIC AGENTS	21,829	1.4	\$467,376	1.2	7,834	13.5	\$59.66	\$5.53
BLOOD FORMATION & COAGULATION AGENTS	79,163	5.0	\$4,856,743	12.9	13,611	23.5	\$356.82	\$57.49
CARDIOVASCULAR DRUGS	441,516	28.1	\$3,702,214	9.8	42,126	72.6	\$87.88	\$43.82
CARDIAC DRUGS	288,403	18.4	\$2,181,665	5.8	36,454	62.9	\$59.85	\$25.82
ANGIOTENSIN RECEPTOR BLOCKERS	46,106	2.9	\$536,076	1.4	9,721	16.8	\$55.15	\$6.35
ACE INHIBITORS	48,613	3.1	\$119,363	0.3	10,963	18.9	\$10.89	\$1.41
CARDIAC GLYCOSIDES	6,215	0.4	\$46,302	0.1	1,214	2.1	\$38.14	\$0.55
ANTIARRHYTHMIC AGENTS	7,310	0.5	\$282,088	0.7	1,601	2.8	\$176.19	\$3.34
BETA BLOCKERS	105,013	6.7	\$661,749	1.8	20,855	36.0	\$31.73	\$7.83
CALCIUM CHANNEL BLOCKERS	73,284	4.7	\$382,537	1.0	14,917	25.7	\$25.64	\$4.53
LIPID-LOWERING AGENTS	122,025	7.8	\$1,073,339	2.8	25,296	43.6	\$42.43	\$12.70
HYPOTENSIVE AGENTS	13,357	0.9	\$74,455	0.2	2,763	4.8	\$26.95	\$0.88
VASODILATING AGENTS	17,665	1.1	\$363,964	1.0	4,158	7.2	\$87.53	\$4.31
ANALGESICS/ANTIPYRETICS	66,051	4.2	\$733,976	1.9	15,856	27.3	\$46.29	\$8.69
NSAIDS	24,099	1.5	\$286,776	0.8	7,651	13.2	\$37.48	\$3.39
COX-2 INHIBITORS	6,383	0.4	\$55,585	0.1	1,569	2.7	\$35.43	\$0.66
OPIATE AGONISTS	40,944	2.6	\$328,673	0.9	10,562	18.2	\$31.12	\$3.89
OPIATE PARTIAL AGONISTS	644	0.0	\$98,555	0.3	131	0.2	\$752.33	\$1.17
PSYCHOTHERAPEUTIC AGENTS	96,945	6.2	\$775,059	2.1	15,150	26.1	\$51.16	\$9.17
ANTIDEPRESSANTS	83,516	5.3	\$460,103	1.2	14,281	24.6	\$32.22	\$5.45
SSRI ANTIDEPRESSANTS	41,903	2.7	\$120,082	0.3	8,472	14.6	\$14.17	\$1.42
ANTIPSYCHOTICS	13,429	0.9	\$314,957	0.8	2,214	3.8	\$142.26	\$3.73
ANXIOLYTICS/SEDATIVES/HYPNOTICS	45,530	2.9	\$189,863	0.5	9,231	15.9	\$20.57	\$2.25
BENZODIAZEPINES	33,304	2.1	\$84,270	0.2	7,024	12.1	\$12.00	\$1.00
MISCELLANEOUS ANX/SED/HYPNOTICS	11,374	0.7	\$95,453	0.3	2,774	4.8	\$34.41	\$1.13

**TABLE 7.1A
NUMBER AND PERCENT OF PACE CLAIMS, STATE SHARE EXPENDITURES, AND CARDHOLDERS WITH CLAIMS
BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2019**

<u>THERAPEUTIC CLASS</u>	<u>TOTAL CLAIMS</u>	<u>% OF TOTAL</u>	<u>TOTAL EXPENDITURES</u>	<u>% OF TOTAL</u>	<u>CARD-HOLDERS WITH ANY CLAIMS</u>	<u>% OF PARTICIPATING CARDHOLDERS</u>	<u>ANNUAL COST (PERSONS WITH CLAIMS IN CLASS)</u>	<u>ANNUAL COST (ALL ENROLLED)</u>
REPLACEMENT PREPARATIONS	26,920	1.7	\$187,896	0.5	6,006	10.4	\$31.28	\$2.22
DIURETICS	81,331	5.2	\$401,853	1.1	16,815	29.0	\$23.90	\$4.76
LOOP DIURETICS	46,468	3.0	\$112,464	0.3	10,518	18.1	\$10.69	\$1.33
POTASSIUM-SPARING DIURETICS	9,802	0.6	\$25,948	0.1	2,294	4.0	\$11.31	\$0.31
THIAZIDE DIURETICS	19,272	1.2	\$48,325	0.1	5,078	8.8	\$9.52	\$0.57
RESPIRATORY TRACT AGENTS	43,431	2.8	\$2,529,213	6.7	10,200	17.6	\$247.96	\$29.94
EYE, EAR, NOSE AND THROAT PREPARATIONS	62,756	4.0	\$2,349,540	6.2	14,449	24.9	\$162.61	\$27.81
GASTROINTESTINAL AGENTS	103,487	6.6	\$1,608,226	4.3	20,856	36.0	\$77.11	\$19.04
H2-RECEPTOR ANTAGONISTS	14,654	0.9	\$34,352	0.1	3,936	6.8	\$8.73	\$0.41
PROTON PUMP INHIBITORS	69,147	4.4	\$711,002	1.9	14,874	25.6	\$47.80	\$8.42
OTHER MISCELL. ANTI-ULCER AGENTS	2,624	0.2	\$119,834	0.3	868	1.5	\$138.06	\$1.42
HORMONES AND SYNTHETIC SUBSTANCES	184,462	11.8	\$8,025,933	21.3	27,352	47.2	\$293.43	\$95.00
ADRENALS AND COMB.	18,332	1.2	\$95,848	0.3	8,532	14.7	\$11.23	\$1.13
ESTROGENS AND COMB.	3,237	0.2	\$337,622	0.9	1,066	1.8	\$316.72	\$4.00
ANTIDIABETIC AGENTS	91,920	5.9	\$7,020,386	18.6	11,839	20.4	\$592.99	\$83.10
THYROID AND ANTITHYROID AGENTS	69,285	4.4	\$363,106	1.0	12,230	21.1	\$29.69	\$4.30
SMOOTH MUSCLE RELAXANTS	21,825	1.4	\$1,292,261	3.4	4,183	7.2	\$308.93	\$15.30
THEOPHYLLINE AND RELATED DRUGS	442	0.0	\$10,593	0.0	99	0.2	\$107.00	\$0.13
DRUGS FOR OSTEOPOROSIS	12,771	0.8	\$533,707	1.4	3,134	5.4	\$170.30	\$6.32
ALL OTHER DRUGS	157,193	10.0	\$4,050,859	10.7	27,407	47.3	\$147.80	\$47.95
ALL CLASSES COMBINED	1,569,670	100.0	\$37,696,825	100.0	57,993	100.0	\$650.02	\$446.20

SOURCE: PDA/CLAIMS HISTORY AND DRUG FILES

NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE, EXCLUDE PACENET CLAIMS.

THE AVERAGE ANNUAL NUMBER OF UNIQUE THERAPEUTIC CLASSES USED BY CARDHOLDERS WITH ONE OR MORE CLAIMS IN 2019 WAS 4.6 (BASED ON BROAD THERAPEUTIC CATEGORY).

THE ANNUAL COST PER ENROLLEE IS BASED ON TOTAL CARDHOLDERS ENROLLED IN PACE FOR ANY PORTION OF CALENDAR YEAR 2019 (N=84,485).

**TABLE 7.1B
NUMBER AND PERCENT OF PACENET CLAIMS, STATE SHARE EXPENDITURES, AND CARDHOLDERS WITH CLAIMS
BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2019**

<u>THERAPEUTIC CLASS</u>	<u>TOTAL CLAIMS</u>	<u>% OF TOTAL</u>	<u>STATE SHARE EXPENDITURES</u>	<u>% OF TOTAL</u>	<u>CARD-HOLDERS WITH ANY CLAIMS</u>	<u>% OF PARTICIPATING CARDHOLDERS</u>	<u>ANNUAL COST (PERSONS WITH CLAIMS IN CLASS)</u>	<u>ANNUAL COST (ALL ENROLLED)</u>
ANTI-INFECTIVE AGENTS	153,756	4.3	\$2,288,936	2.5	58,361	44.5	\$39.22	\$12.99
QUINOLONES	17,587	0.5	\$27,220	0.0	12,319	9.4	\$2.21	\$0.15
CEPHALOSPORINS	25,567	0.7	\$97,629	0.1	17,397	13.3	\$5.61	\$0.55
ANTINEOPLASTIC AGENTS	22,290	0.6	\$7,198,214	7.9	4,668	3.6	\$1,542.03	\$40.84
AUTONOMIC DRUGS	195,226	5.4	\$6,563,501	7.2	40,798	31.1	\$160.88	\$37.24
ANTICHOLINERGICS	59,162	1.6	\$4,817,841	5.3	12,736	9.7	\$378.29	\$27.33
ADRENERGIC AGENTS	52,791	1.5	\$1,106,547	1.2	19,049	14.5	\$58.09	\$6.28
BLOOD FORMATION & COAGULATION AGENTS	192,404	5.4	\$11,604,921	12.8	33,950	25.9	\$341.82	\$65.84
CARDIOVASCULAR DRUGS	952,439	26.5	\$7,006,675	7.7	94,987	72.4	\$73.76	\$39.75
CARDIAC DRUGS	610,341	17.0	\$3,910,712	4.3	81,645	62.2	\$47.90	\$22.19
ANGIOTENSIN RECEPTOR BLOCKERS	95,473	2.7	\$952,610	1.0	21,616	16.5	\$44.07	\$5.40
ACE INHIBITORS	105,738	2.9	\$139,863	0.2	25,857	19.7	\$5.41	\$0.79
CARDIAC GLYCOSIDES	13,161	0.4	\$69,854	0.1	2,750	2.1	\$25.40	\$0.40
ANTIARRHYTHMIC AGENTS	18,734	0.5	\$670,162	0.7	4,202	3.2	\$159.49	\$3.80
BETA BLOCKERS	223,425	6.2	\$974,941	1.1	47,090	35.9	\$20.70	\$5.53
CALCIUM CHANNEL BLOCKERS	147,893	4.1	\$557,507	0.6	32,158	24.5	\$17.34	\$3.16
LIPID-LOWERING AGENTS	268,599	7.5	\$2,202,696	2.4	58,699	44.7	\$37.53	\$12.50
HYPOTENSIVE AGENTS	33,952	0.9	\$143,552	0.2	6,977	5.3	\$20.57	\$0.81
VASODILATING AGENTS	39,400	1.1	\$730,959	0.8	10,395	7.9	\$70.32	\$4.15
ANALGESICS/ANTIPYRETICS	146,829	4.1	\$1,701,458	1.9	36,265	27.6	\$46.92	\$9.65
NSAIDS	49,841	1.4	\$512,243	0.6	16,715	12.7	\$30.65	\$2.91
COX-2 INHIBITORS	12,737	0.4	\$142,935	0.2	3,453	2.6	\$41.39	\$0.81
OPIATE AGONISTS	94,109	2.6	\$899,961	1.0	25,026	19.1	\$35.96	\$5.11
OPIATE PARTIAL AGONISTS	1,942	0.1	\$257,464	0.3	359	0.3	\$717.17	\$1.46
PSYCHOTHERAPEUTIC AGENTS	223,522	6.2	\$1,474,752	1.6	35,904	27.4	\$41.07	\$8.37
ANTIDEPRESSANTS	196,525	5.5	\$1,024,492	1.1	34,292	26.1	\$29.88	\$5.81
SSRI ANTIDEPRESSANTS	95,191	2.7	\$225,409	0.2	20,048	15.3	\$11.24	\$1.28
ANTIPSYCHOTICS	26,997	0.8	\$450,260	0.5	4,557	3.5	\$98.81	\$2.55
ANXIOLYTICS/SEDATIVES/HYPNOTICS	94,252	2.6	\$327,831	0.4	20,293	15.5	\$16.15	\$1.86
BENZODIAZEPINES	68,044	1.9	\$143,349	0.2	15,343	11.7	\$9.34	\$0.81
MISCELLANEOUS ANX/SED/HYPNOTICS	24,759	0.7	\$166,897	0.2	6,233	4.8	\$26.78	\$0.95

**TABLE 7.1B
NUMBER AND PERCENT OF PACENET CLAIMS, STATE SHARE EXPENDITURES, AND CARDHOLDERS WITH CLAIMS
BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2019**

<u>THERAPEUTIC CLASS</u>	<u>TOTAL CLAIMS</u>	<u>% OF TOTAL</u>	<u>STATE SHARE EXPENDITURES</u>	<u>% OF TOTAL</u>	<u>CARD-HOLDERS WITH ANY CLAIMS</u>	<u>% OF PARTICIPATING CARDHOLDERS</u>	<u>ANNUAL COST (PERSONS WITH CLAIMS IN CLASS)</u>	<u>ANNUAL COST (ALL ENROLLED)</u>
REPLACEMENT PREPARATIONS	56,249	1.6	\$324,643	0.4	13,388	10.2	\$24.25	\$1.84
DIURETICS	178,544	5.0	\$836,065	0.9	38,442	29.3	\$21.75	\$4.74
LOOP DIURETICS	103,130	2.9	\$237,044	0.3	24,408	18.6	\$9.71	\$1.34
POTASSIUM-SPARING DIURETICS	21,979	0.6	\$42,150	0.0	5,602	4.3	\$7.52	\$0.24
THIAZIDE DIURETICS	40,891	1.1	\$65,792	0.1	11,634	8.9	\$5.66	\$0.37
RESPIRATORY TRACT AGENTS	108,747	3.0	\$6,605,371	7.3	24,560	18.7	\$268.95	\$37.47
EYE, EAR, NOSE AND THROAT PREPARATIONS	132,121	3.7	\$4,224,325	4.7	32,526	24.8	\$129.88	\$23.97
GASTROINTESTINAL AGENTS	225,778	6.3	\$3,411,157	3.8	47,440	36.2	\$71.90	\$19.35
H2-RECEPTOR ANTAGONISTS	30,408	0.8	\$42,433	0.0	8,656	6.6	\$4.90	\$0.24
PROTON PUMP INHIBITORS	149,466	4.2	\$1,281,697	1.4	33,915	25.9	\$37.79	\$7.27
OTHER MISCELL. ANTI-ULCER AGENTS	5,968	0.2	\$253,804	0.3	2,075	1.6	\$122.32	\$1.44
HORMONES AND SYNTHETIC SUBSTANCES	456,878	12.7	\$22,744,532	25.1	65,326	49.8	\$348.17	\$129.04
ADRENALS AND COMB.	48,549	1.4	\$269,039	0.3	22,056	16.8	\$12.20	\$1.53
ESTROGENS AND COMB.	6,708	0.2	\$573,248	0.6	2,393	1.8	\$239.55	\$3.25
ANTIDIABETIC AGENTS	259,748	7.2	\$20,916,897	23.0	31,038	23.7	\$673.91	\$118.67
THYROID AND ANTITHYROID AGENTS	136,977	3.8	\$356,682	0.4	26,363	20.1	\$13.53	\$2.02
SMOOTH MUSCLE RELAXANTS	49,620	1.4	\$2,626,232	2.9	9,582	7.3	\$274.08	\$14.90
THEOPHYLLINE AND RELATED DRUGS	1,585	0.0	\$38,291	0.0	310	0.2	\$123.52	\$0.22
DRUGS FOR OSTEOPOROSIS	24,408	0.7	\$1,191,586	1.3	6,290	4.8	\$189.44	\$6.76
ALL OTHER DRUGS	377,666	10.5	\$10,649,578	11.7	65,246	49.7	\$163.22	\$60.42
ALL CLASSES COMBINED	3,590,729	100.0	\$90,779,776	100.0	131,173	100.0	\$692.06	\$515.02

SOURCE: PDA/CLAIMS HISTORY AND DRUG FILES

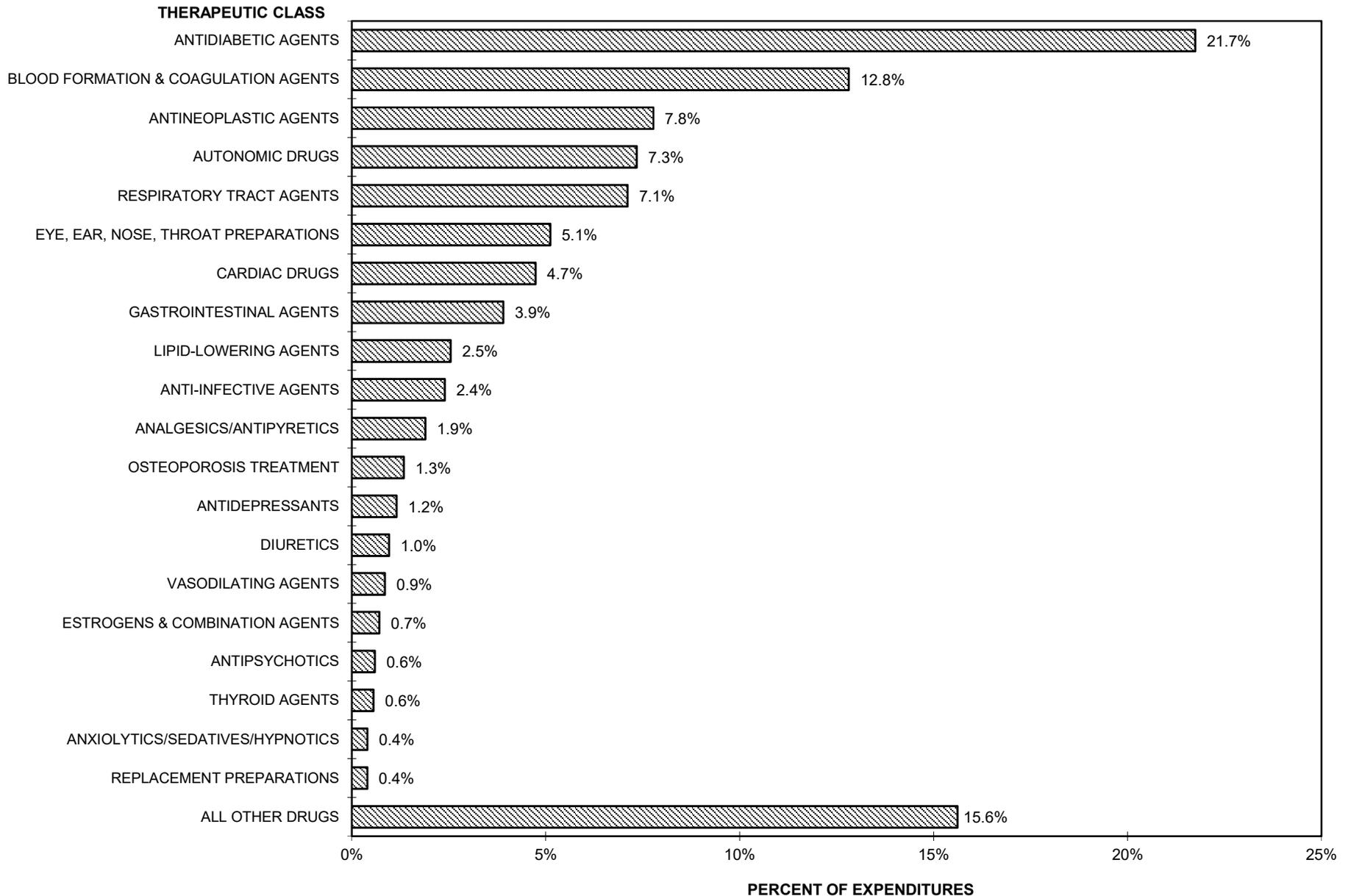
NOTE: DATA INCLUDE ORIGINAL, PAID PACENET CLAIMS BY DATE OF SERVICE.

TOTAL CLAIMS INCLUDE DEDUCTIBLE CLAIMS AND COPAID CLAIMS.

THE AVERAGE ANNUAL NUMBER OF UNIQUE THERAPEUTIC CLASSES USED BY CARDHOLDERS WITH ONE OR MORE CLAIMS IN 2019 WAS 4.8 (BASED ON BROAD THERAPEUTIC CATEGORY).

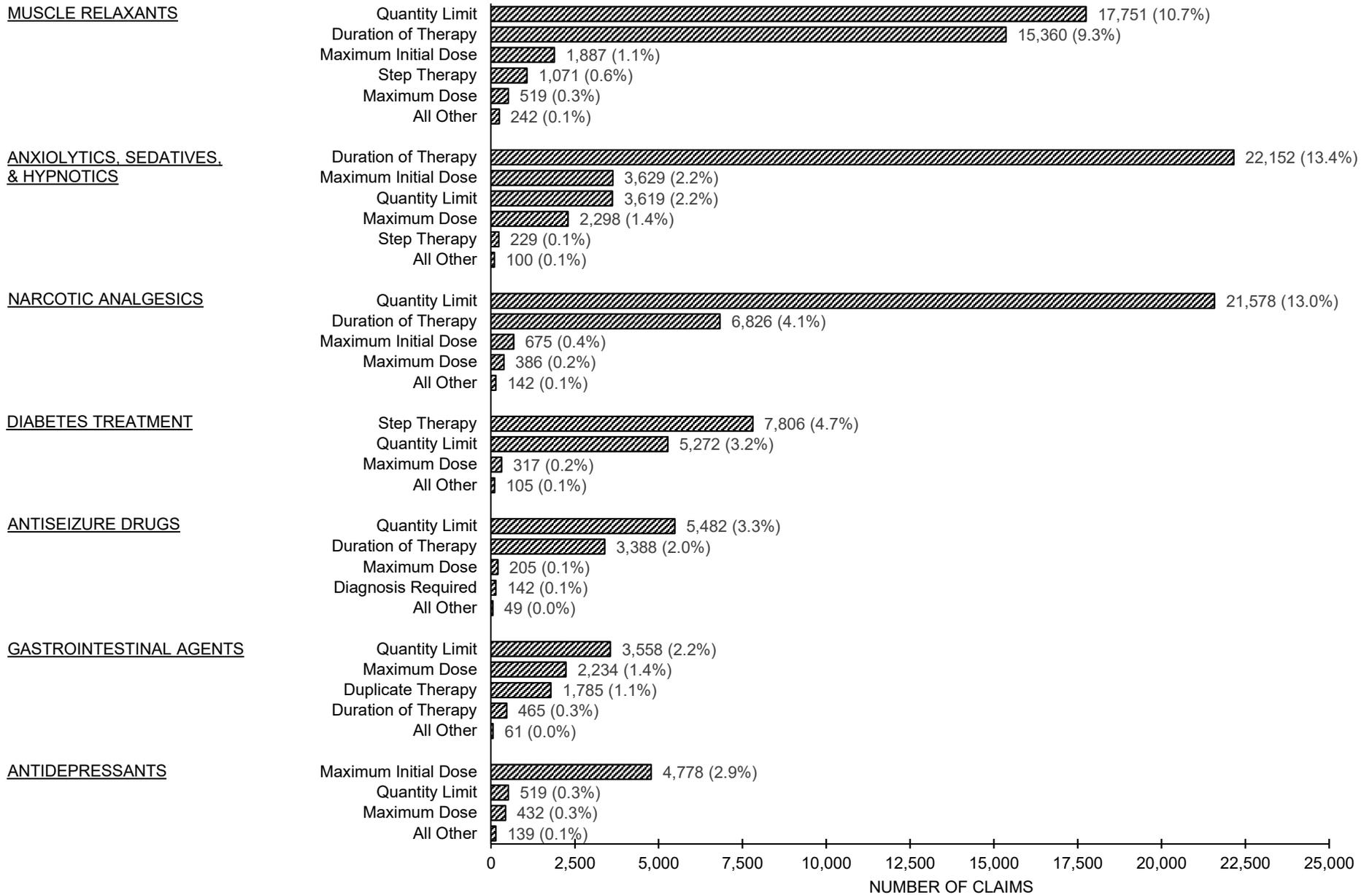
THE ANNUAL COST PER ENROLLEE IS BASED ON TOTAL CARDHOLDERS ENROLLED IN PACENET FOR ANY PORTION OF CALENDAR YEAR 2019 (N=176,265).

FIGURE 7.1
PERCENT OF PACE AND PACENET STATE SHARE EXPENDITURES BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2019
(TOTAL EXPENDITURES = \$128,476,601)



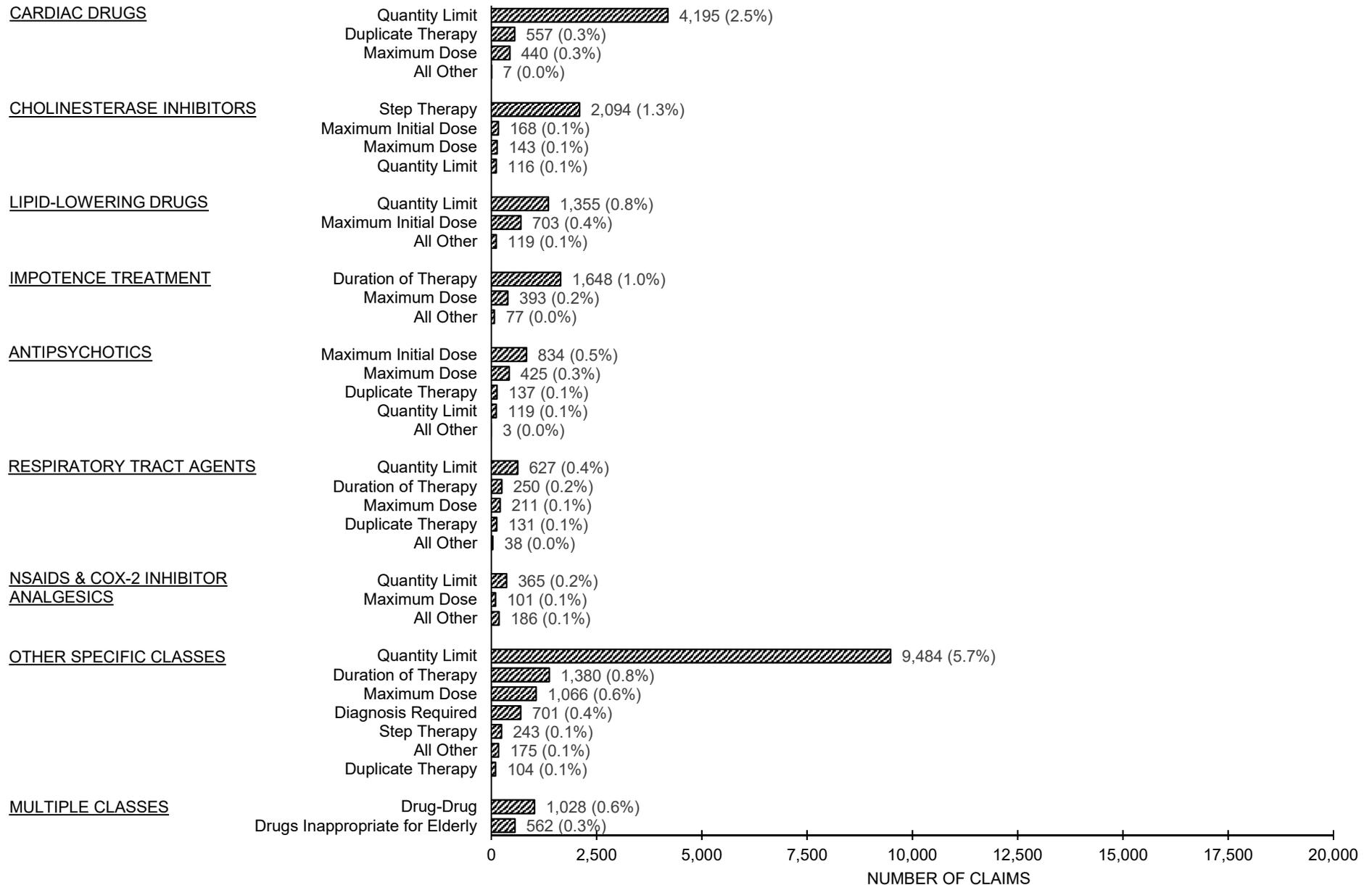
SOURCE: PDA/CLAIMS HISTORY AND DRUG FILES
 NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE.

FIGURE 7.2
NUMBER AND PERCENT OF PACE AND PACENET CLAIMS WITH A PROSPECTIVE REVIEW MESSAGE BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2019
N=165,386



SOURCE: PDA/CLAIMS HISTORY
 NOTE: BASED ON A TOTAL OF 5,160,399 APPROVED AND 230,154 DENIED CLAIMS. DATA INCLUDE CLAIMS BY DATE OF SERVICE WITH MULTIPLE SUBMISSIONS OF SAME CLAIM ON SAME DAY DELETED.

FIGURE 7.2 (CONTINUED)
NUMBER AND PERCENT OF PACE AND PACENET CLAIMS WITH A PROSPECTIVE REVIEW MESSAGE BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2019
N=165,386



SOURCE: PDA/CLAIMS HISTORY

NOTE: BASED ON A TOTAL OF 5,160,399 APPROVED AND 230,154 DENIED CLAIMS. DATA INCLUDE CLAIMS BY DATE OF SERVICE WITH MULTIPLE SUBMISSIONS OF SAME CLAIM ON SAME DAY DELETED.

SECTION 7 PART B

OPIOID UTILIZATION DATA

OPIOID UTILIZATION

A primary operational responsibility of the PACE Program is to protect enrollees from adverse drug events by providing reimbursement for safe and effective medications. PACE has an active program of quality improvement which includes both retrospective and concurrent drug utilization review of opioid prescriptions and prescriber education for pain management. The program screens prescriptions using defined clinical criteria related to dosage, therapeutic duplication, and duration of use. Outreach interventions to prescribers focus on the clinical rationale for treatment to ensure that therapies reimbursed by PACE are safe and appropriate for the enrollee's diagnosed conditions. Cases of suspected overuse that are not substantiated by clinical information from the prescriber are denied for reimbursement.

Table 7.2 shows utilization by several measures. In 2019, 14% of all enrollees had at least one claim for an opioid. Many of these enrollees (75%) had prescription claims covering less than 90 days of therapy. About 6% of chronic opioid users (those whose use exceeded 90 days) also had antineoplastic claims, indicating treatment for cancer.

Retrospective Drug Utilization Review of Prescription Drug History

A clinical team reviews opioid therapies prescribed to cardholders for clinical appropriateness and optimization of therapy. In addition to the PACE claim history, access to data from the Pennsylvania Prescription Drug Monitoring Program (PDMP) provides critical information about prescriptions obtained through sources other than PACE. This retrospective review may prompt actions by the reviewers, such as:

- letters to prescribers when the morphine milligram equivalent (MME) dose exceeds 120;
- requesting from the prescriber a diagnosis appropriate for opioid therapy and the etiology of pain;
- receiving patient/prescriber opioid use agreements and pain consult results; and
- referrals to the High Dose Opioid (HDO) Program, an outreach and telehealth education program for cardholders using opioid medications at high doses (MME>120). The HDO Program is conducted by the University of Pennsylvania's Behavioral Health Laboratory on behalf of PACE. Using a collaborative care model, the program provides cardholders and their prescribers with support for opioid therapy optimization and dosage tapering.

PACE grants long term medical exceptions for cardholders with cancer related pain, in hospice care, and for end of life care. Table 7.3 provides opioid use by county. Figure 7.3 provides an overview of HDO Program referrals and results during the program's initial pilot period of May-October 2018. Additional information about the HDO Program is provided in Section 1 and Appendix A.

Concurrent Drug Utilization Review at the Point of Sale

PACE's concurrent drug utilization review system screens incoming opioid prescriptions to help ensure that opioids are used appropriately. The concurrent review criteria address maximum daily dose limits, duration of therapy, duplicate therapy, and inappropriate drug combinations. The edits restrict inappropriate concurrent use of opioids, benzodiazepines, sedative hypnotics, and skeletal muscle relaxants. A 30-day supply limit is the maximum reimbursable amount for all claims in these classes. For cardholders newly starting an opioid, the limit for each prescription is the lesser of 5 days or a quantity of 30, with a maximum morphine milligram equivalent of 50 mg per day, and two fills of the prescription within 60 days. Exceptions include cancer pain, in hospice care, or receiving end of life care.

Prescriber Education

In 2017, the PACE Academic Detailing program expanded the geographical territory of existing outreach educators to visit more prescribers and provide interactive, evidence-based training on managing pain without the overuse of opioids. The expansion, funded through the 21st Century Cures Act, occurred in counties where regular educational visits had existed as well as in selected counties that were not currently part of the outreach. Practitioners receiving an invitation for a face-to-face visit are PACE prescribers who reside in target counties designated as high to moderate risk counties by the Pennsylvania Department of Health. Visits continued in 2018 and 2019 with two pain management modules—chronic pain and acute pain (Appendix A).

**TABLE 7.2
PACE/PACENET OPIOID UTILIZATION
JANUARY - DECEMBER 2019**

<u>POPULATION OR MEASURE</u>	<u>NUMBER OF PERSONS</u>	<u>PERCENT</u>	<u>DENOMINATOR FOR %</u>
TOTAL CARDHOLDERS ENROLLED IN PACE/PACENET	257,512	100.0	OF TOTAL ENROLLED
TOTAL CARDHOLDERS PRESCRIBED AN OPIOID	36,357	14.1	OF TOTAL ENROLLED
ACUTE OPIOID USE (DURATION OF USE = 90 DAYS OR LESS)	27,318	75.1 10.6	OF OPIOID USERS OF TOTAL ENROLLED
CHRONIC OPIOID USE (DURATION OF USE = 91+ DAYS)	9,039	24.9 3.5	OF OPIOID USERS OF TOTAL ENROLLED
CHRONIC OPIOID USERS' ANTINEOPLASTIC USE			
NO ANTINEOPLASTIC CLAIMS	8,491	93.9	OF CHRONIC OPIOID USERS
ANY ANTINEOPLASTIC CLAIM	548	6.1	OF CHRONIC OPIOID USERS
CHRONIC OPIOID USERS' ANNUAL CUMULATIVE MME>120 STATUS BASED ON ALL EPISODES OF OPIOID USE			
ANNUAL CUMULATIVE MME AT OR BELOW 120	8,591	95.0	OF CHRONIC OPIOID USERS
ANNUAL CUMULATIVE MME ABOVE 120	448	5.0	OF CHRONIC OPIOID USERS
CHRONIC OPIOID USERS' ANNUAL CUMULATIVE MME>90 STATUS BASED ON ALL EPISODES OF OPIOID USE			
ANNUAL CUMULATIVE MME AT OR BELOW 90	8,299	91.8	OF CHRONIC OPIOID USERS
ANNUAL CUMULATIVE MME ABOVE 90	740	8.2	OF CHRONIC OPIOID USERS
CHRONIC OPIOID USERS' ANNUAL CUMULATIVE MME>120 STATUS FOR 90+ CONSECUTIVE DAYS OF OPIOID USE			
CUMULATIVE MME>120 FOR LESS THAN A 90-DAY PERIOD	8,895	98.4	OF CHRONIC OPIOID USERS
CUMULATIVE MME>120 FOR A 90-DAY PERIOD OR LONGER	144	1.6	OF CHRONIC OPIOID USERS

SOURCE: PDA/CLAIMS HISTORY AND DRUG FILES

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

MME CATEGORIES ARE BASED ON CUMULATIVE DAILY MORPHINE MILLIGRAM EQUIVALENT DOSE EXPOSURE ACROSS ALL PERIODS OF OPIOID USE IN 2019.

BUPRENORPHINE PRESCRIPTIONS ARE EXCLUDED FROM OPIOID COUNTS AND MME CALCULATIONS.

**TABLE 7.3
PACE/PACENET CARDHOLDERS OPIOID UTILIZATION BY COUNTY
JANUARY - DECEMBER 2019**

<u>COUNTY NAME</u>	<u>TOTAL PACE/PACENET ENROLLED</u>	<u>OPIOID USERS</u>		<u>USERS WITH MME>90</u>		<u>USERS WITH MME>120</u>	
		<u>NO.</u>	<u>% OF ENROLLED</u>	<u>NO.</u>	<u>% OF OPIOID USERS</u>	<u>NO.</u>	<u>% OF OPIOID USERS</u>
ADAMS	2,040	269	13.2	11	4.1	*	*
ALLEGHENY	23,390	3,526	15.1	83	2.4	44	1.2
ARMSTRONG	1,861	274	14.7	11	4.0	*	*
BEAVER	4,271	668	15.6	19	2.8	*	*
BEDFORD	1,990	249	12.5	*	*	*	*
BERKS	6,903	911	13.2	27	3.0	15	1.6
BLAIR	4,176	660	15.8	37	5.6	18	2.7
BRADFORD	1,748	205	11.7	*	*	*	*
BUCKS	7,061	1,003	14.2	55	5.5	31	3.1
BUTLER	3,681	575	15.6	10	1.7	*	*
CAMBRIA	5,254	768	14.6	34	4.4	14	1.8
CAMERON	177	28	15.8	*	*	*	*
CARBON	2,082	346	16.6	13	3.8	*	*
CENTRE	2,031	317	15.6	13	4.1	*	*
CHESTER	4,785	666	13.9	28	4.2	19	2.9
CLARION	1,386	227	16.4	*	*	*	*
CLEARFIELD	2,900	435	15.0	13	3.0	*	*
CLINTON	1,323	229	17.3	*	*	*	*
COLUMBIA	2,449	400	16.3	*	*	*	*
CRAWFORD	2,614	372	14.2	24	6.5	19	5.1
CUMBERLAND	4,070	622	15.3	16	2.6	*	*
DAUPHIN	3,831	512	13.4	16	3.1	*	*
DELAWARE	7,151	946	13.2	27	2.9	18	1.9
ELK	901	154	17.1	*	*	*	*
ERIE	5,877	923	15.7	23	2.5	*	*
FAYETTE	4,933	787	16.0	19	2.4	10	1.3
FOREST	237	48	20.3	*	*	*	*
FRANKLIN	2,955	406	13.7	19	4.7	*	*
FULTON	486	56	11.5	*	*	*	*
GREENE	679	95	14.0	*	*	*	*
HUNTINGDON	1,547	211	13.6	*	*	*	*
INDIANA	2,297	314	13.7	10	3.2	*	*
JEFFERSON	1,535	221	14.4	13	5.9	10	4.5
JUNIATA	875	170	19.4	*	*	*	*
LACKAWANNA	6,356	1,102	17.3	14	1.3	11	1.0
LANCASTER	8,280	1,181	14.3	55	4.7	20	1.7
LAWRENCE	3,069	471	15.3	12	2.5	*	*
LEBANON	2,807	328	11.7	17	5.2	*	*

**TABLE 7.3
PACE/PACENET CARDHOLDERS OPIOID UTILIZATION BY COUNTY
JANUARY - DECEMBER 2019**

<u>COUNTY NAME</u>	<u>TOTAL PACE/PACENET ENROLLED</u>	<u>OPIOID USERS</u>		<u>USERS WITH MME>90</u>		<u>USERS WITH MME>120</u>	
		<u>NO.</u>	<u>% OF ENROLLED</u>	<u>NO.</u>	<u>% OF OPIOID USERS</u>	<u>NO.</u>	<u>% OF OPIOID USERS</u>
LEHIGH	5,107	662	13.0	24	3.6	12	1.8
LUZERNE	9,915	1,502	15.1	40	2.7	26	1.7
LYCOMING	3,406	571	16.8	17	3.0	*	*
MCKEAN	1,104	173	15.7	*	*	*	*
MERCER	3,402	512	15.0	*	*	*	*
MIFFLIN	2,005	313	15.6	10	3.2	*	*
MONROE	2,903	446	15.4	11	2.5	*	*
MONTGOMERY	8,915	1,186	13.3	43	3.6	22	1.9
MONTOUR	434	56	12.9	*	*	*	*
NORTHAMPTON	5,867	785	13.4	14	1.8	*	*
NORTHUMBERLAND	3,727	609	16.3	21	3.4	12	2.0
PERRY	1,126	157	13.9	*	*	*	*
PHILADELPHIA	26,888	2,682	10.0	77	2.9	48	1.8
PIKE	1,047	120	11.5	*	*	*	*
POTTER	587	88	15.0	*	*	*	*
SCHUYLKILL	5,348	745	13.9	12	1.6	*	*
SNYDER	1,170	206	17.6	*	*	*	*
SOMERSET	3,384	502	14.8	10	2.0	*	*
SULLIVAN	234	30	12.8	*	*	*	*
SUSQUEHANNA	1,016	132	13.0	*	*	*	*
TIOGA	1,279	154	12.0	*	*	*	*
UNION	1,080	183	16.9	*	*	*	*
VENANGO	1,558	201	12.9	*	*	*	*
WARREN	984	136	13.8	*	*	*	*
WASHINGTON	4,570	667	14.6	21	3.1	16	2.4
WAYNE	1,481	205	13.8	12	5.9	*	*
WESTMORELAND	9,972	1,494	15.0	38	2.5	20	1.3
WYOMING	770	108	14.0	*	*	*	*
YORK	8,225	1,057	12.9	44	4.2	24	2.3
TOTAL	257,512	36,357	14.1	1,112	3.1	613	1.7

SOURCE: PDA/CARDHOLDER FILE, CLAIMS HISTORY AND DRUG FILES

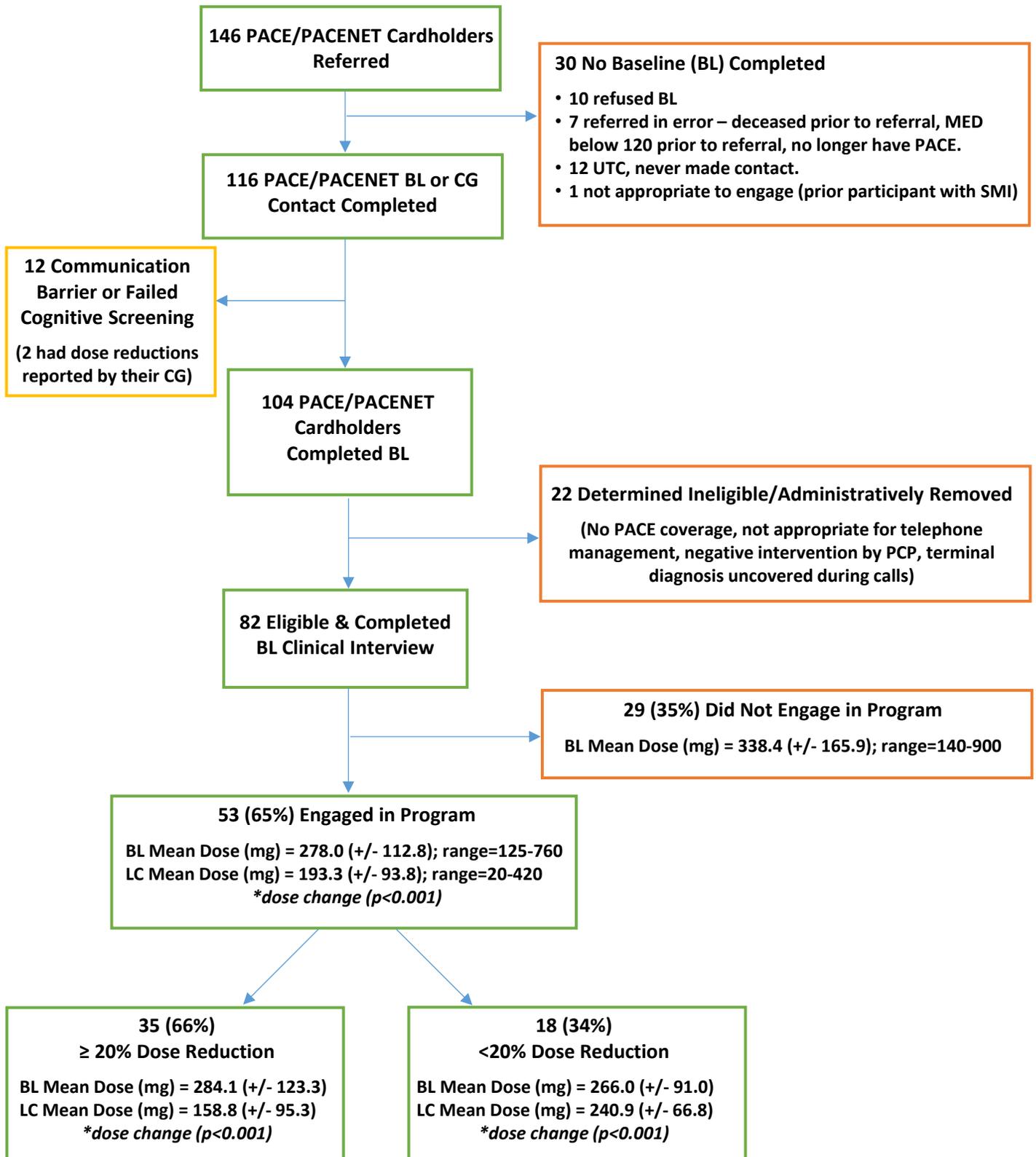
NOTE: TOTAL NUMBER ENROLLED IS AN UNDUPLICATED COUNT OF CARDHOLDERS, SOME OF WHOM MAY HAVE BEEN ENROLLED IN BOTH PROGRAMS DURING THE YEAR.

OPIOID USERS INCLUDE ACUTE USERS (90 OR FEWER DAYS OF USE IN 2019) AND CHRONIC USERS (MORE THAN 90 DAYS OF USE IN 2019).

MME CATEGORIES ARE BASED ON CUMULATIVE DAILY MORPHINE MILLIGRAM EQUIVALENT DOSE EXPOSURE ACROSS ALL PERIODS OF OPIOID USE IN 2019.

* COUNTS BELOW 10, ALONG WITH THEIR CORRESPONDING PERCENTAGES, HAVE BEEN SUPPRESSED.

**FIGURE 7.3
HIGH DOSE OPIOID PILOT PROGRAM INTERVENTIONS
MAY - OCTOBER 2018**



Abbreviations: BL = baseline; CG = caregiver; LC = last contact; MED = morphine equivalent dose; PCP = primary care prescriber; SMI = serious mental illness; UTC = unable to contact.

SECTION 8

PENNSYLVANIA
PATIENT
ASSISTANCE
CLEARINGHOUSE



THE CLEARINGHOUSE

The Clearinghouse provides the expertise necessary to determine the likelihood of enrollment for persons of all ages who are seeking assistance from manufacturers' medication programs. The Clearinghouse has evolved since its beginning in 1999 and, as a result, it now accepts applications from individual patients, physician offices, social workers, and other agencies. The staff gather the patient information required to complete applications and offer guidance and assistance to the patient throughout the application and reapplication processes. Most major pharmaceutical manufacturers offer limited prescription assistance to persons who are not eligible for other forms of drug coverage and who cannot afford the cost of their medications.

The manufacturer 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 250% of federal poverty level guidelines, but many manufacturers will consider circumstances of hardship that fall outside their usual guidelines. Household income is just one of many criteria used to determine eligibility for medication. Manufacturers require a wide range of information on company-specific forms which further complicate the application and review process. A substantial amount of coordination needs to occur between Clearinghouse coordinators, 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 coverage gap. The requirements for the Medicare Part D coverage gap programs differ from the base programs offered by the manufacturers.

Settlements litigated by the Pennsylvania Attorney General's office and provided to PACE allow The Clearinghouse to help with specific medications for patients who are not eligible for the manufacturers' 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 2019, The Clearinghouse successfully enrolled 158 additional patients into these settlement programs.

Despite the inherent difficulties of completing the application, the lengthy wait for approval from the manufacturer, and the strictly limited amount of medication granted with each approval, the coordinators responded to inquiries from 73,225 patients after twenty-one years of operation. In 2019, 14,215 persons received medication assistance through The Clearinghouse. Staff successfully enrolled persons into the PACE/PACENET Program (6,390), or other insurance (423). Among the 14,215 persons receiving assistance through The Clearinghouse, a total of 48,101 medications were obtained.

The Clearinghouse connects persons with other social services resources, initiates any new Programs that are the result of Attorney General Lawsuit settlements, and assists Part D-enrolled cardholders with obtaining the Low-Income Subsidy (LIS) benefit.

In 2014, The Clearinghouse expanded its scope to assist inmates who were paroled (reentrants) from a State Correctional Institution. This project is a combined effort between the Dept. of Aging and the Dept. of Corrections. The effort helps willing individuals with obtaining medications, transportation services, Supplemental Nutrition Assistance Program (SNAP), Low-Income Home Energy Assistance Program (LIHEAP), Medical Assistance, enrollment into other state and federally funded programs, and other life sustaining benefits. In 2019, The Clearinghouse contacted 5,790 parolees. Of these parolees, 64 were enrolled in one of the Attorney General pharmaceutical settlement programs, 129 in PACE, 184 in SNAP benefits, and 63 in LIS. In addition to the initiatives listed above, Clearinghouse coordinators aided these individuals with finding furniture, physicians, housing, food, and grants to assist with utility bills, as well as many other social service needs. Recidivism rates among reentrants receiving assistance from The Clearinghouse are under three percent.

APPENDIX A

PACE/PACENET Survey on Health and Well-Being 2019 Report

The PACE Application Center 2019 Report

University of Pennsylvania and PACE/PACENET Behavioral Health Lab Program 2019 Report

The PACE Academic Detailing Program 2019 Report

PACE/PACENET Survey on Health and Well-Being 2019 Report

Overview

Since 2006 PACE/PACENET has conducted an ongoing survey of enrolled cardholders to obtain information about their health status and needs. **The PACE/PACENET Survey on Health and Well-Being** is administered in two modes -- as an optional component of the PACE/PACENET enrollment application, and as a repeated mail survey offered annually to continuing enrollees. Both modes utilize a brief two-page survey instrument addressing a number of health topics. This report summarizes results obtained through the annual mail survey component during the 2018-19 survey year.

For the 2018-19 survey year, topics covered in the survey included self-reported health and health-related quality of life, educational attainment, transportation access, and satisfaction with the coverage and services provided by PACE/PACENET. The survey was mailed to PACE/PACENET enrolled cardholders on a rolling monthly basis between May 2018 and April 2019.

Out of 210,590 surveys mailed to cardholders actively enrolled in PACE/PACENET, a total of 94,867 completed surveys had been returned to PACE as of December 31, 2019, yielding a response rate of 45.0%.

Survey Sample Representativeness

The table below compares characteristics of the PACE/PACENET population base (all enrolled cardholders who were mailed surveys) and survey respondents.

**CHARACTERISTICS OF ALL PACE/PACENET SURVEY RECIPIENTS
AND SURVEY RESPONDENTS**

CHARACTERISTIC	ALL SURVEY RECIPIENTS (N=210,590)	SURVEY RESPONDENTS (N=94,867)
Program		
PACE	34.0%	32.4%
PACENET	66.0%	67.6%
Age		
65-74	28.4%	25.9%
75-84	41.9%	44.5%
85+	29.6%	29.6%
Mean age (years)	79.9	80.1
Sex		
Female	70.2%	72.1%
Male	29.8%	27.9%
Residence Type		
Community-dwelling	94.5%	96.2%
Long-term care setting	5.5%	3.8%

**CHARACTERISTICS OF ALL PACE/PACENET SURVEY RECIPIENTS
AND SURVEY RESPONDENTS (CONTINUED)**

CHARACTERISTIC	ALL SURVEY RECIPIENTS (N=210,590)	SURVEY RESPONDENTS (N=94,867)
Race		
White	80.6%	85.9%
Black	7.1%	5.3%
Other Reported Race	1.6%	1.1%
Race Not Reported	10.7%	7.7%
Prescription Claims in Prior 6 Months		
None	24.2%	15.6%
1-10	31.1%	34.3%
11-20	21.1%	24.3%
>20	23.5%	25.8%
Mean number of claims	13.0	14.3

Although the general profile of the survey respondent sample is similar to that of the entire PACE/PACENET population who received surveys, there are still some differences which may limit the generalizability of the survey findings in a number of areas. Relative to the PACE/PACENET population base, the survey respondent sample has a higher representation of females, community-dwelling individuals, individuals reporting white race, and active program participants with recent prescription claims.

Proxy Responses

Two questions on the survey asked for information about assistance that cardholders may have had in completing the survey, and the nature of the relationship between the proxy respondent and the PACE/PACENET cardholder.

SELF VS PROXY SURVEY RESPONSES (N=94,867)		
	<u>Number</u>	<u>Percent</u>
Self only (PACE/PACENET cardholder)	82,438	86.9%
Cardholder received assistance but participated in answering questions	7,195	7.6%
Proxy only (cardholder did not participate in answering)	2,989	3.1%
No response	2,245	2.4%

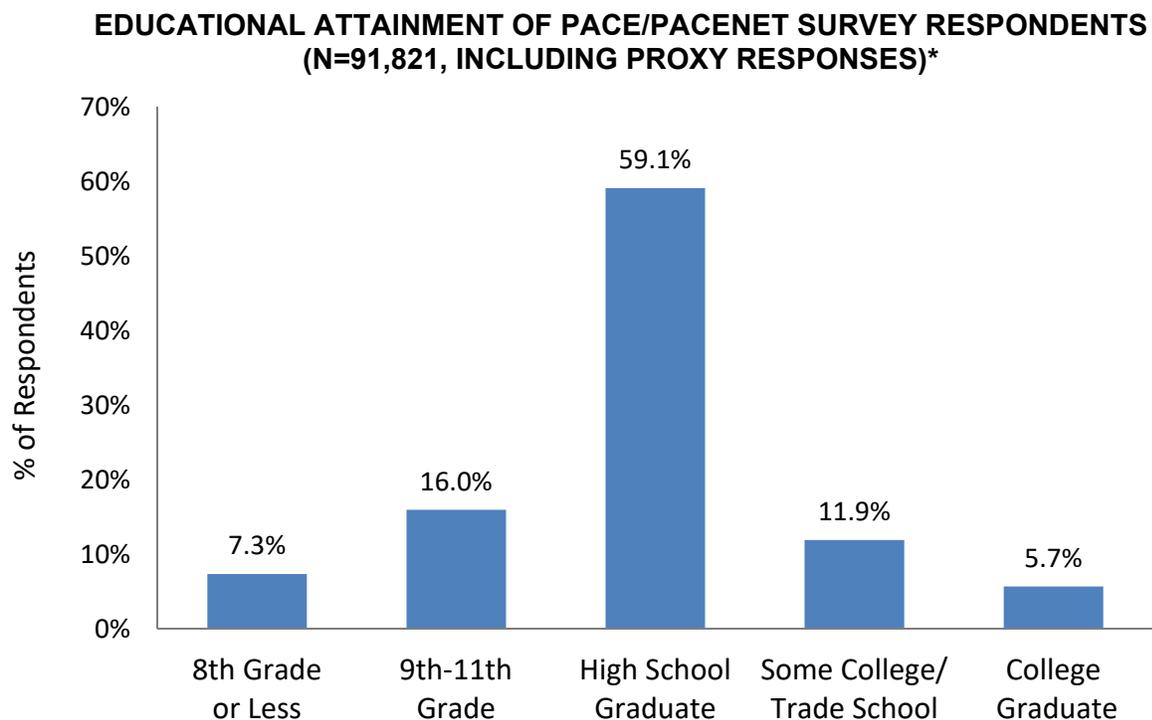
Only a small proportion (2.4%) of survey responses did not include any information about whether the survey was completed by the cardholder or by a proxy. Most cardholders (86.9%) indicated that they were answering the survey questions alone without any assistance from others. Of the potential proxies, the majority indicated that the cardholder was participating in providing answers to the survey questions.

Among survey responses that were based on either a partial or complete proxy report and provided information about the proxy’s relationship to the cardholder, the majority (57.4%) were completed by a son or daughter, followed by a spouse or partner (25.3%), another relative (9.6%), a care provider (2.8%), a friend or neighbor (2.7%), or another unspecified helper (2.2%).

For questions about health perceptions that are intended to be based only on self-report, the sample for reporting will exclude proxy responses.

Educational Attainment of PACE/PACENET Survey Respondents

The following figure shows the reported educational attainment of survey respondents.



* Of the total 94,867 surveys received, 2,557 provided no response to the question about education. An additional 489 responses were unclear and were excluded from the chart.

Three quarters (76.7%) of survey respondents reported that they were high school graduates. Approximately 12% of all survey respondents stated that they had received additional education after high school (including trade school or college) without obtaining a college degree, and 5.7% of respondents reported having college degrees.

Health-Related Quality of Life

Healthy People 2020 describes health-related quality of life as “a multi-dimensional concept that includes domains related to physical, mental, emotional, and social functioning.”¹ Implicit in this definition is the concept that all of the above-listed domains

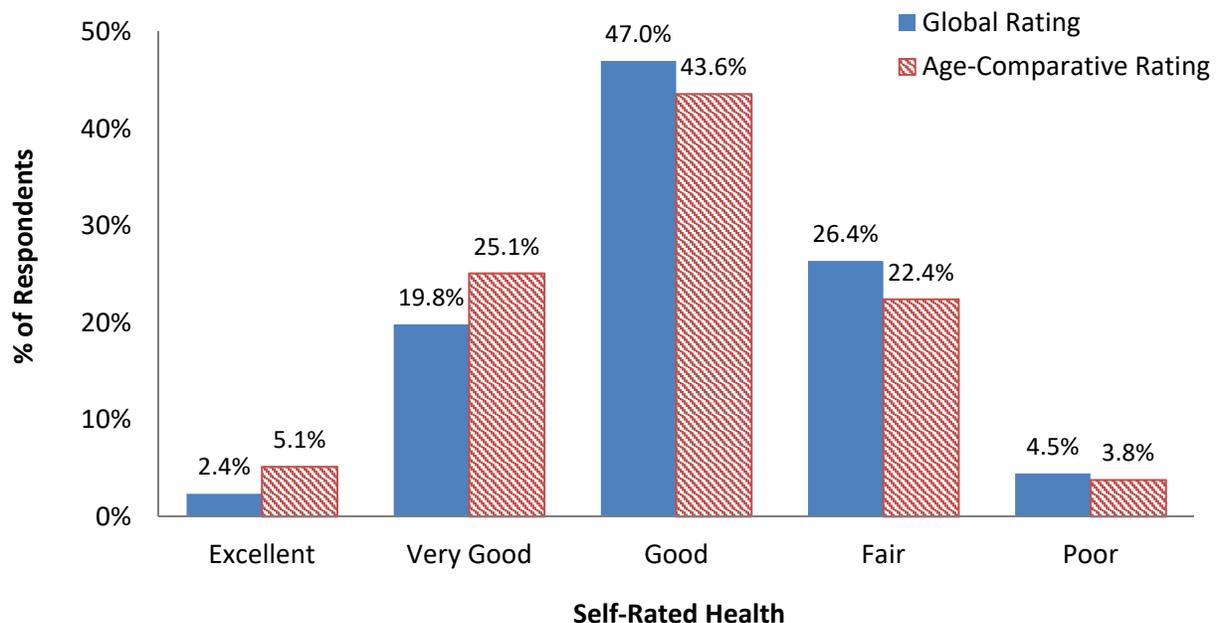
have an important bearing on an individual’s overall quality of life and well-being. The following health-related quality of life items were included in the PACE/PACENET Survey on Health and Well-Being:

- Global self-rated health
- Age-comparative self-rated health
- Self-ratings of one-year health change
- Self-rated cognitive health (two items)
- *Healthy Days* measures developed by the Centers for Disease Control and Prevention (CDC)

Each survey measure provides information on a different aspect of respondents’ health-related quality of life. In order to focus on individuals’ perceptions about their own health, reporting for this section is focused on the subset of survey respondents who stated that they completed the survey by themselves, and exclude partial or complete proxy responses.

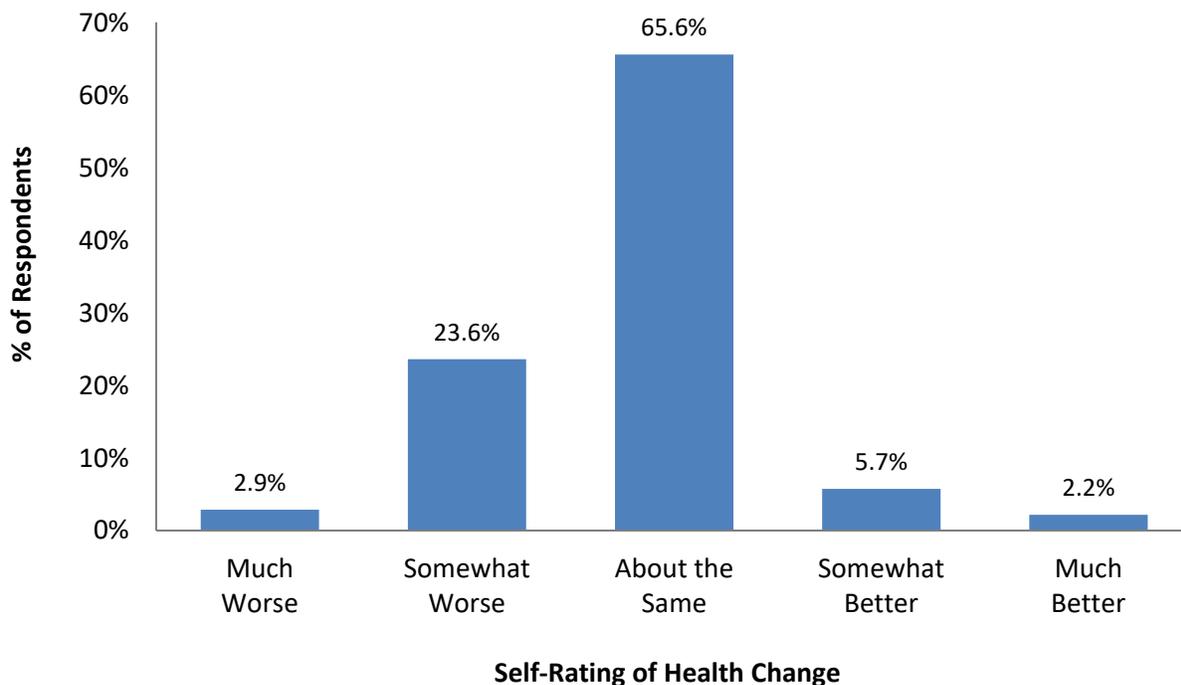
For the first four measures in the bulleted list above, respondents were asked to choose the best response out of five that best described their health. Summary findings for each measure are presented below.

**GLOBAL AND AGE-COMPARATIVE SELF-RATED HEALTH
(EXCLUDES PROXY RESPONSES)**



Global and age-comparative self-ratings of health are shown side-by-side in the preceding figure. For both types of ratings, the most frequently-selected category out of the five offered was “good.” For the global health question, 69.2% of respondents indicated that their health was either excellent, very good, or good, with the remaining 30.8% indicating either fair or poor health. When asked to rate their health compared with others their age, 73.8% of respondents chose excellent, very good, or good, and 26.2% indicated fair or poor health. Although 71.9% of respondents provided the same rating level for both questions, the overall age-comparative health ratings were slightly higher on average than the global health ratings. This effect was most noticeable at the extremes of the rating scale. For example, while only 2.4% of persons rated their global health as excellent, 5.1% rated their health as excellent when they were specifically asked to compare their health with that of other people their age.

**SELF-RATED HEALTH CHANGE IN THE PAST YEAR
(EXCLUDES PROXY RESPONSES)**

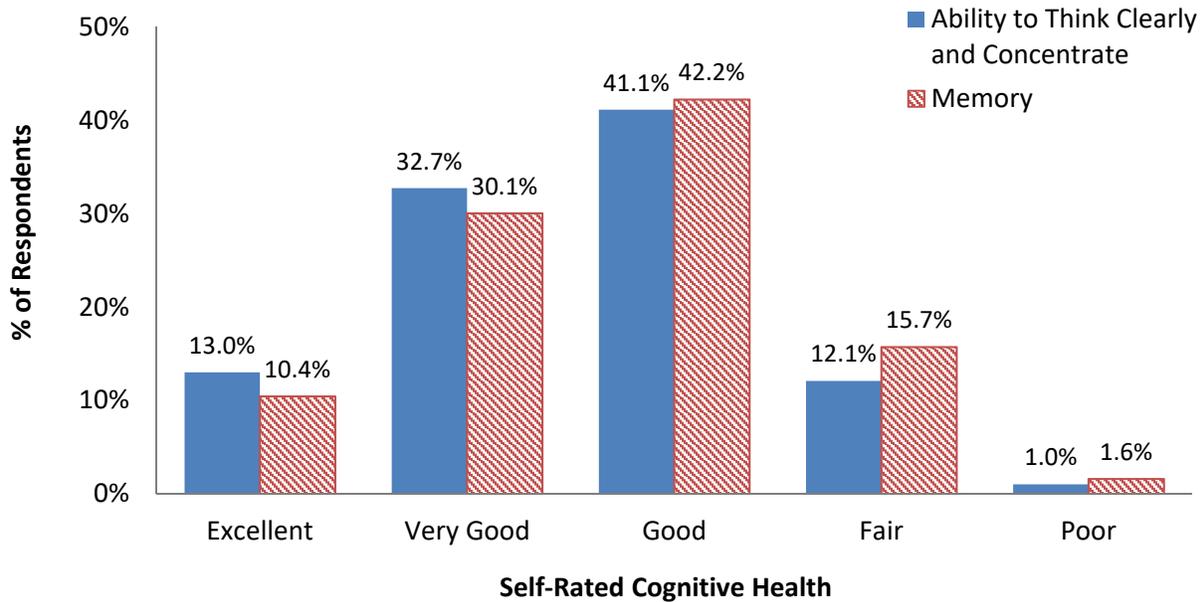


When asked to assess how much their health had generally changed over the past year, the majority (65.6%) of respondents indicated their health was “about the same” now compared with a year ago, followed by 23.6% who reported their health was “somewhat worse” and 5.7% who reported their health was “somewhat better.” Only 5.1% of respondents reported large changes by selecting the categories of “much worse” or “much better.”

Respondents were also asked about their perceived cognitive health status using two items. The first question asked about the person’s ability to think clearly and concentrate, and the second question asked about memory. As shown in the figure below, most

respondents reported good, very good, or excellent cognitive health status for both of these questions. Over three quarters (75.7%) of respondents provided the same rating level for both items. Those who provided different answers for the two questions were likely to rate their memory as somewhat poorer than their ability to think clearly and concentrate.

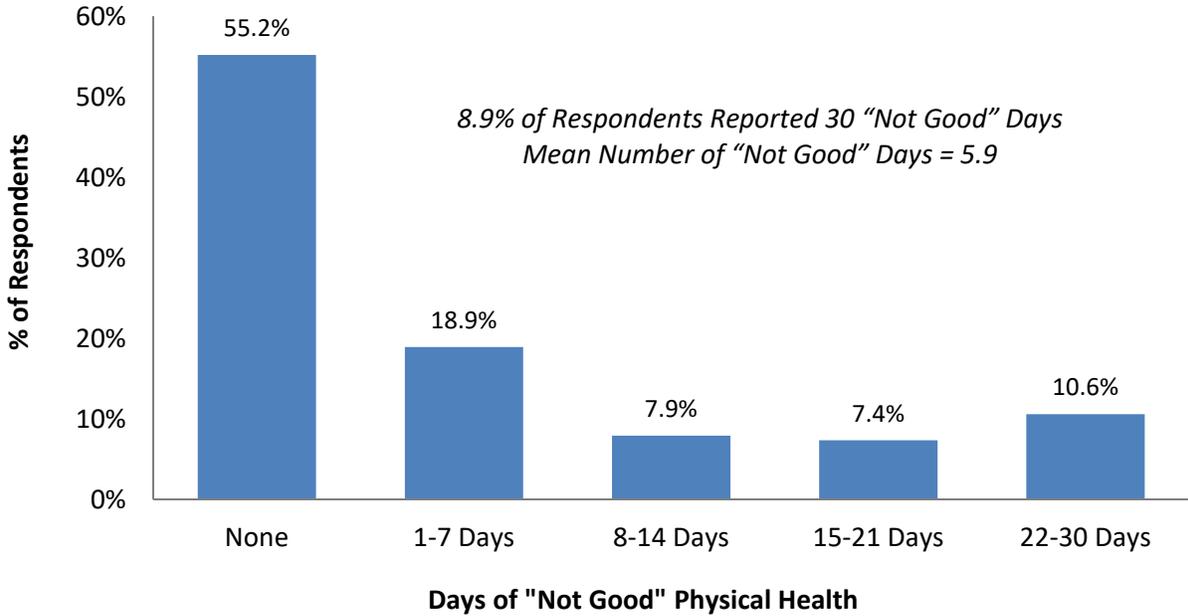
**SELF-RATED COGNITIVE HEALTH
(EXCLUDES PROXY RESPONSES)**



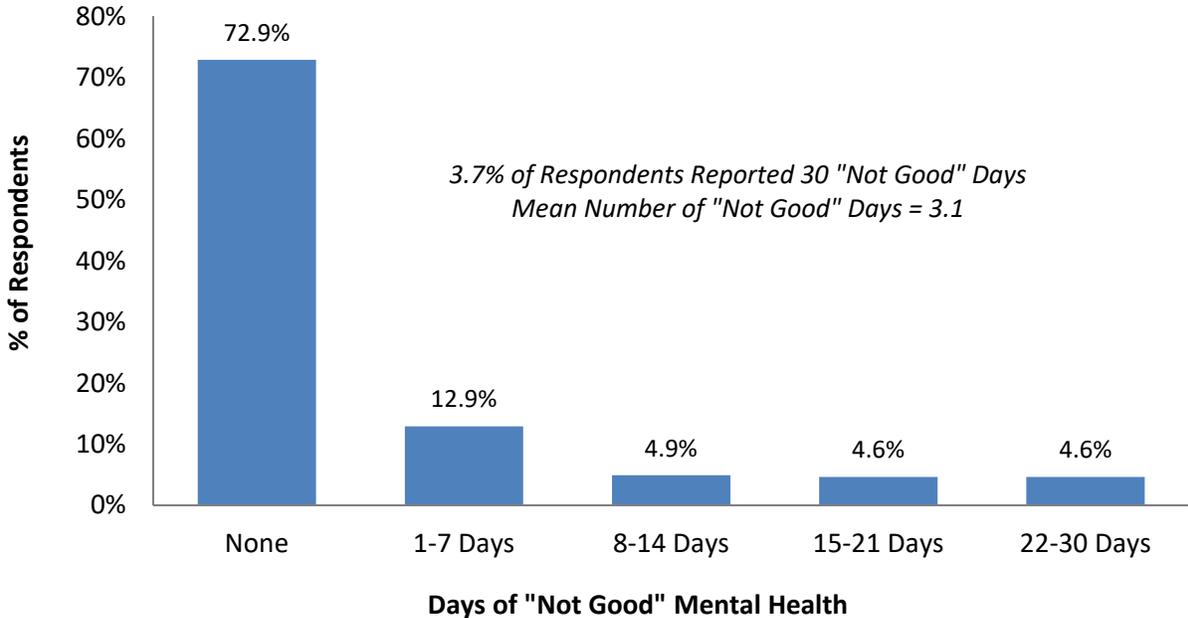
In addition to the self-rated health status measures described above, the CDC’s core Healthy Days measures also contribute to PACE/PACENET’s health-related quality of life assessment. The Healthy Days assessment employs two key questions: first, respondents are asked to estimate the number of days out of the past 30 that their physical health was not good, and then, secondly, are asked to estimate the number of days out of the past 30 that they felt their mental health (including stress, depression, and problems with emotions) was not good. The physical and mental counts of “not good” days out the past 30 are combined to create a composite “unhealthy days” score, as well as the positive complement, “healthy days”, which reflects the number of days out of the past 30 that both physical and mental health were considered to have been good. A fifth measure is based on respondents’ self-report of the number of days out of the past 30 that poor physical or mental health kept them from doing their usual activities.

Results for the five Healthy Days measures are summarized on the following pages.

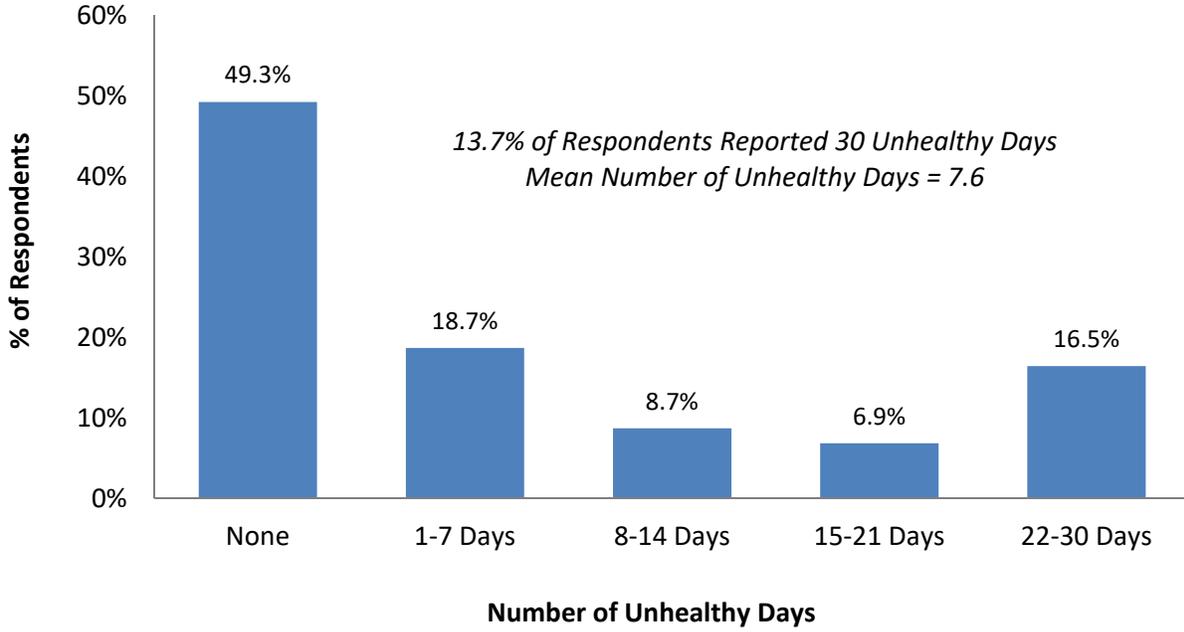
NUMBER OF DAYS OUT OF PAST 30 THAT PHYSICAL HEALTH WAS NOT GOOD (EXCLUDES PROXY RESPONSES)



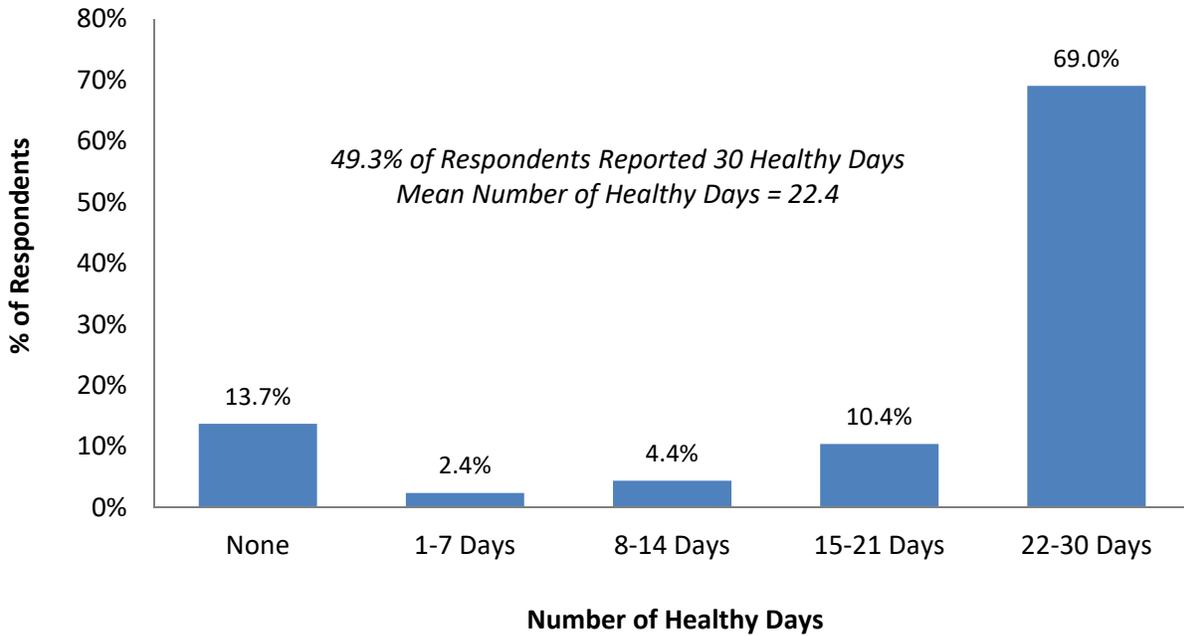
NUMBER OF DAYS OUT OF PAST 30 THAT MENTAL HEALTH WAS NOT GOOD (EXCLUDES PROXY RESPONSES)



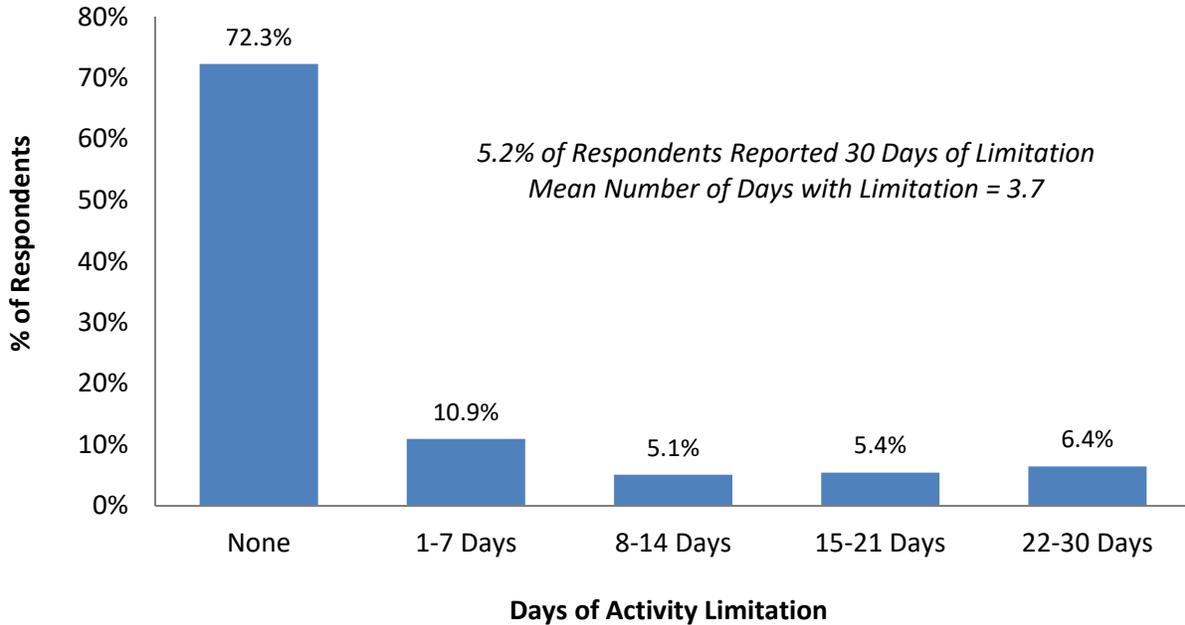
**TOTAL UNHEALTHY DAYS OUT OF PAST 30
(EXCLUDES PROXY RESPONSES)**



**TOTAL HEALTHY DAYS OUT OF PAST 30
(EXCLUDES PROXY RESPONSES)**



**NUMBER OF DAYS OUT OF PAST 30
THAT HEALTH LIMITED USUAL ACTIVITIES
(EXCLUDES PROXY RESPONSES)**

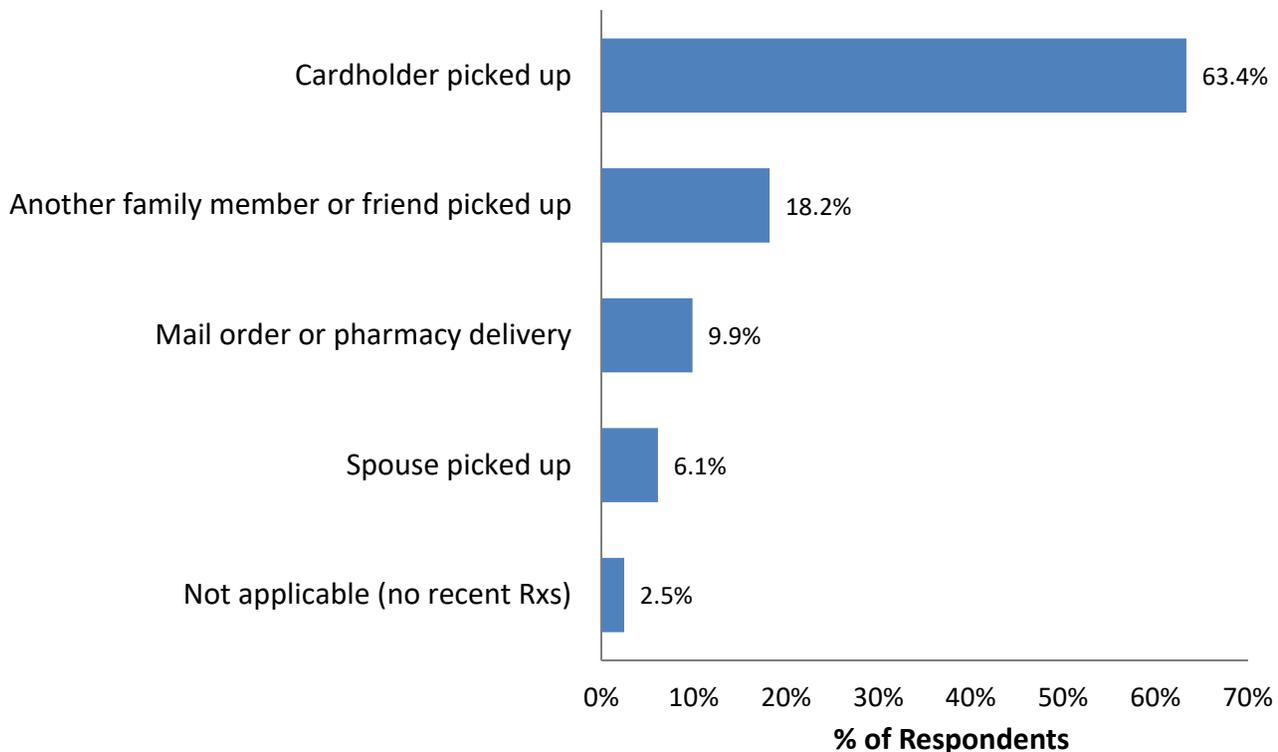


Collectively, the health-related quality of life measures indicate that many PACE/PACENET cardholders view their health optimistically. Nevertheless, each measure also demonstrates that a substantial portion of the enrolled population faces significant health challenges and limitations.

How Prescriptions Are Obtained from the Pharmacy

To improve the Program’s understanding about how cardholders access their PACE and PACENET benefits, the 2018-19 survey included a question about how prescription medications are obtained from the pharmacy. Respondents were asked how they had received their most recent prescription. The current reporting is focused on community-dwelling respondents because individuals in long-term care settings would typically have their medications provided to them onsite. Nearly 97% of community-dwelling survey respondents answered this question. A small proportion (2.4%) of respondents checked more than one response and are omitted from the present tabulation. For the remaining 86,838 community-dwelling respondents who provided a single valid answer, the response frequencies are graphed on the next page.

**HOW THE PRESCRIPTION MEDICATION MOST RECENTLY FILLED
WAS OBTAINED FROM THE PHARMACY
(N=85,680 RESPONSES, COMMUNITY-DWELLING ONLY)***



*Excludes 4,016 responses from cardholders identified as residing in a long-term care setting based on either PACE's data or their response to the survey question. An additional 2,219 responses were excluded because the respondent checked more than one response choice.

Nearly two thirds (63.4%) of community-dwelling respondents indicated that they had picked up their most recent prescription at the pharmacy themselves. The next most frequent means of obtaining the medication was having a friend or family member (other than a spouse) pick up the medication (18.2%), followed by home delivery (9.9%) and pickup by the respondent's spouse (6.1%).

Transportation Access

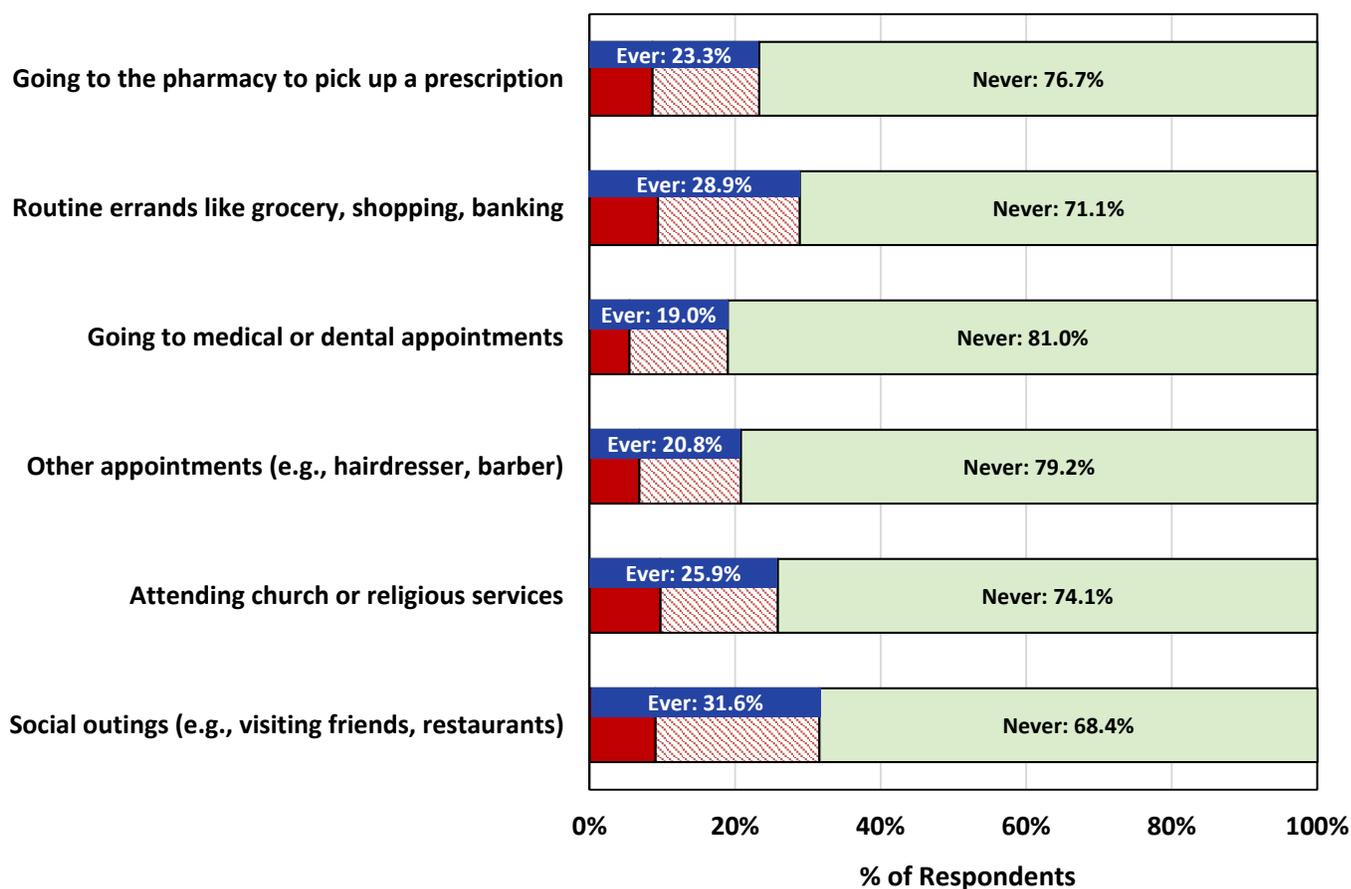
Transportation access is increasingly recognized as an important contributor to the health and well-being of older adults, particularly for the subset of elderly who do not drive. Without access to reliable transportation, some elderly face difficulties in obtaining necessary health care or in conducting everyday activities. To improve the Program's understanding about PACE/PACENET cardholders' transportation needs, the 2018-19 Survey on Health and Well-Being included two questions about potential transportation difficulties and transportation assistance.

Respondents were first asked how frequently in the past year they had experienced limitations in specific activities due to a lack of transportation. They were then asked how frequently in the past year they had received transportation assistance from various sources. The current tabulation focuses on community-dwelling respondents, with responses summarized below.

**HOW FREQUENTLY LACK OF TRANSPORTATION LIMITED ACTIVITIES IN PAST YEAR
(N=87,296 RESPONSES, COMMUNITY-DWELLING ONLY)**

How Often Were The Following Activities Limited?

■ Often ▨ Sometimes □ Never

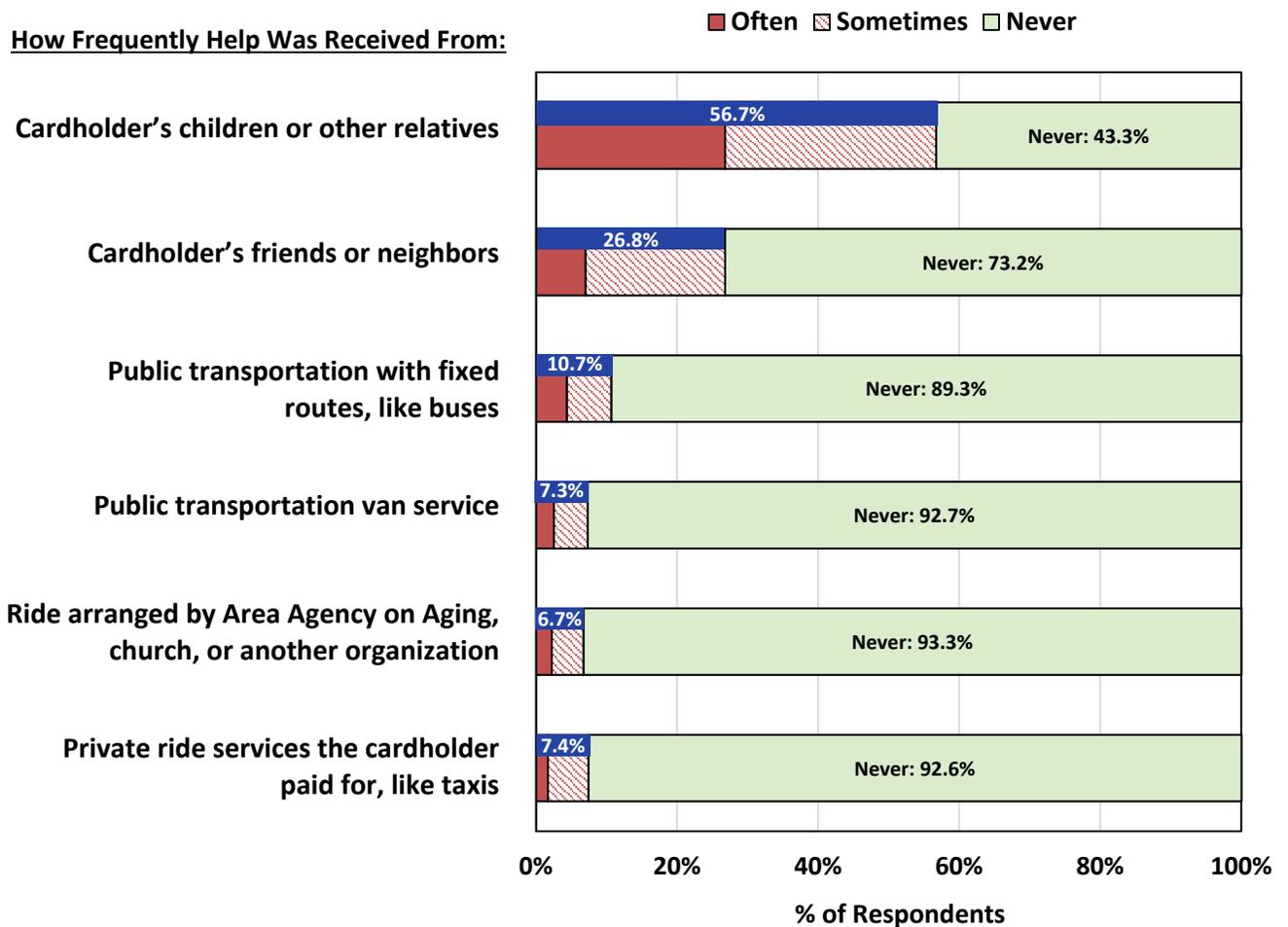


Activities which were most frequently reported to have been limited due to transportation access were social outings (31.6% of respondents reported any limitation), routine errands such as shopping or banking (28.9% reported any limitation), and picking up prescriptions (23.3% reported any limitation). Other activities appeared to be somewhat less affected by a lack of transportation. Examples include going to medical or dental appointments (19.0% reported any limitation) or other appointments such as going to the barber or hairdresser (20.8% reported any limitation).

When data from the multiple activity items were combined, more than a third of respondents (40.9%) had limitations for at least one activity due to a lack of transportation during the past year, and 16.2% experienced such difficulty frequently for at least one type of activity. These results indicate that substantial numbers of PACE/PACENET elderly report that their activities are limited at least some of the time due to a lack of transportation.

In addition to asking respondents how often their activities were limited, the 2018-19 survey also asked about the types of transportation assistance that cardholders had received during the past year. A summary of the responses is presented below.

**HOW FREQUENTLY TRANSPORTATION HELP WAS RECEIVED IN PAST YEAR
(N= 88,566 RESPONSES, COMMUNITY-DWELLING ONLY)**



Nearly two thirds (63.7%) of community-dwelling respondents reported that they had received any transportation assistance in the past year. The transportation assistance source reported most frequently by community-dwelling respondents was help from their children or other relatives, with over half (56.7%) of respondents indicating that they had received such help either sometimes or often in the past year. The second most frequent source of transportation assistance was a friend or neighbor, with 26.8% of respondents

reporting that they had received any help from friends or neighbors during the past year. Public transit, public van transport services, organization-provided rides, and private ride services like taxis were used considerably less frequently, with any reported use ranging from 6.7% to 10.7% of respondents.

As expected, cardholders who reported transportation-associated activity limitations were more likely than other respondents to have used some form of transportation assistance in the past year. Nearly 90% of cardholders who reported transportation-associated limitations indicated that they had received any transportation assistance, compared with 45% of persons who reported no transportation-associated limitations.

These results suggest that while many community-dwelling respondents have access to some form of transportation assistance, the assistance available may not be sufficient to meet their needs. The information collected through the Survey on Health and Well-Being will be used to conduct further analysis on the patterns of transportation difficulties and assistance available to PACE/PACENET cardholders. Gaining a better understanding of the transportation needs of the PACE/PACENET population may help the Pennsylvania Department of Aging to target outreach on transportation assistance to older Pennsylvanians.

Satisfaction with PACE/PACENET

The final topic included in the 2018-19 survey was satisfaction with PACE/PACENET. The satisfaction questions included a set of eight items that asked about satisfaction with specific program aspects, as well as a global summary rating of the respondent's satisfaction with the drug coverage offered by PACE/PACENET.

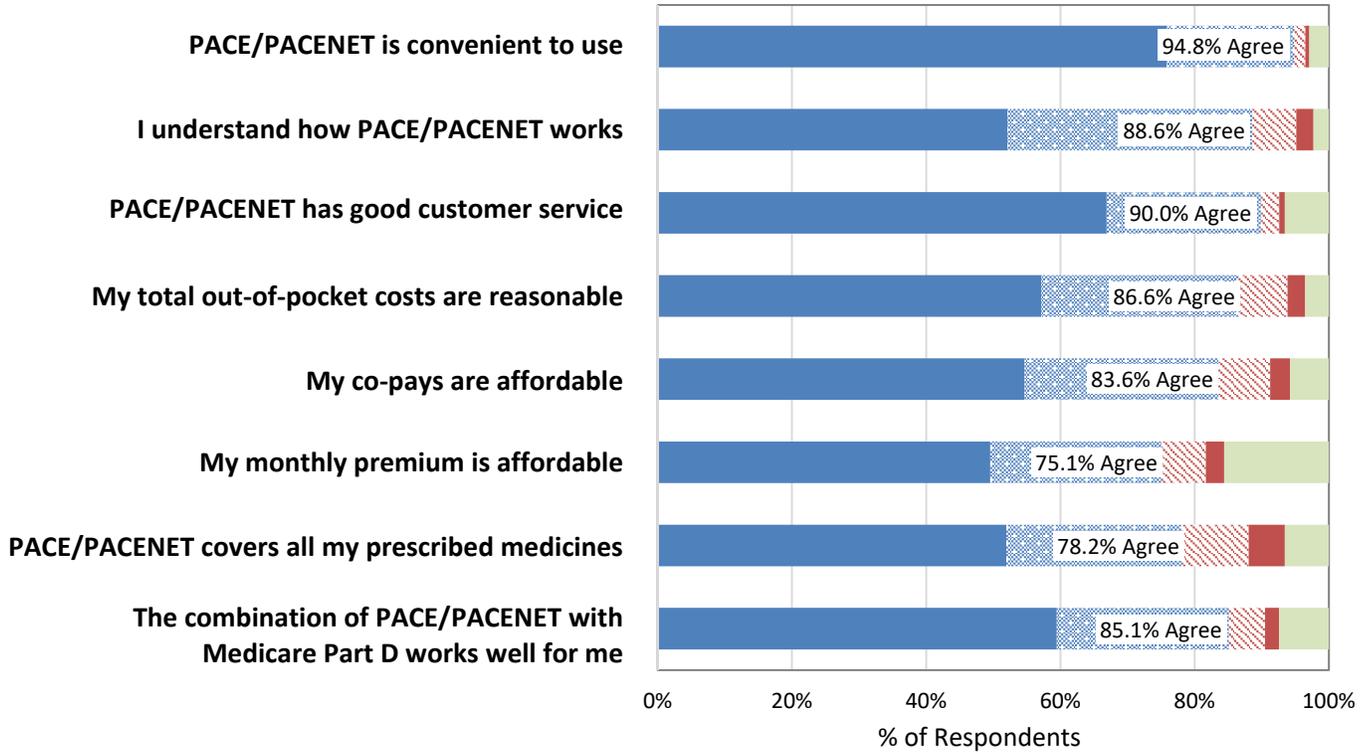
For the question set addressing satisfaction with specific program aspects, cardholders were presented with a series of statements accompanied by the following response choices: strongly agree, somewhat agree, somewhat disagree, strongly disagree, and "does not apply to me." The frequencies of responses to the eight satisfaction questions are displayed graphically in two figures on the following page.

The first figure presents all responses, including the choice of "does not apply to me." Satisfaction levels were high for all questions, with the combined percentage of persons agreeing (either strongly or somewhat) to each statement ranging from 75.1% to 94.8%. These agreement levels are conservative because respondents who selected the answer "does not apply to me" remain in the denominator. The question most affected by the "does not apply to me" dilution was the item "my monthly premium is affordable," for which 15.6% of respondents chose the "does not apply" response.

The second figure presents the distribution of satisfaction responses when responses of "does not apply to me" are omitted. For all eight questions, the most frequently-selected category was "strongly agree." Total agreement levels (combining the strongly agree and somewhat agree categories) range from 83.7% (PACE/PACENET covers all prescribed medicines) to 97.7% (PACE/PACENET is convenient to use).

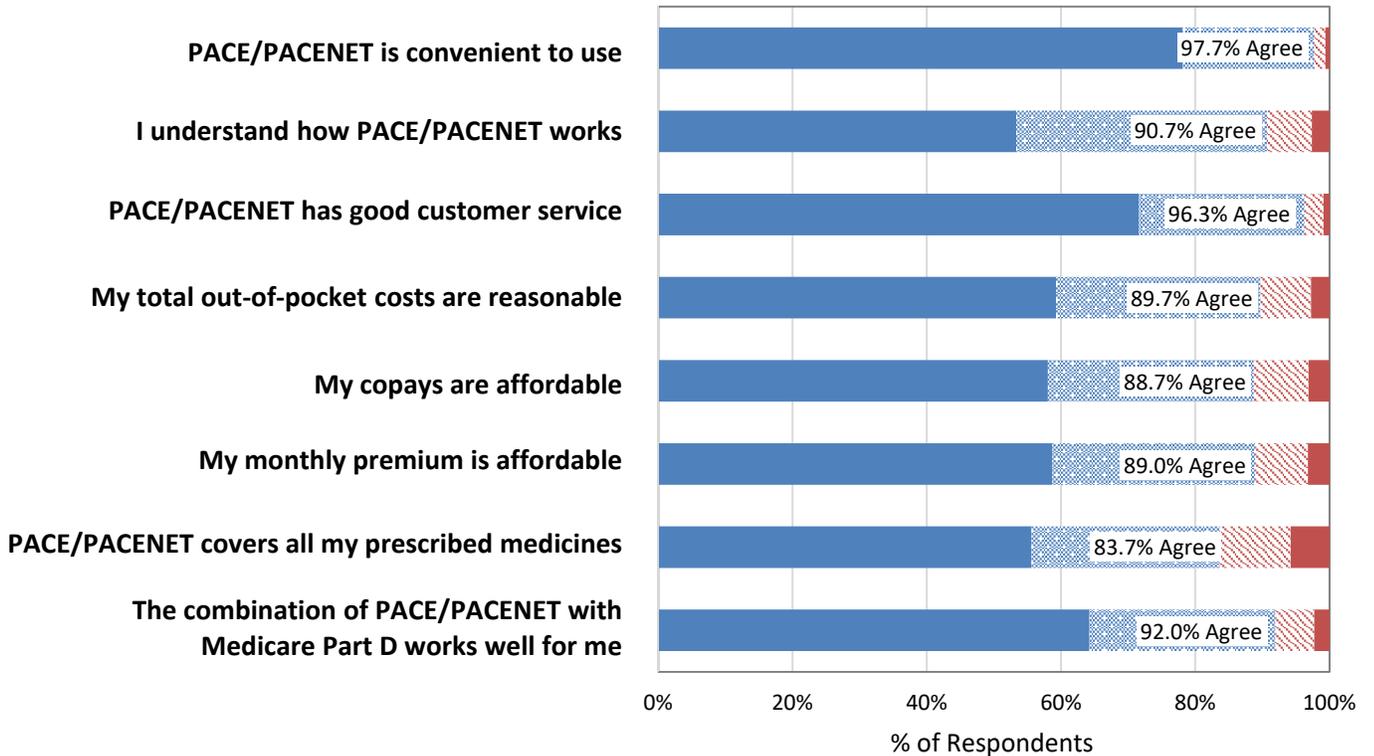
**LEVEL OF AGREEMENT WITH PACE/PACENET SATISFACTION QUESTIONS
(INCLUDING RESPONSES OF “DOES NOT APPLY TO ME”)**

■ Strongly Agree ■ Somewhat Agree ■ Somewhat Disagree ■ Strongly Disagree ■ Does Not Apply to Me

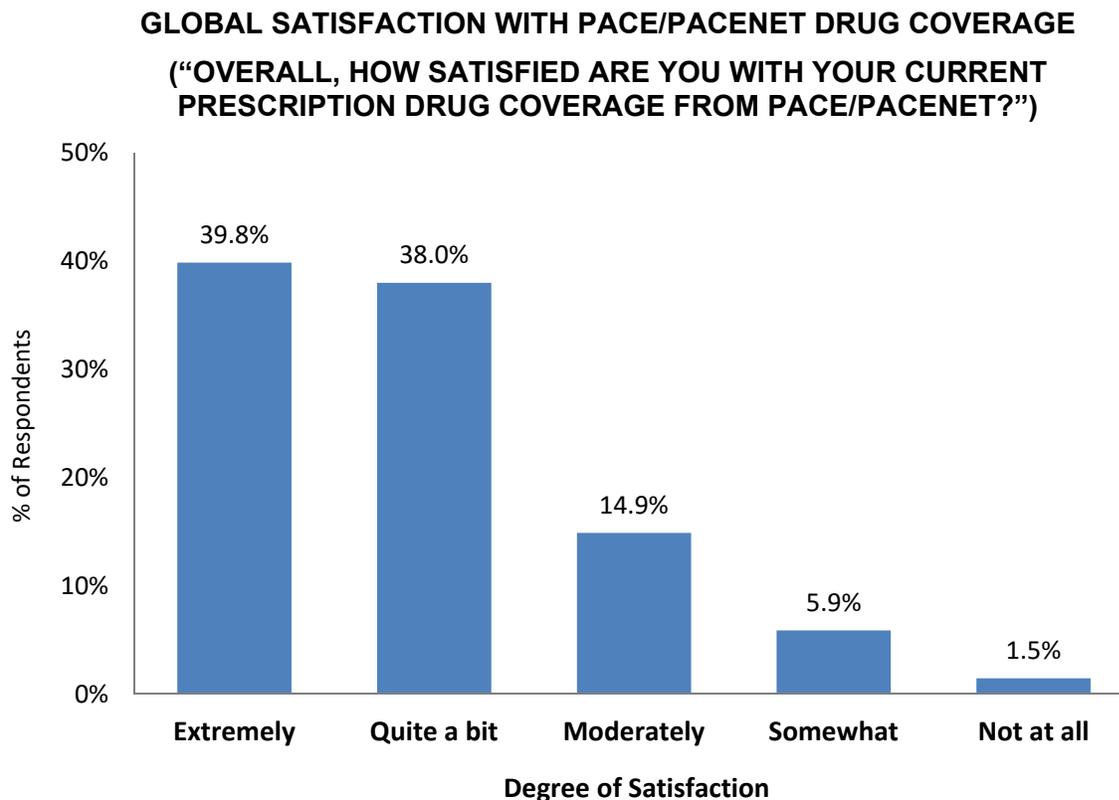


**LEVEL OF AGREEMENT WITH PACE/PACENET SATISFACTION QUESTIONS
(EXCLUDING RESPONSES OF “DOES NOT APPLY TO ME”)**

■ Strongly Agree ■ Somewhat Agree ■ Somewhat Disagree ■ Strongly Disagree



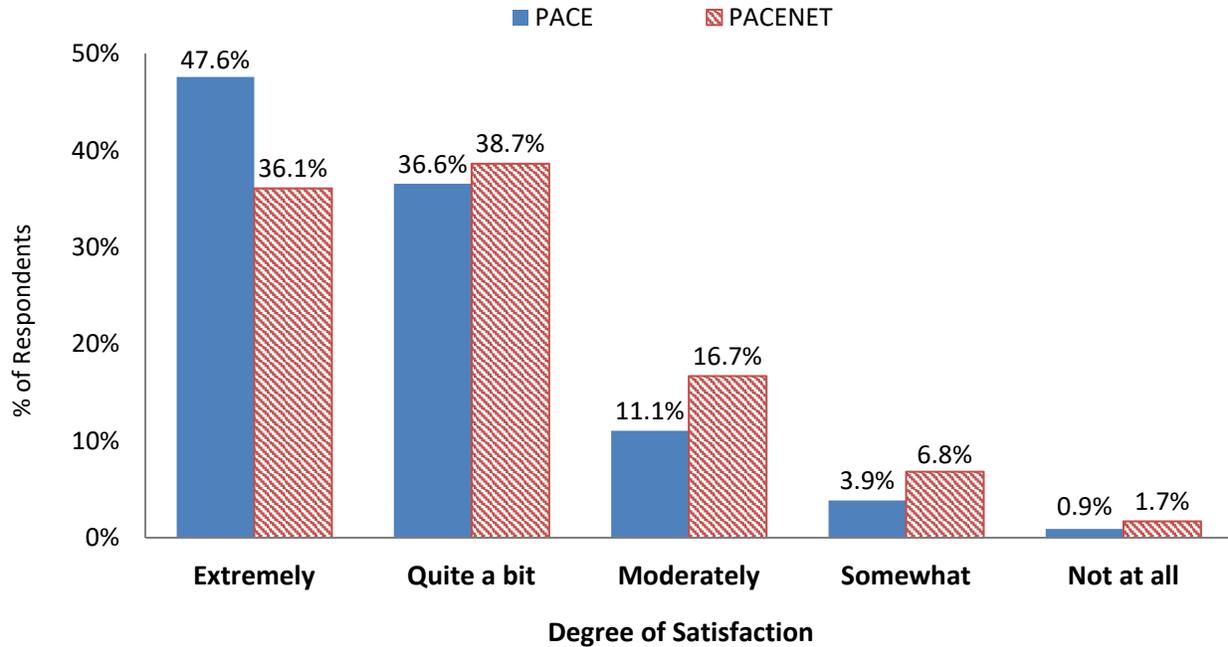
For the global satisfaction question, respondents were asked to indicate how satisfied they were with their current prescription drug coverage from PACE/PACENET, with choices including extremely, quite a bit, moderately, somewhat, and not at all. Results are shown below.



Overall responses reflect a high degree of satisfaction with PACE/PACENET. For the global satisfaction question, 77.8% of respondents indicated that they were either “extremely” or “quite a bit” satisfied with their prescription coverage from PACE/PACENET, and only 1.5% indicated that they were “not at all” satisfied.

When the responses to the PACE/PACENET satisfaction are stratified by current program (PACE vs. PACENET), some differences are apparent. Among PACE cardholders, 47.6% indicated that they were extremely satisfied with their current PACE coverage, and 36.6% indicated that they were quite a bit satisfied (a total of 84.2% were either extremely or quite a bit satisfied). Among PACENET cardholders, 36.1% indicated that they were extremely satisfied and 38.7% were quite a bit satisfied (74.8% were either extremely or quite a bit satisfied) with their PACENET drug coverage.

GLOBAL SATISFACTION WITH PACE/PACENET DRUG COVERAGE, BY PROGRAM
(“OVERALL, HOW SATISFIED ARE YOU WITH YOUR CURRENT PRESCRIPTION DRUG COVERAGE FROM PACE/PACENET?”)



These results are consistent with prior survey findings suggesting that the different benefit structures of PACE and PACENET are associated with varying levels of satisfaction, but that, overall, cardholders in both programs express high degrees of satisfaction with the drug coverage that PACE/PACENET provides.

In summary, the 2018-19 survey provides an important overview of PACE/PACENET cardholders’ satisfaction with the program, as well as insight into the health and transportation challenges experienced by the enrolled population. The information presented in this report is a high level descriptive summary of the most recent survey data collected through the survey initiative. Ongoing in-depth review and analysis of the survey data will help the Program to understand the needs of cardholders, identify areas for potential new initiatives, and evaluate the impact of the PACE and PACENET.

References

1. Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [Accessed 3/21/2019]. <https://www.healthypeople.gov/2020/topics-objectives/topic/health-related-quality-of-life-well-being>

The PACE Application Center 2019 Report

Overview

Since 2006, the PACE Application Center for the Pennsylvania Department of Aging has conducted data-driven outreach and application assistance to connect older Pennsylvanians with public benefit programs to help cover the cost of prescriptions, shelter and food. The Application Center provides services

- to locate eligible persons and submit PACE applications on their behalf
- to enroll persons in the Medicare Part D Extra Help Low-Income Subsidy (LIS)
- to assist older Pennsylvanians in accessing other benefit programs including the Supplemental Nutrition Assistance Program (SNAP), Property Tax/Rent Rebate (PTRR), Low-Income Home Energy Assistance Program (LIHEAP), Medicare Savings Programs (MSP), and Medicaid coverage.

The PACE Application Center uses multiple sources of federal, state, private and public data to conduct outreach. Since the Center began working with PACE, outreach efforts have resulted in over 211,000 applications for the PACE and PACENET programs, and 120,000 applications for LIS. In addition, the Center has submitted over 152,000 other benefit applications on behalf of Pennsylvania's seniors. In total, seniors received approximately \$1 billion in benefits to help them afford their prescriptions, age in place, and live with dignity.

Outreach and Applications Submitted in 2019

Through mail, telephone and community-based outreach, the PACE Application Center assisted nearly 24,000 senior households in applying for at least one benefit.

2019 OUTREACH AND APPLICATION ASSISTANCE	
TOTAL PACE/PACENET OUTREACH	244,776
UNIQUE PACE/PACENET OUTREACH	199,935
TOTAL LIS OUTREACH	5,837
UNIQUE LIS OUTREACH	5,747
PACE/PACENET APPLICATIONS SUBMITTED	10,564
RESPONSES TO PACE AND LIS OUTREACH	12,011
LIS APPLICATIONS SUBMITTED	6,947
SNAP APPLICATIONS SUBMITTED	4,820
PTRR APPLICATIONS SUBMITTED	1,075
LIHEAP APPLICATIONS SUBMITTED	207
MSP APPLICATIONS SUBMITTED	1,217
MEDICAID APPLICATIONS SUBMITTED	802
HOUSEHOLDS WITH AT LEAST ONE BENEFIT APPLICATION SUBMITTED	23,932

Medicare Extra Help Low Income Subsidy (LIS) Auto Apply Pilot

In 2019, the PACE Application Center successfully continued the LIS Auto Apply project. Through this pilot, PACE provides the Center with a list of the lowest income PACE enrollees not currently enrolled in LIS. Using existing systems, the Center created a program that submits applications directly to the Social Security Administration. This low-cost, high enrollment form of submission allows the Center to reach non-responder clients who are most likely eligible for valuable prescription benefits. The PACE Application Center submitted 1,988 applications on behalf of auto apply clients and observed an average enrollment rate of 70% for these individuals.

BDT expanded the auto apply focus to include individuals on the LIS redeemed list. For individuals who had PACE, and lost their LIS deemed status through MSP, BDT was able to submit applications seamlessly. This method ensures that PACE members keep their valuable LIS coverage.

In-Person Expansions

In 2019, the PACE Application Center explored philanthropic funding opportunities to expand the work being done through in-person centers throughout the state. In Philadelphia, the PACE Application Center partnered with Penn Asian Senior Services, Inc. (PASSi) and Southeast Asian Mutual Assistance Association Coalition (SEAMAAC). These organizations serve Asian communities in multiple neighborhoods of Philadelphia, including immigrant and refugee populations. As such, this model provides intensive assistance and allows the PACE Application Center to reach clients that would otherwise not be served by traditional outreach models.

In addition to efforts in Philadelphia, the PACE Application Center expanded into Pittsburgh by partnering with the Consumer Health Coalition, an organization that enhances access to quality healthcare in Southwestern Pennsylvania. This partnership is designed to reach new populations in an entirely new region of the state through collaboration with a trusted, local entity.

2020 Initiatives

The Center will conduct outreach efforts and expand its messaging about available services. The Center will

- receive and conduct mail and telephone PACE outreach to refreshed lists provided by SNAP, PTRR, LIHEAP, MSP, the Pennsylvania Department of Transportation, Medicaid for dual eligible re-deemed status, health insurance companies, and Pennsylvania Department of Aging
- receive and conduct mail and telephone outreach to PACE and PACENET enrollees for LIS and for SNAP
- explore partnership opportunities with managed care organizations and other health insurance companies
- seek additional lists for outreach from valuable partnerships with community-based organizations
- implement the Medicare Extra Help (LIS) Auto Apply project
- expand partnerships in the Pittsburgh area to increase PACE presence.

**University of Pennsylvania and PACE/PACENET
Behavioral Health Lab Program
2019 Report**

Overview

Depression, anxiety, and dementia are prevalent in later life and lead to significant morbidity and disability, thereby contributing to increased use of medical services, nursing home utilization, and mortality. Despite advances in the assessment and treatment of behavioral health disorders among older adults, under-treatment remains a major public health concern. Less than 20% of patients treated for major depression are seen monthly for the first three months, and they often do not achieve remission.

Several factors pose barriers to successful treatment outcomes, such as limited provider resources for conducting frequent monitoring, the presence of multiple mental health conditions, patients' lack of acceptance of treatment, low medication adherence, and logistic considerations such as transportation, daily schedules, lack of availability of providers, and finances. To address these barriers, care management strategies have been developed and shown to substantially address many of these challenges to successful treatment through the provision of collaborative care within primary care.

One such evidence-based, algorithm driven program is the University of Pennsylvania's Behavioral Health Lab (BHL) program. The BHL program has three arms:

- **Supporting Seniors receiving Treatment And Intervention (SUSTAIN) – outreaches to cardholders with depression or anxiety problems**
- **Caregiver Resources, Education, and Support (CREST) – addresses the needs of caregivers of cardholders with dementing illnesses**
- **High Dose Opioid Program (HDO) -- provides cardholders with an innovative approach to managing chronic pain and addressing the unmet psychosocial needs that contribute to the cycle of chronic pain**

These programs have been shown to be effective in identifying community-dwelling older persons at risk of poor health outcomes, including nursing home admissions, and in supporting these individuals and their caregivers to manage their mental health care. These programs are well suited to help reduce or delay the onset and progression of functional limitations, as well as to provide information about and access to community resources that enable independent living for longer periods of time.

Assessments

PACE/PACENET enrollees receive evidenced-based care management that includes counseling, support, education and advice about pharmacological treatment as well as referral to available community resources based on needs.

The BHL program delivers to *prescribers* written patient monitoring and feedback about medication response, tolerability and safety, and offers telephone consultation to them.

Family caregivers may participate in evidenced-based support that focuses on improving their caregiving skills through focused problem solving and education offered at their convenience.

SUSTAIN Outreach Update

Program efforts began in 2008 to provide cardholders starting antidepressants, anxiolytics, and antipsychotics with monitoring of mental health symptoms, safety, and medication side effects. Behavioral health providers (BHP) triage to the appropriate level of care based on symptom severity and make referral recommendations and connections to community services, and where appropriate, clinician-delivered care management for depression and anxiety.

In 2019, SUSTAIN completed:

- **431** initial assessments for cardholders new to SUSTAIN
- **1,789** follow-up assessments
 - 206 cardholders received care management services with BHPs over the course of 6 months.
 - 172 cardholders received symptom and medication monitoring services
 - 25 cardholders worked with BHPs and received referrals to community mental health services

Of those eligible for follow-up services:

- 28% reported “no to low” symptoms at baseline
- 32% reported “moderate” symptoms at baseline
- 39% reported “high” symptoms at baseline

CREST Outreach Update

In 2014, CREST began caregiver outreach and telehealth education specifically for caregivers of cardholders with Alzheimer’s disease and related dementias. Caregivers receive care management services in combination with education and support. Additionally, SUSTAIN services are offered to cardholders who do not screen positive for cognitive impairment.

In 2019, CREST completed:

- **127** initial assessments
 - 63 caregivers received education and resource materials
 - 62 caregivers worked directly with a BHP for care management and education services
 - 1 caregiver did not work with a BHP but agreed to a 3-month follow-up assessment
 - 28 cardholders failed the initial memory screening and did not identify a caregiver, or the caregiver chose to not engage in follow-up services
 - 36 cardholders completed an initial assessment and passed the memory screening

- 23 cardholders were eligible for follow-up services and participated in either care management services with a BHP or medication monitoring, depending on severity of symptoms
- 13 cardholders were ineligible for services due to the absence of depression or anxiety symptoms; they received resource materials

Update on Support for Cardholders Receiving High Dose Opioids

In May of 2018, the program began outreach and telehealth education for PACE/PACENET cardholders prescribed opioid medications at high doses (total morphine equivalent per day of 120 mg/day or greater). Similar to the services offered in SUSTAIN, this project aims to provide an approach to managing chronic pain and addressing the unmet psychosocial needs that contribute to the cycle of chronic pain. Cardholders receive care management services that focus on education about the safety risks associated with high dose opioids and alternative behavioral pain management strategies. BHPs provide both cardholders and their providers with support and feedback when the provider initiates and/or continues a drug taper to reduce the cardholder's opioid intake and lower their risk for adverse events.

In 2019, the HDO completed:

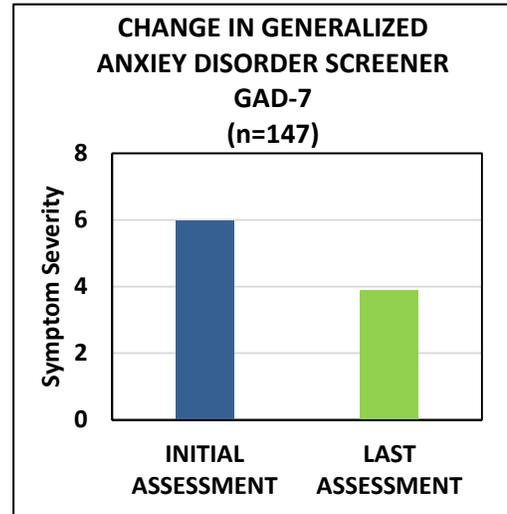
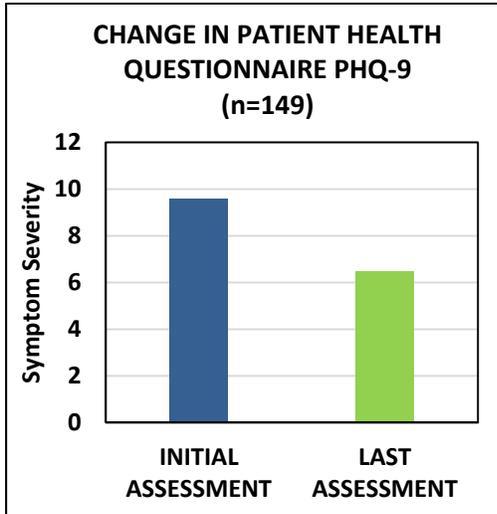
- **51** initial assessments
- **363** follow-up contacts
 - 48 cardholders received care management services with BHPs
 - 3 cardholders were unable to participate in telehealth services; BHPs gave support and education to a relative/friend involved in their healthcare

Of those eligible for follow-up services in 2019:

- 75% reported symptoms of both chronic pain and depression/anxiety
- 21% reported symptoms of chronic pain only
- 4% reported chronic and high MH needs and received referral to MH services
- 56% of cardholders who engaged in care management services and education (completing 2 or more follow-up contacts) reported their provider had initiated a dose reduction of their opioid medications

Outcomes

The figures below depict pre- and post-data of those who completed follow-up services as part of the BHL program in 2019. The figures show the differences in depression (PHQ) and anxiety (GAD) symptoms from the initial assessment to the last follow-up assessment.



The figure below illustrates that cardholders' satisfaction with these telephone-based services is high.



Initiatives for 2020

1. *Continued support for cardholders prescribed psychotropic medications*

The program will continue to sample 40 cardholders per week prescribed psychotropic medications and enroll participants into the care management and medication monitoring programs. Current data show more success in engaging rural cardholders compared to urban cardholders. The focus will be on rural

cardholders and those at higher risk for mental health problems. In 2020, the program will also perform initial analysis on an educational intervention being delivered to cardholders who report no/mild depressive or anxiety symptoms throughout participation yet were prescribed a psychotropic medication.

2. *Direct-to-consumer marketing campaign*

In addition to random sampling to enroll individuals, the program will continue a direct-to-consumer marketing campaign of those individuals prescribed psychotropic medications and not enrolled in our direct outreach. This will enable a comparison of different methods of direct-to-consumer marketing compared to aggressive outreach.

3. *CREST program*

The program will continue the sampling for CREST enrollees by 10 cardholders per week with a focus on those in rural counties. A direct-to-consumer marketing plan for the caregivers of those cardholders on cognitive enhancing pharmaceutical agents will be developed.

4. *High dose opioid pilot project*

In 2020, the program will perform initial analyses on the pilot group to guide further program improvements and continue with services and support for this at-risk group of cardholders.

Publications, Presentations, and Awards

Khan, M., Foust, K., Grecco, E., Rooney, D., DiFilippo, S., Mavandadi, S., Cadieux, R., S, Streim, J, Oslin, D. Adapting a collaborative care model to facilitate reduction of high doses of prescription opioids in community dwelling elders. Presented at the American Association for Geriatric Psychiatry 2019 Annual Meeting, Atlanta, GA, March 2019.

Published in: The American Journal of Geriatric Psychiatry, Volume 27, Issue 3, S147 - S148.
[https://www.ajgponline.org/article/S1064-7481\(19\)30068-5/abstract](https://www.ajgponline.org/article/S1064-7481(19)30068-5/abstract)

This work was also presented at the 2019 University of Pennsylvania's Institute on Aging: Sylvan M. Cohen Annual Retreat and Poster Session, where it was awarded Second Place in the Education & Community category.

The PACE Academic Detailing Program 2019 Report

Overview

The PACE Program provides funding and support to Alosa Health for the delivery of an academic detailing service to primary care clinicians who care for PACE beneficiaries. Academic detailing is outreach education for health care professionals to improve clinical decision making. Rather than promote products, educators provide comprehensive summaries of the body of evidence on a specific topic to help clinicians prescribe the safest, most effective medications for their patients.

The information is compiled from comparative effectiveness research that compares the effectiveness, benefits, and harms of different medical treatment options. This provides a convenient and efficient way for primary care providers to stay current on the latest medical findings about the health issues they most commonly treat. The model uses trained clinical educators who meet one-on-one with physicians, nurse practitioners, and physician assistants at their practice locations to discuss the most recent clinical data on a particular primary care topic. This report reflects activity during 2019.

THERAPEUTIC AREA	MODULE TITLE	RELEASED
Atrial Fibrillation	<i>Caring for Patients with Atrial Fibrillation</i>	Nov. 2019
Antiplatelet Therapy	<i>Aggregating the Latest Evidence on Antiplatelet Agents</i>	Jul. 2019
Type 2 Diabetes	<i>Managing Type 2 Diabetes: New Trials and Guidelines Are Transforming Medication Use</i>	May 2019
Depression	<i>Managing Depression in Older Patients: A Guide to the Most Current Evidence</i>	Nov. 2018
Hypertension	<i>Don't Let the Pressure Get to You: An Update on the Changing Recommendations for Treating Hypertension</i>	Jul. 2018
Acute Pain	<i>Managing Acute Pain in the Elderly</i>	May 2018
Chronic Pain	<i>Managing Chronic Pain in the Elderly</i>	Dec. 2017
COPD	<i>Helping Patients with COPD Breathe Easier</i>	Jul. 2017
Elder Abuse	<i>Caring for Vulnerable Elders</i>	Apr. 2017
LDL-Lowering Therapy	<i>Managing Lipids to Prevent Cardiovascular Events: Integrating the Current Guidelines into Practice</i>	Jul. 2016

Timely Education

In response to the changes in therapy for diabetes, the program updated and relaunched *Managing Type 2 Diabetes* in May 2019. This module followed the introduction of an awareness campaign for physician offices regarding diabetes prevention. The Diabetes Prevention Program, supported by the PA Department of Health and the Centers for Disease Control, uses coaching and patient support groups to create sustainable improvements in physical activity and healthy eating. Detailers provide clinicians with local resources for referring patients to a CDC-certified Diabetes Prevention Program.

Participants are eligible to receive AMA PRA Category 1 Credit when they receive a minimum score of 70% on the post-test.

Evaluation

Both qualitative and quantitative data are helpful to assess the impact of the program on prescribers and to improve the program's design for the primary care setting.

- Alosa conducts drug utilization analyses using PACE claims information.
- Nine clinical educators record feedback after each academic detailing visit, capturing the clinicians' impressions on the relevance of the current module to their practice and their perceived utility of the module in helping to improve patient care.
- Clinician participants complete post-visit surveys after each session to measure knowledge and to assess how the program impacts prescribing for older patients.
- Alosa reports the number of prescribers educated on each topic by provider type (physician, nurse practitioner, or physician assistant).

Qualitative Feedback

At the end of each educational session, the academic detailer records specifics on how the messages were received by the prescriber. This provides valuable insight on the program, and helps the clinical educator reflect on how they presented the message so that they can engage in continuous quality improvement. Below are comments from clinicians participating in the program as noted by the clinical educators. Feedback on other modules is available from the PACE Program.

Caring for Patients with Atrial Fibrillation

After reviewing the UnAd, the provider stated this module was a great reminder to utilize CHADs scoring and to assess each patient depending on circumstance. She specifically liked the evidence regarding post-stroke and invasive procedures. She felt this would be very helpful when treating her patients.

Aggregating the Latest Evidence on Antiplatelet Therapy

At the start of the visit, provider stated she had already read the studies and some of the data when initially published. However, she found it valuable to have the studies summarized in the document and the concise reference card. She said as always, she will use this as a reference when discussing with patients. She specifically liked the DAP evidence and finds the practice aligns with the recommendations.

Provider agreed with recommendations for patients 70 and over to not prescribe aspirin for primary prevention. He commented that he feels a little uneasy for the younger patients that may have some risk factors in their family history, so we discussed this scenario. Found the reference card with the 3 large studies helpful and looked forward to reading the evidence document in more detail. Provider commented the neurologists are following the recommendations and treatment guideline for acute stroke and long-term stroke management.

Post-Visit Surveys

Participant surveys began in 2013 and have continued for subsequent topics. For each module, the providers rate topic-specific statements and broader statements on the benefit to their patients. Clinicians strongly agree when asked if the program should continue and if they receive useful resources to use in caring for their older patients. Below are ratings for two modules. Rating results are available for other modules.

RATINGS FOR TYPE 2 DIABETES (MAY 2019)					
Please rate how strongly you agree or disagree with the following statements. 5 = Strongly Agree; 3 = Neutral; 1 = Strongly Disagree	AVERAGE RESPONSE (N=146)				
	5	4	3	2	1
The PACE academic detailer presented tools to assist with diet and lifestyle education for patients with prediabetes and diabetes.	4.97				
The detailer presented factors that drive medication selection, including the evidence on the cardiovascular benefit of select glucose-lowering medications.	4.97				
The detailer described a strategy for reducing treatment burden for patients on insulin.	4.95				
As a result of this visit, I will simplify insulin regimens in patients who are having recurrent hypoglycemia.	4.92				
PACE academic detailers provide current, non-commercial, evidence-based information that enables me to improve patient care.	4.94				
The PACE Academic Detailing Program has impacted the way I make clinical decisions in caring for my older patients.	4.90				
Information provided by the PACE Academic Detailing Program benefits the well-being of my patients.	4.95				

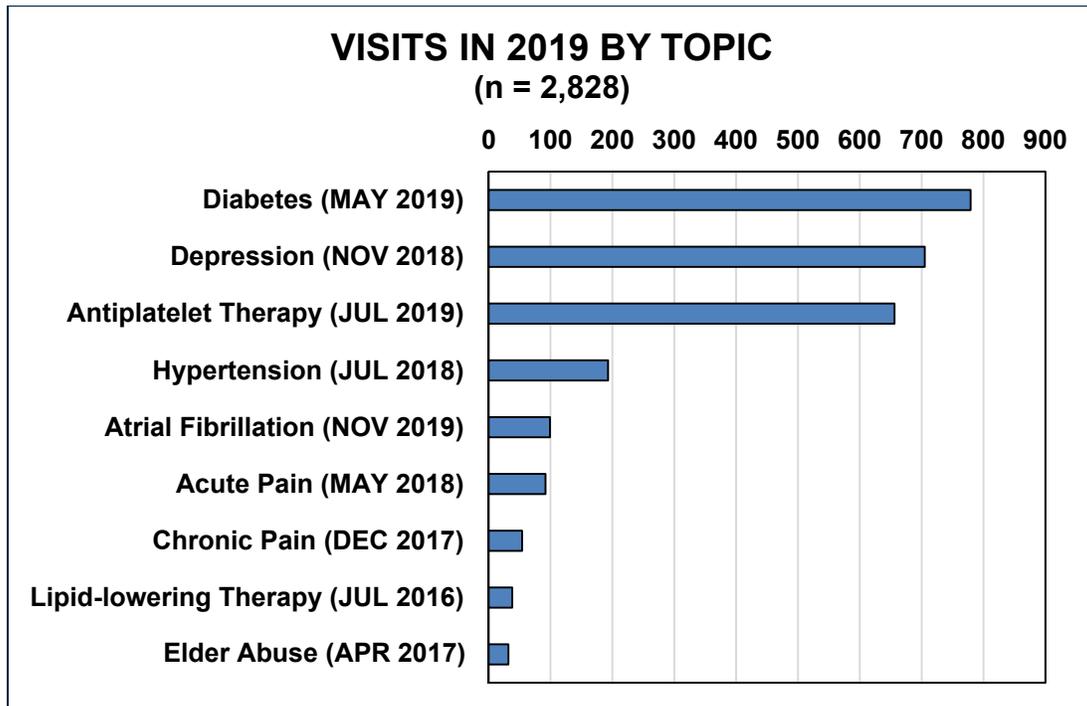
RATINGS FOR ANTIPLATELET THERAPY (JULY 2019)					
Please rate how strongly you agree or disagree with the following statements. 5 = Strongly Agree; 3 = Neutral; 1 = Strongly Disagree	AVERAGE RESPONSE (N=106)				
	5	4	3	2	1
The PACE academic detailer presented the most recent data on the role of aspirin for primary prevention.	4.97				
The detailer described when dual antiplatelet therapy is indicated and when to stop therapy in patients with cardiac indications.	4.95				
The detailer presented evidence for antiplatelet agents in the acute and longer-term post stroke.	4.97				
As a result of this visit, I will discuss stopping aspirin for primary prevention in older adults.	4.94				
PACE academic detailers provide current, non-commercial, evidence-based information that enables me to improve patient care.	4.96				
The PACE Academic Detailing Program has impacted the way I make clinical decisions in caring for my older patients.	4.91				
Information provided by the PACE Academic Detailing Program benefits the well-being of my patients.	4.95				

Visit Metrics

The tables below show the total number of educational visits by provider type and by topic. As the primary target for the program, physicians continue to represent the majority of prescribers taking part in the program. However, academic detailers welcome the opportunity to visit with nurse practitioners and physician assistants.

EDUCATIONAL VISITS

PRESCRIBER TYPE	2019
Physician	1,863
Physician Assistant	274
Nurse Practitioner	595
Resident	96
Total	2,828



APPENDIX B

The PACE/PACENET Medical Exception Process

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 C

American Hospital Formulary Service (AHFS) Classifications for Therapeutic Classes Used in Report

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.

<u>Name of Therapeutic Class</u>	<u>AHFS Classification</u>
Anti-infective agents	08
Quinolones	08:12.18
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 or any below
Angiotensin receptor blockers	24:32.08
ACE inhibitors	24:32.04
Cardiac glycosides	24:04.08
Antiarrhythmic agents	24:04.04
Beta blockers	24:24
Calcium channel blockers	24:28
Lipid-lowering agents	24:06
Hypotensive agents	24:08, 20
Vasodilating agents	24:12
Analgesics/antipyretics	28:08
NSAID's/COX-2 Inhibitors	28:08.04
Opiate agonists	28:08.08
Opiate partial agonists	28:08.12
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, 24:32.20, 52:40.12
Loop diuretics	40:28.08
Thiazide diuretics	40:28.20, 24
Potassium-sparing diuretics	40:28.16, 24:32.20
Respiratory tract agents	48
Eye, ear, nose and throat preparations	52
Gastrointestinal agents	56
H ₂ -receptor antagonists (H ₂ RA's)	56:28.12
Proton pump inhibitors	56:28.36
Miscellaneous anti-ulcer agents	56:28.28, 56:28.32
Hormones and synthetic substances	68
Adrenals and comb.	68:04
Estrogens and comb.	68:16.04 and selected other products
Antidiabetic agents (including insulin)	68:20
Thyroid and antithyroid agents	68:36
Drugs for osteoporosis	multiple classes (68:16.12, 68:24, 92:24)
Theophylline and related smooth muscle relaxants	86:16

APPENDIX D

PACE/PACENET Prospective Drug Utilization Review Criteria

Updated February 2020

PACE Prospective Drug Utilization Review Criteria Types

Initial Dose	For a first prescription of a given drug, the prescribed daily dose of medication exceeds PACE's safety threshold for initial use.
Maximum Dose	The prescribed daily dose of medication exceeds PACE's safety threshold for non-initial use.
Quantity Limit	The quantity of units prescribed (e.g., pills, tablets) within a specified time interval exceeds PACE's safety limit.
Duration of Therapy	The total duration of time for which the cardholder has continuously used the medication exceeds PACE's safety limit.
Duplicate Therapy	Two or more drugs with the same therapeutic effect have been prescribed concurrently, and the combination is duplicative rather than synergistic.
Drug-Drug	Two or more drugs for which concurrent use is contraindicated have been prescribed.
Diagnosis Required	PACE reviews diagnostic information provided by the prescriber to ensure that the drug that has been prescribed is safe and effective for the intended use, based on FDA and compendia supported guidelines.
Step Therapy	For some conditions, accepted clinical guidelines recommend that certain medications should be used as the first line of treatment. Other medications in the step therapy protocol may be substituted or added later, if needed.
Medical Exception	Some medications require additional clinical review by PACE pharmacists to ensure that the prescribed medication is appropriate.

Therapeutic Classes for Prospective Drug Utilization Review

AHFS Category	Therapeutic Class Name	Starting Page	AHFS Category	Therapeutic Class Name	Starting Page
04	Antihistamine Drugs	134	28:32.28	Selective Serotonin Agonists	151
08	Anti-Infective Agents	134	28:36.16	Dopamine Precursors	152
10	Antineoplastic Agents	136	28:36.20	Dopamine Receptor Agonists	152
12:04	Parasympathomimetic (Cholinergic Agents)	139	28:36.32	Monoamine Oxidase B Inhibitors	152
12:08	Anticholinergic Agents	139	28:40	Fibromyalgia Agents	152
12:12	Sympathomimetic (Adrenergic) Agents	139	28:56	Vesicular Monoamine Transport2 Inhibitor	152
12:16	Sympatholytic Adrenergic Blocking Agents	140	28:92	Central Nervous System Agents, Misc.	152
12:20	Skeletal Muscle Relaxants	140	40:10	Ammonia Detoxicants	152
12:92	Autonomic Drugs, Miscellaneous	140	40:18	Ion-Removing Agents	153
20:04.04	Iron Preparations	141	40:20	Caloric Agents	153
20:12.04	Anticoagulants	141	40:28	Diuretics	153
20:12.14	Platelet-Reducing Agents	141	40:40	Uricosuric Agents	153
20:12.18	Platelet-Aggregation Inhibitors	141	44	Enzymes	153
20:16	Hematopoietic Agents	141	48	Respiratory Tract Agents	153
20:28.16	Hemostatics	141	52	Eye, Ear, Nose and Throat (EENT) Preps.	155
24:04.04	Antiarrhythmic Agents	142	56:04	Antacids and Adsorbents	155
24:04.08	Cardiotonic Agents	142	56:08	Antidiarrhea Agents	155
24:04.92	Cardiac Drugs, Miscellaneous	142	56:12	Cathartics and Laxatives	155
24:06	Antilipemic Agents	142	56:22	Antiemetics	156
24:08	Hypotensive Agents	142	56:28.12	Histamine H2-Antagonists	156
24:12.08	Nitrates and Nitrites	142	56:28.28	Prostaglandins	156
24:12.12	Phosphodiesterase Type 5 Inhibitors	143	56:28.32	Protectants	156
24:12.92	Vasodilating Agents, Miscellaneous	143	56:28.36	Proton Pump Inhibitors	156
24:24	Beta-Adrenergic Blocking Agents	143	56:32	Prokinetic Agents	156
24:28	Calcium-Channel Blocking Agents	143	56:36	Anti-Inflammatory Agents (GI Drugs)	157
24:32.04	Angiotensin-Converting Enzyme Inhibitors	144	56:92	GI Drugs, Miscellaneous	157
24:32.08	Angiotensin II Receptor Antagonists	144	64	Heavy Metal Antagonists	157
24:32.40	Renin Inhibitors	145	68:04	Adrenals	157
26:12	Gene Therapy	145	68:08	Androgens	158
28:04.92	General Anesthetics, Miscellaneous	145	68:16	Estrogens and Antiestrogens	158
28:08.04	Nonsteroidal Anti-Inflammatory Agents	145	68:18	Gonadotropins and Antigonadotropins	158
28:08.08	Opiate Agonists	146	68:20	Antidiabetic Agents	158
28:08.12	Opiate Partial Agonists	147	68:24	Parathyroid and Antiparathyroid Agents	159
28:08.92	Analgesics and Antipyretics, Misc.	147	68:28	Pituitary	159
28:10	Opiate Antagonists	147	68:29	Somatostatin Agonists and Antagonists	160
28:12.08	Benzodiazepines (Anticonvulsants)	147	68:40	Leptins	160
28:12.92	Anticonvulsants, Miscellaneous	147	68:44	Renin-Angiotensin-Aldosterone Syst (RAAS)	160
28:16.04	Antidepressants	148	80:12	Vaccines	160
28:16.08	Antipsychotic Agents	149	84	Skin and Mucous Membrane Agents	160
28:20.04	Amphetamines	150	86	Smooth Muscle Relaxants	162
28:20.08	Anorexigenic Agents	150	88	Vitamins	162
28:20.32	Respiratory and CNS Stimulants	150	92:12	Antidotes	162
28:20.80	Wakefulness-Promoting Agents	150	92:20	Immunomodulatory Agents	162
28:20.92	Anorexigenic Agents and Stimulants, Misc.	150	92:24	Bone Resorption Inhibitors	163
28:24.04	Barbiturates (Anxiolytic, Sedative/Hypnotic)	150	92:32	Complement Inhibitors	163
28:24.08	Benzodiazepines (Anxiolytic, Sedative/Hypnotic)	151	92:36	Disease-Modifying Antirheumatic Agents	163
28:24.92	Anxiolytics, Sedatives, and Hypnotics, Misc.	151	92:44	Immunosuppressive Agents	163
28:32.12	Calcitonin Gene-Related Peptide Antag.	151	92:92	Other Miscellaneous Therapeutic Agents	164

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
AHFS Class 04 - Antihistamine Drugs										
Brompheniramine	---					✓				
Cetirizine	Zyrtec		✓			✓				
Chlorcyclizine	---			✓						
Chlorpheniramine	---					✓				
Desloratadine	Clarinet		✓			✓				
Diphenhydramine	Benadryl					✓				
Doxylamine	---					✓				
Fexofenadine	Allegra		✓			✓				
Loratadine	Claritin					✓				
Pyrilamine	---			✓						
AHFS Class 08 - Anti-Infective Agents										
Atazanavir	Evotaz		✓							
Bedaquiline	Sirturo							✓		
Benznidazole	---							✓		
Boceprevir	Victralis					✓				✓
Ceftolozane	Zerbaxa							✓		
Daclatasvir	Daklinza		✓		✓	✓		✓		
Darunavir	Prezcobix		✓							
Delafloxacin	Baxdela							✓		
Elbasvir	Zepatier		✓		✓	✓		✓		
Fidaxomicin	Dificid				✓			✓		
Fluconazole	Diflucan				✓					
Gentamicin	---									✓
Glecaprevir	Mavyret		✓		✓	✓		✓		
Griseofulvin	---				✓					

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
Isavuconazonium	Cresemba							✓		
Itraconazole	Onmel				✓					
Ketoconazole	---				✓					
Ledipasvir	Harvoni		✓		✓	✓		✓		
Linezolid	Zyvox							✓		
Mebendazole	---							✓		
Mefloquine	---							✓		
Miltefosine	Impavido							✓		
Minocycline	Solodyn				✓					✓
Omadacycline	Nuzyra				✓					
Ombitasvir	Viekira		✓		✓	✓		✓		
Peginterferon alfa-2b	Sylatron							✓		
Posaconazole	Noxafil									✓
Quinine	Qualaquin							✓		✓
Rifamycin	Aemcolo				✓					
Rifapentine	Priftin							✓		
Rifaximin	Xifaxan				✓			✓		
Sarecycline	Seysara				✓					
Simeprevir	Olysio		✓		✓	✓		✓		
Sofosbuvir	Sovaldi		✓		✓	✓		✓		
Tedizolid	Sivextro							✓		
Telaprevir	Incivek					✓				✓
Telbivudine	Tyzeka							✓		✓
Tenofovir	Vemlidy		✓					✓		
Terbinafine	Lamisil				✓					
Tinidazole	Tindamax							✓		✓

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
Tobramycin	Tobi							✓		
Trovafloxacin	Trovan							✓		
Vancomycin	Vancocin HCl							✓		
Voriconazole	Vfend IV							✓		
AHFS Class 10 - Antineoplastic Agents										
Abemaciclib	Verzenio							✓		
Abiraterone	Zytiga							✓		
Acalabrutinib	Calquence							✓		
Afatinib	Gilotrif							✓		
Alectinib	Alecensa							✓		
Alpelisib	Piqray							✓		
Anastrozole	Arimidex							✓		
Apalutamide	Erleada							✓		
Avapritinib	Ayvakit							✓		
Axicabtagene ciloleucel	Yescarta							✓		
Axitinib	Inlyta							✓		
Azacitidine	Vidaza							✓		
Belinostat	Beleodaq							✓		
Bendamustine	Treanda							✓		
Bleomycin	Blenoxane							✓		
Bosutinib	Bosulif							✓		
Brentuximab vedotin	Adcetris							✓		
Brigatinib	Alunbrig							✓		
Cabozantinib	Cabometyx		✓					✓		
Carmustine	Bicnu							✓		
Ceritinib	Zykadia							✓		

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
Clofarabine	Clolar									✓
Dabrafenib	Tafinlar							✓		
Daunorubicin	Vyxeos							✓		
Durvalumab	Imfinzi							✓		
Duvelisib	Copiktra							✓		
Enasidenib	Idhifa							✓		
Encorafenib	Braftovi							✓		
Entrectinib	Rozlytrek							✓		
Enzalutamide	Xtandi							✓		
Erdafitinib	Balversa							✓		
Erlotinib	Tarceva							✓		
Everolimus	Afinitor							✓		
Exemestane	Aromasin							✓		
Fedratinib	Inrebic							✓		
Gilteritinib	Xospata							✓		
Ibrutinib	Imbruvica							✓		
Idarubicin	Idamycin PFS							✓		
Idelalisib	Zydelig							✓		
Ixazomib	Ninlaro							✓		
Larotrectinib	Vitrakvi							✓		
Lenalidomide	Revlimid							✓		✓
Lenvatinib	Lenvima							✓		
Lorlatinib	Lorbrena							✓		
Mechlorethamine	Valchlor							✓		
Mercaptopurine	Purixan							✓		
Methotrexate	Rasuvo								✓	

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
Midostaurin	Rydapt							✓		
Neratinib	Nerlynx				✓			✓		
Niraparib	Zejula							✓		
Obinutuzumab	Gazyva							✓		
Olaparib	Lynparza							✓		
Osimertinib	Tagrisso							✓		
Palbociclib	Ibrance							✓		
Panobinostat	Farydak				✓			✓		
Pexidartinib	Turalio							✓		
Plicamycin	---									✓
Pomalidomide	Pomalyst							✓		
Ponatinib	Iclusig							✓		
Pralatrexate	Folotyn							✓		
Ramucirumab	Cyramza							✓		
Regorafenib	Stivarga							✓		
Ribociclib	Kisqali							✓		
Rucaparib	Rubraca							✓		
Ruxolitinib	Jakafi							✓		
Siltuximab	Sylvant							✓		
Sonidegib	Odomzo							✓		
Sorafenib	Nexavar							✓		
Sunitinib	Sutent							✓		
Talazoparib	Talzenna							✓		
Temsirolimus	Torisel							✓		
Tisagenlecleucel	Kymriah							✓		
Trametinib	Mekinist							✓		

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
Trifluridine	Lonsurf							✓		
Vandetanib	Caprelsa							✓		
Vemurafenib	Zelboraf							✓		
Venetoclax	Venclexta							✓		
Vorinostat	Zolinza							✓		
Zanubrutinib	Brukinsa							✓		
Ziv-aflibercept	Zaltrap							✓		
AHFS Class 12:04 - Parasympathomimetic (Cholinergic Agents)										
Donepezil	Aricept		✓							
Galantamine	Razadyne		✓							
Pilocarpine	Salagen							✓		
Rivastigmine	Exelon	✓	✓							
AHFS Class 12:08 - Anticholinergic Agents										
Aclidinium	Tudorza Pressair						✓			
Glycopyrrolate	Bevespi Aerosphere					✓	✓	✓		
Ipratropium	Combivent Respimat						✓			
Revefenacin	Yupelri		✓				✓			
Tiotropium	Spiriva						✓			
Umeclidinium	Anoro Ellipta					✓	✓			
AHFS Class 12:12 - Sympathomimetic (Adrenergic) Agents										
Albuterol	Ventolin HFA						✓			
Arformoterol	Brovana					✓				
Droxidopa	Northera							✓		
Ephedrine	---						✓			
Epinephrine	Epipen						✓	✓		
Formoterol	Perforomist					✓				

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
Indacaterol	Arcapta Neohaler					✓				
Isoproterenol	---						✓			
Metaproterenol	---						✓			
Olodaterol	Striverdi Respimat					✓				
Phenylpropanolamine	---					✓				
Racepinephrine	---						✓			
Ritodrine	---						✓			
Salmeterol	Serevent Diskus					✓				
Terbutaline	---						✓			
AHFS Class 12:16 - Sympatholytic Adrenergic Blocking Agents										
Acebutolol	---		✓							
Dihydroergotamine	Migranal		✓		✓	✓				
Methysergide	---		✓			✓				
Phenoxybenzamine	Dibenzyline							✓		
AHFS Class 12:20 - Skeletal Muscle Relaxants										
Baclofen	Lioresal		✓		✓					
Carisoprodol	Soma		✓		✓					
Chlorzoxazone	Lorzone		✓		✓					
Cyclobenzaprine	Amrix		✓		✓					
Dantrolene	Ryanodex		✓		✓					
Metaxalone	Skelaxin		✓		✓					
Methocarbamol	Robaxin-750		✓		✓					
Orphenadrine	Norflex		✓		✓					
Tizanidine	Zanaflex		✓		✓					
AHFS Class 12:92 - Autonomic Drugs, Miscellaneous										
Varenicline	Chantix				✓					

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
AHFS Class 20:04.04 - Iron Preparations										
Ferric carboxymaltose	Injectafer							✓		
AHFS Class 20:12.04 - Anticoagulants										
Betrixaban	Bevyxxa				✓					
Dalteparin,porcine	Fragmin							✓		
Edoxaban	Savaysa							✓		
Enoxaparin	Lovenox							✓		✓
Tinzaparin,porcine	Innohep									✓
AHFS Class 20:12.14 - Platelet-Reducing Agents										
Anagrelide	Agrylin							✓		
AHFS Class 20:12.18 - Platelet-Aggregation Inhibitors										
Cilostazol	Pletal		✓							
Clopidogrel	Plavix		✓							
Prasugrel	Effient							✓		
Ticlopidine	Ticlid		✓							
AHFS Class 20:16 - Hematopoietic Agents										
Eltrombopag	Promacta							✓		
Epoetin beta	Mircera							✓		
Plerixafor	Mozobil							✓		✓
Romiplostim	Nplate							✓		
Tbo-filgrastim	Granix							✓		
AHFS Class 20:28.16 - Hemostatics										
Antihemophilic factor VIII	Afstyla							✓		
Factor IX	Rebinyn							✓		
Factor XIII	Corifact							✓		
Tranexamic acid	Lysteda							✓		✓

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
AHFS Class 24:04.04 - Antiarrhythmic Agents										
Quinidine	Quinaglute									✓
AHFS Class 24:04.08 - Cardiotonic Agents										
Digoxin	Lanoxin		✓							
Milrinone	---					✓				
AHFS Class 24:04.92 - Cardiac Drugs, Miscellaneous										
Ivabradine	Corlanor		✓					✓		
AHFS Class 24:06 - Antilipemic Agents										
Alirocumab	Praluent									✓
Atorvastatin	Lipitor		✓			✓				
Evolocumab	Repatha									✓
Ezetimibe	Zetia		✓							
Fluvastatin	Lescol XL		✓			✓				
Lomitapide	Juxtapid							✓		
Lovastatin	Altoprev		✓			✓				
Mipomersen	Kynamro							✓		
Pitavastatin	Livalo		✓							
Pravastatin	Pravachol		✓			✓				
Rosuvastatin	Crestor		✓			✓				
Simvastatin	Zocor		✓			✓				
AHFS Class 24:08 - Hypotensive Agents										
Clonidine	Catapres							✓		
AHFS Class 24:12.08 - Nitrates and Nitrites										
Amyl nitrite	---						✓			
Isosorbide	Isordil						✓			
Nitroglycerin	Nitrostat						✓			

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
AHFS Class 24:12.12 - Phosphodiesterase Type 5 Inhibitors										
Sildenafil	Viagra		✓		✓	✓	✓	✓		
Tadalafil	Cialis		✓		✓	✓	✓	✓		
Vardenafil	Levitra		✓		✓	✓	✓			
AHFS Class 24:12.92 - Vasodilating Agents, Miscellaneous										
Alprostadil	Muse				✓	✓				
Isoxsuprine	---									✓
AHFS Class 24:24 - Beta-Adrenergic Blocking Agents										
Acebutolol	Sectral		✓			✓				
Atenolol	Tenormin		✓			✓				
Betaxolol	Kerlone		✓			✓				
Bisoprolol	Zebeta		✓			✓				
Carteolol	Cartrol		✓			✓				
Carvedilol	Coreg CR		✓			✓				
Labetalol	Trandate		✓			✓				
Metoprolol	Toprol XL		✓			✓				
Nadolol	Corgard		✓			✓				
Nebivolol	Bystolic					✓				
Penbutolol	Levatol		✓			✓				
Pindolol	Visken		✓			✓				
Propranolol	Inderal XL		✓			✓				
Sotalol	Betapace		✓					✓		
Timolol	Blocadren		✓			✓				
AHFS Class 24:28 - Calcium-Channel Blocking Agents										
Amlodipine	Azor					✓				
Bepidil	Vascor		✓			✓				

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
Diltiazem	Cardizem LA		✓			✓				
Felodipine	Plendil		✓			✓				
Isradipine	Dynacirc CR		✓			✓				
Nicardipine	Cardene SR		✓			✓				
Nifedipine	Procardia XL		✓			✓				
Nimodipine	Nymalize							✓		✓
Nisoldipine	Sular		✓			✓				
Verapamil	Calan SR		✓			✓				
AHFS Class 24:32.04 - Angiotensin-Converting Enzyme Inhibitors										
Benazepril	Lotensin		✓			✓				
Captopril	Capoten		✓			✓				
Enalaprilat	Vasotec		✓			✓				
Fosinopril	Monopril		✓			✓				
Lisinopril	Zestril		✓			✓				
Moexipril	Univasc		✓			✓				
Perindopril	Aceon		✓			✓				
Quinapril	Accupril		✓			✓				
Ramipril	Altace		✓			✓				
Trandolapril	Mavik					✓				
AHFS Class 24:32.08 - Angiotensin II Receptor Antagonists										
Candesartan	Atacand		✓			✓				
Eprosartan	Teveten		✓			✓				
Irbesartan	Avapro		✓			✓				
Losartan	Cozaar		✓			✓				
Olmесartan	Benicar		✓			✓				
Sacubitril	Entresto					✓		✓		

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
Telmisartan	Micardis		✓			✓				
Valsartan	Diovan		✓			✓				
AHFS Class 24:32.40 - Renin Inhibitors										
Aliskiren	Tekturna						✓			
AHFS Class 26:12 - Gene Therapy										
Voretigene neparvovec-rzyl	Luxturna							✓		
AHFS Class 28:04.92 - General Anesthetics, Miscellaneous										
Ketamine	Ketalar									✓
AHFS Class 28:08.04 - Nonsteroidal Anti-Inflammatory Agents										
Aspirin	Low Dose Aspirin EC		✓			✓				
Asprin-Butalbital	Fiorinal		✓			✓		✓		
Bromfenac	Duract		✓			✓				
Celecoxib	Celebrex		✓			✓				
Diclofenac	Voltaren		✓			✓		✓		
Diflunisal	Dolobid		✓			✓				
Etodolac	Lodine XL		✓			✓				
Fenoprofen	Nalfon		✓			✓				
Flurbiprofen	Ansaid		✓			✓				
Ibuprofen	---		✓			✓				
Indomethacin	Indocin SR		✓			✓				
Ketoprofen	Oruvail		✓			✓				
Ketorolac	Toradol		✓		✓	✓				
Meclofenamic acid	Meclomen		✓			✓				
Mefenamic acid	Ponstel		✓			✓		✓		
Meloxicam	Mobic	✓	✓			✓				
Nabumetone	Relafen		✓			✓				

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
Naproxen	Naprelan		✓			✓				
Oxaprozin	Daypro		✓			✓				
Piroxicam	Feldene		✓			✓				
Salicylates	---		✓			✓				
Salsalate	---		✓			✓				
Sulindac	Clinoril		✓			✓				
Tolmetin	Tolectin DS		✓			✓				
Valdecoxib	Bextra		✓			✓				
AHFS Class 28:08.08 - Opiate Agonists										
Alfentanil	Alfenta				✓	✓	✓			
Benzhydrocodone	Apadaz						✓			
Codeine	Fiorinal With Codeine #3		✓	✓		✓	✓	✓		
Dezocine	Dalgan						✓			
Dihydrocodeine	---					✓				
Fentanyl	Duragesic	✓		✓	✓	✓	✓	✓	✓	
Hydrocodone	Hysingla ER			✓	✓	✓	✓		✓	✓
Hydromorphone	Exalgo			✓	✓	✓	✓			✓
Levomethadyl	Orlaam				✓	✓	✓			
Levorphanol	Levo-Dromoran			✓	✓	✓	✓			
Meperidine	Demerol			✓	✓	✓	✓			
Methadone	---			✓	✓	✓	✓			
Morphine	Embeda			✓	✓	✓	✓			
Opium	B & O Suppnettes			✓	✓	✓	✓			
Oxycodone	Oxycontin		✓	✓	✓	✓	✓			
Oxymorphone	Opana ER			✓	✓	✓	✓			✓
Remifentanil	Ultiva				✓	✓	✓			

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
	Sufentanil	Sufenta				✓	✓	✓			
	Tapentadol	Nucynta ER		✓	✓	✓	✓	✓			
	Tramadol	Ultram		✓	✓	✓	✓	✓			
AHFS Class 28:08.12 - Opiate Partial Agonists											
	Buprenorphine	Butrans						✓			
	Butorphanol	Stadol NS			✓	✓	✓	✓			
	Nalbuphine	Nubain			✓	✓	✓	✓			
	Pentazocine	Talwin			✓	✓	✓	✓			
AHFS Class 28:08.92 - Analgesics and Antipyretics, Misc.											
	Butalbital	Fioricet							✓		
	Gabapentin	Gralise		✓					✓		
	Isometheptene	Nodolor					✓				
	Pregabalin	Lyrica CR							✓		
	Salicylamide	Panritis Forte					✓				
	Ziconotide	Prialt							✓		✓
AHFS Class 28:10 - Opiate Antagonists											
	Naloxone	Narcan			✓				✓		✓
AHFS Class 28:12.08 - Benzodiazepines (Anticonvulsants)											
	Clobazam	Onfi							✓		✓
	Clonazepam	Klonopin		✓		✓	✓				
AHFS Class 28:12.92 - Anticonvulsants, Miscellaneous											
	Gabapentin	Neurontin		✓					✓		
	Lamotrigine	Lamictal							✓		
	Oxcarbazepine	Trileptal								✓	✓
	Perampanel	Fycompa	✓								
	Tiagabine	Gabitril									✓

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
Topiramate	Topamax					✓		✓		
AHFS Class 28:16.04 - Antidepressants										
Amitriptyline	---		✓				✓	✓		✓
Amoxapine	Asendin	✓	✓				✓			
Bupropion	Wellbutrin XL		✓				✓			
Citalopram	Celexa		✓				✓			
Clomipramine	Anafranil		✓				✓			
Desipramine	Norpramin		✓				✓			
Desvenlafaxine	Pristiq		✓				✓			
Doxepin	Silenor		✓				✓			
Duloxetine	Cymbalta		✓				✓			
Escitalopram	Lexapro		✓				✓			
Fluoxetine	Prozac		✓				✓		✓	
Fluvoxamine	Luvox CR		✓				✓			
Imipramine	Tofranil		✓				✓			
Isocarboxazid	Marplan	✓	✓				✓			
Maprotiline	Ludiomil		✓				✓			
Mirtazapine	Remeron	✓	✓				✓			
Nefazodone	Serzone		✓				✓			
Nortriptyline	Pamelor		✓				✓			
Olanzapine	Symbyax					✓	✓	✓		✓
Paroxetine	Paxil		✓				✓			
Perphenazine	Triavil 4-50							✓		✓
Phenelzine	Nardil		✓				✓			
Protriptyline	Vivactil		✓				✓			
Sertraline	Zoloft		✓				✓			

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
	Tranlycypromine	Parnate		✓				✓			
	Trazodone	Oleptro ER		✓			✓	✓			
	Trimipramine	Surmontil		✓				✓			
	Venlafaxine	Effexor XR		✓				✓			
	Vilazodone	Viibryd						✓			
	Vortioxetine	Trintellix		✓				✓	✓		
AHFS Class 28:16.08 - Antipsychotic Agents											
	Aripiprazole	Abilify		✓			✓	✓		✓	✓
	Asenapine	Saphris					✓	✓			
	Brexpiprazole	Rexulti	✓					✓	✓		
	Cariprazine	Vraylar		✓							
	Chlorpromazine	Thorazine		✓							
	Clozapine	Clozaril	✓	✓			✓				
	Fluphenazine	Prolixin		✓							
	Haloperidol	Haldol						✓			
	Iloperidone	Fanapt					✓	✓			
	Loxapine	Loxitane		✓							
	Lurasidone	Latuda					✓	✓			
	Mesoridazine	Serentil		✓							
	Olanzapine	Zyprexa		✓			✓	✓			
	Paliperidone	Invega Sustenna					✓	✓	✓		
	Perphenazine	Trilafon	✓	✓							
	Pimavanserin	Nuplazid							✓		
	Quetiapine	Seroquel XR		✓			✓	✓			
	Risperidone	Risperdal Consta					✓	✓			
	Thioridazine	Mellaril-S		✓							

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
Thiothixene	Navane	✓	✓							
Trifluoperazine	---		✓							
Ziprasidone	Geodon		✓			✓	✓			
AHFS Class 28:20.04 - Amphetamines										
Amphetamine	Adzenys XR-ODT					✓		✓		
Benzphetamine	Regimex					✓		✓		
Dextroamphetamine	Adderall XR		✓			✓		✓		
Lisdexamfetamine	Vyvanse		✓			✓		✓		
Methamphetamine	Desoxyn Gradumet		✓			✓		✓		
AHFS Class 28:20.08 - Anorexigenic Agents										
Diethylpropion	Tepanil		✓			✓		✓		
Lorcaserin	Belviq					✓		✓		
Naltrexone	Contrave					✓		✓		
Phendimetrazine	Prelu-2		✓			✓		✓		
Phentermine	Qsymia					✓		✓		
AHFS Class 28:20.32 - Respiratory and CNS Stimulants										
Dexmethylphenidate	Focalin XR		✓			✓		✓		
Methylphenidate	Ritalin LA		✓			✓		✓		
AHFS Class 28:20.80 - Wakefulness-Promoting Agents										
Armodafinil	Nuvigil		✓					✓		
Modafinil	Provigil		✓					✓		
Solriamfetol	Sunosi		✓				✓	✓		
AHFS Class 28:20.92 - Anorexigenic Agents and Stimulants, Misc.										
Sibutramine	Meridia		✓		✓					
AHFS Class 28:24.04 - Barbiturates (Anxiolytic, Sedative/Hypnotic)										
Amobarbital	Amytal		✓		✓					

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
Butabarbital	Butisol		✓		✓					
Secobarbital	Seconal		✓		✓					
AHFS Class 28:24.08 - Benzodiazepines (Anxiolytic, Sedative/Hypnotic)										
Alprazolam	Xanax		✓		✓	✓		✓		
Chlordiazepoxide	Librium		✓		✓	✓				
Clorazepic acid	Tranxene T-Tab		✓		✓	✓				
Diazepam	Valium		✓		✓	✓				
Estazolam	Prosom	✓	✓			✓				
Flurazepam	Dalmane		✓			✓				
Halazepam	Paxipam		✓			✓				
Lorazepam	Ativan		✓		✓	✓				
Oxazepam	Serax		✓		✓	✓				
Quazepam	Doral	✓	✓			✓				
Temazepam	Restoril	✓	✓	✓	✓	✓				
Triazolam	Halcion			✓	✓	✓		✓		✓
AHFS Class 28:24.92 - Anxiolytics, Sedatives, and Hypnotics, Misc.										
Chloral hydrate	---		✓		✓					
Eszopiclone	Lunesta	✓	✓			✓				
Ramelteon	Rozerem		✓			✓				
Tasimelteon	Hetlioz							✓		
Zaleplon	Sonata		✓		✓	✓				
Zolpidem	Ambien		✓		✓	✓		✓	✓	
AHFS Class 28:32.12 - Calcitonin Gene-Related Peptide Antag.										
Galcanezumab-gnlm	Emgality Pen			✓						
AHFS Class 28:32.28 - Selective Serotonin Agonists										
Almotriptan	Axert		✓		✓	✓				
Eletriptan	Relpax		✓		✓					

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
Frovatriptan	Frova		✓		✓	✓				
Naratriptan	Amerge					✓				
Rizatriptan	Maxalt MLT		✓		✓	✓				
Sumatriptan	Imitrex		✓	✓		✓		✓		✓
Zolmitriptan	Zomig		✓		✓	✓				
AHFS Class 28:36.16 - Dopamine Precursors										
Carbidopa	Rytary		✓				✓			
AHFS Class 28:36.20 - Dopamine Receptor Agonists										
Bromocriptine	Parlodel								✓	
AHFS Class 28:36.32 - Monoamine Oxidase B Inhibitors										
Rasagiline	Azilect						✓			
Safinamide	Xadago									✓
Selegiline	Zelapar						✓			
AHFS Class 28:40 - Fibromyalgia Agents										
Milnacipran	Savella						✓			
AHFS Class 28:56 - Vesicular Monoamine Transport2 Inhibitor										
Deutetrabenazine	Austedo							✓		
Tetrabenazine	Xenazine							✓		
Valbenazine	Ingrezza							✓		
AHFS Class 28:92 - Central Nervous System Agents, Misc.										
Atomoxetine	Strattera		✓					✓		
Dextromethorphan	Nuedexta							✓		
Guanfacine	Intuniv							✓		
Memantine	Namenda XR		✓						✓	
AHFS Class 40:10 - Ammonia Detoxicants										
Glycerol phenylbutyrate	Ravicti							✓		

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
AHFS Class 40:18 - Ion-Removing Agents										
Sevelamer	Renvela		✓							✓
AHFS Class 40:20 - Caloric Agents										
Amino acids	Travasol With Electrolytes							✓		
AHFS Class 40:28 - Diuretics										
Tolvaptan	Samsca								✓	
AHFS Class 40:40 - Uricosuric Agents										
Lesinurad	Duzallo		✓							
AHFS Class 44 - Enzymes										
Agalsidase beta	Fabrazyme							✓		
Cerliponase alfa	Brineura							✓		
Collagenase Clost. Hist.	Xiaflex							✓		
Elosulfase alfa	Vimizim							✓		
Taliglucerase alfa	Elelyso							✓		
Vestronidase alfa-vjbj	Mepsevii							✓		
AHFS Class 48 - Respiratory Tract Agents										
Alpha-1-proteinase inhibitor	Zemaira							✓		
Ambrisentan	Letairis					✓		✓		
Beclomethasone	Qvar						✓			
Benralizumab	Fasenra									✓
Bosentan	Tracleer					✓		✓		
Brompheniramine	Pluratuss			✓	✓	✓				
Budesonide	Symbicort					✓	✓			
Chlorcyclizine	Notuss-Nx			✓	✓	✓				
Chlorpheniramine	Zodryl Dac 80			✓	✓	✓				
Ciclesonide	Alvesco						✓			

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
Codeine	Tuzistra XR		✓	✓	✓	✓				
Dexamethasone	---						✓			
Dexchlorpheniramine	Vanacof Cd			✓	✓	✓				
Dextromethorphan	---					✓				
Dihydrocodeine	---			✓	✓	✓				
Dupilumab	Dupilixent							✓		
Epoprostenol	Flolan					✓				
Flunisolide	Aerospan						✓			
Fluticasone	Advair Diskus					✓	✓			
Fluticasone furoate	Breo Ellipta					✓	✓			
Guaifenesin	---					✓				
Iloprost	Ventavis					✓		✓		✓
Ivacaftor	Kalydeco							✓		
Macitentan	Opsumit					✓		✓		
Mepolizumab	Nucala							✓		
Mometasone furoate	Dulera					✓	✓			
Nintedanib	Ofev		✓			✓		✓		
Omalizumab	Xolair							✓		✓
Phenylephrine	---			✓	✓	✓				
Pirfenidone	Esbriet		✓			✓		✓		
Promethazine	Phenergan W/Codeine			✓	✓	✓				
Pseudoephedrine	---			✓	✓	✓				
Pyrilamine	Zotex-C			✓	✓	✓				
Riociguat	Adempas					✓		✓		
Roflumilast	Daliresp						✓			
Selexipag	Upravi		✓			✓		✓		

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
Tezacaftor	Symdeko							✓		
Treprostinil	Orenitram ER					✓		✓		
Triamcinolone	Azmacort						✓			
AHFS Class 52 - Eye, Ear, Nose and Throat (EENT) Preps.										
Aflibercept	Eylea							✓		
Carteolol	Ocupress		✓							
Ciprofloxacin	Otovel							✓		
Cocaine	Numbrino				✓	✓				
Dexamethasone	Dexycu							✓		
Diclofenac	Voltaren		✓			✓				
Doxycycline	Periostat		✓							
Fluticasone	Xhance							✓		
Ketorolac	Acular Ls		✓							
Mometasone furoate	Nasonex							✓		
Ocriplasmin	Jetrea							✓		
Pegaptanib	Macugen			✓				✓		✓
Pilocarpine	Isopto Carpine							✓		
AHFS Class 56:04 - Antacids and Adsorbents										
Calcium carbonate	---					✓				
Magnesium	---					✓				
AHFS Class 56:08 - Antidiarrhea Agents										
Crofelemer	Mytesi								✓	
Opium	---			✓	✓	✓				
Telotristat ethyl	Xermelo		✓					✓		
AHFS Class 56:12 - Cathartics and Laxatives										
Bisacodyl	Bisac-Evac					✓				

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
Picosulfuric acid	Clenpiq				✓					
Sodium sulfate	Suprep				✓					
AHFS Class 56:22 - Antiemetics										
Aprepitant	Emend							✓		
Doxylamine	Diclegis							✓		
Dronabinol	Marinol		✓					✓		
Meclizine	---					✓				
Prochlorperazine	Compazine									✓
AHFS Class 56:28.12 - Histamine H₂-Antagonists										
Cimetidine	Tagamet		✓							
Famotidine	Pepcid		✓							
Nizatidine	Axid		✓							
Ranitidine	Zantac		✓			✓				
AHFS Class 56:28.28 - Prostaglandins										
Misoprostol	Cytotec		✓							
AHFS Class 56:28.32 - Protectants										
Sucralfate	Carafate		✓							
AHFS Class 56:28.36 - Proton Pump Inhibitors										
Dexlansoprazole	Dexilant		✓			✓				
Esomeprazole	Nexium		✓			✓				
Lansoprazole	Prevacid		✓			✓				
Omeprazole	Prilosec		✓			✓				
Pantoprazole	Protonix		✓			✓				
Rabeprazole	Aciphex		✓			✓				
AHFS Class 56:32 - Prokinetic Agents										
Metoclopramide	Reglan		✓							

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
Prucalopride	Motegrity		✓							
Tegaserod	Zelnorm		✓							
AHFS Class 56:36 - Anti-Inflammatory Agents (GI Drugs)										
Alosetron	Lotronex							✓		✓
AHFS Class 56:92 - GI Drugs, Miscellaneous										
Adalimumab	Humira							✓		
Alvimopan	Entereg							✓		✓
Cholic acid	Cholbam							✓		
Eluxadoline	Viberzi							✓		
Glutamine	---							✓		
Linaclotide	Linzess							✓		
Methylnaltrexone	Relistor							✓		
Naldemedine	Symproic		✓					✓		
Naloxegol	Movantik							✓		
Obeticholic acid	Ocaliva							✓		
Orlistat	Xenical		✓			✓		✓		
Plecanatide	Trulance		✓							
Teduglutide	Gattex							✓		
Vedolizumab	Entyvio							✓		
AHFS Class 64 - Heavy Metal Antagonists										
Deferasirox	Jadenu							✓		
Deferiprone	Ferriprox							✓		
Penicillamine	Cuprimine							✓		
AHFS Class 68:04 - Adrenals										
Budesonide	Uceris							✓		
Prasterone (DHEA)	Intrarosa							✓		

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
Triamcinolone	Kenalog-40			✓						
AHFS Class 68:08 - Androgens										
Testosterone	---							✓		
AHFS Class 68:16 - Estrogens and Antiestrogens										
Clomiphene	---									✓
AHFS Class 68:18 - Gonadotropins and Antigonadotropins										
Histrelin	Vantas									✓
Triptorelin	Trelstar									✓
AHFS Class 68:20 - Antidiabetic Agents										
Acarbose	Precose		✓						✓	
Acetohexamide	Dymelor								✓	
Albiglutide	Tanzeum	✓						✓		
Alogliptin	Nesina								✓	
Canagliflozin	Invokana								✓	
Chlorpropamide	Diabinese							✓	✓	✓
Dapagliflozin	Farxiga								✓	
Dulaglutide	Trulicity		✓						✓	
Empagliflozin	Jardiance								✓	
Ertugliflozin	Steglatro		✓						✓	
Exenatide	Byetta								✓	✓
Glimepiride	Amaryl								✓	
Glipizide	Glucotrol XL								✓	
Glyburide	Micronase								✓	
Insulin degludec	Tresiba Flextouch					✓		✓		
Insulin detemir	Levemir Flextouch					✓				
Insulin glargine	Lantus Solostar					✓				

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
Insulin regular	Novolin R						✓			
Linagliptin	Tradjenta								✓	
Liraglutide	Victoza					✓		✓	✓	
Lixisenatide	Adlyxin							✓	✓	
Metformin	Glucophage XR		✓							✓
Mifepristone	Korlym								✓	
Miglitol	Glyset		✓						✓	
Nateglinide	Starlix		✓						✓	
Pioglitazone	Actos		✓						✓	
Pramlintide	Symlinpen 120								✓	
Repaglinide	Prandin		✓						✓	
Rosiglitazone	Avandia		✓						✓	✓
Saxagliptin	Onglyza		✓						✓	
Semaglutide	Ozempic								✓	
Sitagliptin	Januvia		✓						✓	
Tolazamide	Tolinase								✓	
Tolbutamide	---								✓	
Troglitazone	Rezulin		✓						✓	
AHFS Class 68:24 - Parathyroid and Antiparathyroid Agents										
Abaloparatide	Tymlos				✓			✓		
Parathyroid hormone	Natpara							✓		
Teriparatide	Forteo				✓			✓		
AHFS Class 68:28 - Pituitary										
Desmopressin	Noctiva							✓		
Somatropin	Norditropin Flexpro							✓		

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
AHFS Class 68:29 - Somatostatin Agonists and Antagonists										
Lanreotide	Somatuline Depot							✓		
Octreotide	Sandostatin Lar Depot							✓		
Pasireotide	Signifor							✓		
AHFS Class 68:40 - Leptins										
Metreleptin	Myalept							✓		
AHFS Class 68:44 - Renin-Angiotensin-Aldosterone Syst (RAAS)										
Angiotensin II,human	Giapreza							✓		
AHFS Class 80:12 - Vaccines										
Human papillomavirus vaccine, quadrivalent	Gardasil									✓
Meningococcal vaccine A,C,Y and W-13	Menactra									✓
Varicella virus vaccine live	Zostavax			✓						
Varicella-zoster virus glycoprotein E, recombinant	Shingrix			✓						
AHFS Class 84 - Skin and Mucous Membrane Agents										
Acitretin	Soriatane							✓		
Acyclovir	Xerese							✓		
Adapalene	Differin							✓		✓
Baclofen	---				✓					
Becaplermin	Regranex							✓		
Benzoyl peroxide	Zoderm									✓
Betamethasone	Sernivo				✓			✓		
Brimonidine	Mirvaso							✓		
Brodalumab	Siliq							✓		
Calcipotriene	Taclonex				✓					
Clindamycin	Cleocin							✓		✓

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
Crisaborole	Eucrisa							✓		
Cyclobenzaprine	---				✓					
Dimethicone	Vaniply							✓		
Diphenhydramine	---					✓				
Doxepin	Zonalon		✓				✓	✓		
Dupilumab	Dupixent							✓		
Efinaconazole	Jublia									✓
Gabapentin	Neuraptine							✓		
Guselkumab	Tremfya							✓		
Halobetasol	Bryhali				✓					
Hydrocortisone	---							✓		
Isotretinoin	Claravis									✓
Ivermectin	Soolantra							✓		
Ixekizumab	Taltz Autoinjector							✓		
Ketoconazole	Extina				✓					
Ketoprofen	Frotek		✓							
Lidocaine	Lidoderm		✓					✓		
Luliconazole	Luzu							✓		
Mafenide	Sulfamylon							✓		
Metronidazole	Noritate							✓		
Miconazole	Vusion							✓		✓
Naftifine	Naftin								✓	
Nitroglycerin	Rectiv						✓			
Palifermin	Kepivance							✓		✓
Secukinumab	Cosentyx Pen							✓		
Tavaborole	Kerydin							✓		

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
Terbinafine	Lamisil At				✓	✓				
Tretinoin	---							✓		
Ustekinumab	Stelara							✓		
Vitamins A and D	---							✓		
AHFS Class 86 - Smooth Muscle Relaxants										
Aminophylline	---						✓			
Dyphylline	---						✓			
Oxtriphylline	Choledyl SA						✓			
Oxybutynin	Oxytrol			✓						
Theophylline	Theo-24						✓			
AHFS Class 88 - Vitamins										
Calcifediol	Rayaldee							✓		
AHFS Class 92:12 - Antidotes										
Glucarpidase	Voraxaze							✓		
Sodium thiosulfate	---					✓				
Sugammadex	Bridion							✓		
AHFS Class 92:20 - Immunomodulatory Agents										
Daclizumab	Zinbryta							✓		
Dimethyl fumarate	Tecfidera							✓		
Diroximel fumarate	Vumerity							✓		
Fingolimod	Gilenya							✓		
Glatiramer (copolymer 1)	Copaxone							✓		
Interferon beta-1a	Avonex							✓		
Interferon beta-1b	Betaseron							✓		
Methotrexate	---								✓	

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
Ocrelizumab	Ocrevus							✓		
Siponimod	Mayzent		✓					✓		
Teriflunomide	Aubagio							✓		
Thalidomide	Thalomid							✓		
AHFS Class 92:24 - Bone Resorption Inhibitors										
Alendronic acid	Fosamax		✓						✓	
AHFS Class 92:32 - Complement Inhibitors										
Eculizumab	Soliris							✓		
Icatibant	Firazyr							✓		
AHFS Class 92:36 - Disease-Modifying Antirheumatic Agents										
Abatacept	Orencia							✓		
Adalimumab	Humira Pen							✓		
Anakinra	Kineret							✓		
Apremilast	Otezla							✓		
Baricitinib	Olumiant							✓		
Golimumab	Simponi							✓		
Sarilumab	Kevzara							✓		
Tocilizumab	Actemra							✓		
Tofacitinib	Xeljanz							✓	✓	
Upadacitinib	Rinvoq							✓		
AHFS Class 92:44 - Immunosuppressive Agents										
Belimumab	Benlysta							✓		
Cladribine	Mavenclad							✓		
Daclizumab	Zenapax							✓		

**PACE/PACENET Prospective Drug Utilization Review Criteria
By AHFS Therapeutic Class and Drug**

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Other Medical Exception
AHFS Class 92:92 - Other Miscellaneous Therapeutic Agents										
Amino acids	---							✓		
Autologous cultured chondrocytes	Carticel							✓		✓
Dalfampridine	Ampyra		✓							
Eliglustat	Cerdelga							✓		
Guarana	---						✓			
IncobotulinumtoxinA	Xeomin							✓		
Miglustat	Zavesca							✓		
Nitisinone	Orfadin							✓		
Resveratrol	---							✓		
Riloncept	Arcalyst							✓		
RimabotulinumtoxinB	Myobloc							✓		

APPENDIX E

State Funded Pharmacy Programs Utilizing the PACE Program Platform

January – December 2019

**COLLABORATIVE INTERAGENCY EFFORTS
PA STATE AGENCIES (8) AND STATE FUNDED PHARMACY PROGRAMS
UTILIZING PACE PROGRAM SERVICES, 2019**

SECTION A: ENROLLMENT OUTREACH, ADJUDICATION, AND CUSTOMER SUPPORT						
PROGRAM NAME	ACRONYM	ENROLLEES CY 2019	MEMBER APPLICATION PROCESSING	MEMBER ELIGIBILITY DETERMINATION	MEMBER CUSTOMER SUPPORT	PART D PLAN COORDINATION ¹
PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY, DEPT. OF AGING	PACE	84,485	YES	YES	YES	YES
PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT TIER, DEPT. OF AGING	PACENET	176,265	YES	YES	YES	YES
<i>ANCILLARY Rx BENEFIT PROGRAMS</i>						
CHRONIC RENAL DISEASE PROGRAM, DEPT. OF HEALTH	CRDP	6,799	YES	YES	YES	YES
SPECIAL PHARMACEUTICAL BENEFITS PROGRAM, HIV/AIDS, DEPT. OF HEALTH	SPBP1	8,947	YES	YES	YES	YES
SPECIAL PHARMACEUTICAL BENEFITS PROGRAM, MENTAL HEALTH, DEPT. OF HUMAN SERVICES	SPBP2	730			YES	YES
CYSTIC FIBROSIS, DEPT. OF HEALTH	CF	8				
SPINA BIFIDA, DEPT. OF HEALTH	SB	1				
PHENYLKETONURIA DISEASE, DEPT. OF HEALTH	PKU	250				
MAPLE SYRUP URINE DISEASE, DEPT. OF HEALTH	MSUD	5				
AUTOMOTIVE CATASTROPHIC LOSS BENEFITS CONTINUATION FUND, DEPT. OF INSURANCE	AUTO CAT FUND	401				
WORKERS COMPENSATION SECURITY FUND, DEPT. OF INSURANCE	WCSF	1,026				
PACE CLEARINGHOUSE, PA OFFICE OF THE ATTORNEY GENERAL	PC	14,215	YES	YES	YES	
DEPT. OF MILITARY AFFAIRS	DMVA	774	YES	YES	YES	YES
DEPT. OF CORRECTIONS	DOC (65 AND OLDER)	3,124			YES	

		SECTION A: ENROLLMENT OUTREACH, ADJUDICATION, AND CUSTOMER SUPPORT (continued)				
PROGRAM NAME	ACRONYM	ENROLLEES CY 2019	MEMBER APPLICATION PROCESSING	MEMBER ELIGIBILITY DETERMINATION	MEMBER CUSTOMER SUPPORT	PART D PLAN COORDINATION ¹
<i>NON-BENEFIT SUPPORTED PROGRAMS</i>						
DEPT. OF AGING, APPRISE—STATE HEALTH INSURANCE ASSISTANCE PROGRAM	PDA APPRISE				YES	YES
DEPT. OF CORRECTIONS	DOC (TOTAL)	45,875			YES	YES
BOARD OF PROBATION AND PAROLE (BENEFIT OUTREACH)	PBPP	1,300	YES	YES	YES	YES
DEPT. OF GENERAL SERVICES	DGS					
DEPT. OF HEALTH, PRESCRIPTION DRUG MONITORING PROGRAM	PDMP					
DEPT. OF HEALTH, GOVERNOR'S OPIOID TASK FORCE, UNIFIED COORDINATION GROUP	UCG					
DEPT. OF HUMAN SERVICES, GENERAL ASSISTANCE PROGRAM	GA					
PENNSYLVANIA HEALTH CARE COST CONTAINMENT COUNCIL	PHC4					
		¹ Includes exchange of enrollment and payment information with partner and non-partner plans; verification of premium invoices; and, management of cardholder drug coverage appeals and prior authorizations with Part D plans				

Updated April 2020

	SECTION B: CLAIMS ADJUDICATION AND PROVIDER SUPPORT						SECTION C: DUR INTERVENTIONS AND CLINICAL SUPPORT	
	PHARMACY CLAIMS CY 2019	ANNUAL EXPENDITURES CY 2019	PHARMACY CLAIMS ADJUDICATION	PHARMACY NETWORK ENROLLMENT	PROVIDER CUSTOMER SUPPORT	PROVIDER AUDIT SUPPORT	CLINICAL MANAGEMENT	FORMULARY MAINTENANCE
PACE	1,569,670	\$37,696,825	YES	YES	YES	YES	YES	YES
PACENET	3,590,729	\$90,779,776	YES	YES	YES	YES	YES	YES
<i>ANCILLARY Rx BENEFIT PROGRAMS</i>								
CRDP	49,450	\$1,994,236	YES	YES	YES	YES	YES	YES
SPBP1	223,496	\$84,850,550	YES	YES	YES	YES	YES	
SPBP2	6,202	\$490,417	YES	YES	YES	YES	YES	
CF	67	\$23,790	YES	YES	YES			YES
SB	12	\$770	YES	YES	YES			YES
PKU	1,864	\$1,020,417	YES	YES	YES			YES
MSUD	2	\$606	YES	YES	YES			YES
AUTO CAT FUND	854	\$169,938	YES	YES	YES	YES	YES	YES
WCSF	1,661	\$368,369	YES	YES	YES	YES	YES	YES
PC	5,837	\$255,083	YES	YES	YES		YES	YES
DMVA	11,909	\$355,147	YES	YES	YES			
DOC (65 AND OLDER)	129,910	\$6,119,573	YES		YES	YES		YES

SECTION B: CLAIMS ADJUDICATION AND PROVIDER SUPPORT (continued)							SECTION C: DUR INTERVENTIONS AND CLINICAL SUPPORT (continued)	
	PHARMACY CLAIMS CY 2018	ANNUAL EXPENDITURES CY 2018	PHARMACY CLAIMS ADJUDICATION	PHARMACY NETWORK ENROLLMENT	PROVIDER CUSTOMER SUPPORT	PROVIDER AUDIT SUPPORT	CLINICAL MANAGEMENT	FORMULARY MAINTENANCE
NON-BENEFIT SUPPORTED PROGRAMS								
PDA APPRISE								
DOC (TOTAL)	-	\$44,992,037 (Diamond)	YES	YES	YES	YES	YES	YES
PBPP								
DGS								
PDMP							YES	
UCG							YES	
GA								
PHC4								
² Includes online, real time claims adjudication; claim denials when claim exceeds drug utilization review criteria; and, seamless wrap-around of other pharmacy benefits.								

Updated April 2020

SECTION D: CRITICAL OPERATIONS, FINANCE AND RESEARCH ACTIVITIES

	FINANCIAL MANAGEMENT AND REPORTING	MANUFACTURER REBATE MANAGEMENT	QUALITY IMPROVEMENT	PROGRAM DATA MANAGEMENT	MANAGEMENT REPORTING	AD HOC REPORTING	RESEARCH AND EVALUATION	REGISTRY SUPPORT	CLINICAL EDUCATION	WEBSITE SUPPORT
PACE	YES	YES	YES	YES	YES	YES	YES			YES
PACENET	YES	YES	YES	YES	YES	YES	YES			YES
<i>ANCILLARY Rx BENEFIT PROGRAMS</i>										
CRDP	YES	YES	YES	YES	YES	YES	YES			3
SPBP1	YES	YES	YES	YES	YES	YES	YES			3
SPBP2	YES	YES	YES	YES	YES	YES	YES			3
CF	YES		YES	YES	YES	YES	YES			
SB	YES		YES	YES	YES	YES	YES			
PKU	YES		YES	YES	YES	YES	YES			
MSUD	YES		YES	YES	YES	YES	YES			
AUTO CAT FUND	YES		YES	YES	YES	YES	YES			
WCSF	YES		YES	YES	YES	YES	YES			
PC	YES	YES	YES	YES	YES	YES	YES			YES
DMVA	YES	YES		YES	YES	YES		YES		
DOC (65 AND OLDER)	YES	YES	YES	YES	YES	YES	YES			

SECTION D: CRITICAL OPERATIONS, FINANCE AND RESEARCH ACTIVITIES (continued)

	FINANCIAL MANAGEMENT AND REPORTING	MANUFACTURER REBATE MANAGEMENT	QUALITY IMPROVEMENT	PROGRAM DATA MANAGEMENT	MANAGEMENT REPORTING	AD HOC REPORTING	RESEARCH AND EVALUATION	REGISTRY SUPPORT	CLINICAL EDUCATION	WEBSITE SUPPORT
<i>NON-BENEFIT SUPPORTED PROGRAMS</i>										
PDA APPRISE	YES		YES	YES	YES	YES	YES			
DOC (TOTAL)	YES	YES	YES	YES	YES	YES	YES			
PBPP										
DGS	YES		YES	YES	YES	YES	YES			
PDMP			YES	YES	YES		YES		YES	YES
UCG					YES				YES	
GA		YES								
PHC4			YES	YES	YES	YES	YES			
	³ Although technical support for the website is not provided, documentation relevant to the program is provided for inclusion on the website.									

Updated April 2020